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

APPLICATION OF MEWBOURNE OIL COMPANY FOR A NON-STANDARD SPACING AND PRORATION UNIT AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO

Case No 15,674

AFFIDAVIT OF NOTICE

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

James Bruce being duly sworn upon his oath deposes and states

1 I am over the age of 18 and have personal knowledge of the matters stated herein

2 I am an attorney for Mewbourne Oil Company

3 Mewbourne Oil Company has conducted a good faith diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein

4 Notice of the application was provided to the interest owners at their last known addresses by certified mail Copies of the notice letter and certified return receipts are attached hereto as Attachment A

5 Applicant has complied with the notice provisions of Division Rules NMAC 19 15 4 9 and 19 15 4 12 C

James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of April 2017 by James Bruce

OFFICIAL SEAL
KERRIE C ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-18

My Commission Expires

Notary Public

EXHIBIT 6

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE NEW MEXICO 87504

369 MONTEZUMA NO 213
SANTA FE NEW MEXICO 87501

(505) 987 2043 (Phone)
(505) 660 6612 (Cell)
(505) 982 2151 (Fax)

jamesbruc a.aol.com

March 23 2017

CERTIFIED MAIL RETURN RECEIPT REQUESTED

To Persons on Exhibit A

Ladies and gentlemen

Enclosed is a copy of an application for compulsory pooling *etc* filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company regarding a Wolfcamp well in the W½ of Section 6 and the NW¼ of Section 7 Township 24 South Range 28 East NMPM Eddy County New Mexico

This matter is scheduled for hearing at 8 15 a m on Thursday April 13 2017 in Porter Hall at the Division s offices at 1220 South St Francis Drive Santa Fe New Mexico 87505 You are not required to attend this hearing, but as an owner of an interest who may be affected by the application you may appear and present testimony Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date

A party appearing in a Division case is required by Division Rules to file a Pre Hearing Statement no later than Thursday April 6 2017 This statement must be filed with the Division s Santa Fe office at the above address and should include The names of the party and his or her attorney a concise statement of the case the names of the witnesses the party will call to testify at the hearing the approximate time the party will need to present its case and identification of any procedural matters that need to be resolved prior to the hearing

Very truly yours

James Bruce

James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT A

EXHIBIT A

Judith A West
500 Main Ave SW #1948
Cullman Alabama 35055
AND
c/o Drought Drought & Bobbitt LLP
112 E Pecan Street #2900
San Antonio Texas 78205

Santo Petroleum LLC
P O Box 1020
Artesia New Mexico 88211 1020

Hold the Door LP
6824 Island Circle
Midland Texas 79707

Tierra Oil Company LLC
P O Box 1948
Santa Fe New Mexico 87504

Chalcam Exploration LLC
403 Tierra Berrenda
Roswell New Mexico 88201

Featherstone Development Corp
P O Box 429
Roswell New Mexico 88202

Ross Duncan Properties LLC
P O Box 647
Artesia New Mexico 88211

Xplor Resources LLC
1104 North Shore Drive
Carlsbad New Mexico 88220

Heirs or Devisees of Kizzie Hazel Ogburn Deceased
Address Unknown

Heirs or Devisees of Garland Gooch Deceased
Address Unknown

Heirs or Devisees of Murrell M Ogburn Deceased
Address Unknown

Roger W Ogburn
102 South Colgate Street
Perryton TX 79070

John D Ballard
406 South Woodchuck
Wichita KS 67209

Barbara Sue Mock
10446 Big Canoe
Big Canoe GA 30143

Heirs or Devisees of Charles C Ogburn deceased
Address Unknown

Marilyn L Cook
5312 NW 119th Ter
Oklahoma City OK 73162 1965

Charlene M Cowan
1721 Cinnamon Ridge Rd
Edmond OK 73025

Buddy F Ogburn
5312 NW 119th Ter
Oklahoma City OK 73162 1965

Martin L Ogburn
5312 NW 119th Ter
Oklahoma City OK 73162 1965

Heirs or Devisees of Felton W Courtney Deceased
Address Unknown

M O Armstrong
PO Box 5422
Austin TX 78763

David Lee Courtney
3402 E Turquoise Ave #297
Phoenix AZ 85028 3969

Regeneration Energy Corporation
P O Box 210
Artesia NM 88211 0210

Heirs or Devisees of Bernice Lee Courtney Deceased
Address Unknown

Leon Coburn
922 W 30th St
Houston TX 77018
Attn Suzan Arinder Blummer

Gary Arinder
8019 Oxfordshire Dr
Spring TX 77379

Suzan Arinder Blummer
922 W 30th St
Houston TX 77018

Pressley H Guitar
PO Box 5383
Abilene Texas 79608

Whitten Guitar Witherspoon
7524 Post Tree Lane
Fort Worth TX 76133

First Financial Trust and Asset Management Company N A
400 Pine Street Suite 300
Abilene Texas 79601
Attn Randy Spivey

Art and Carolyn Huber Husband and Wife as Joint Tenants
6290 Portola Rd
Atascadero CA 93422

Louis Naranjo as Successor Trustee of the
Ronald O Logsdon Jr Family Trust u/t/a dated October 1 1992
P O Box 12086
Santa Rosa CA 95406

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

/ D I D I C B bl LLP
112 E I S 2000
San A I o I 78 05

9590 9402 2691 6351 8864 90

2 Article Number (Transfer from service label)

7014 0510 0000 9535 2415

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B Received by (Printed Name)

C Date of Delivery 4/3/17

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
...stricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

7014 0510 0000 9535 2347

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

Postmark Here

Sent To Ap R LLC
Street Apt No or PO Box No 1104 North Sh D
City State ZIP+4 C Isbad Ne Mc 88220

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

7014 0510 0000 9535 2415

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

Postmark Here

Sent To / D I D I C B bb LLP
Street Apt No or PO Box No 112 E I 2000
City State ZIP 4 S A I I 8 05

PS Form 3800, August 2006 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

Xpl R LLC
1104 North Sh D
C rlsbad Nev Mex 88220

9590 9402 2691 6351 8864 2

2 Article Number (Transfer from service label)

7014 0510 0000 9535 2347

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B Received by (Printed Name)

C Date of Delivery 3-30-17

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
...ed Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

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

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

Article Addressed to

J dith A W
500 M in A SW #1948
C ll AI L 505

9590 9402 2691 6351 8865 06

Artic N mbe (Tran fer f om ervice label)

7014 0510 0000 9535 2422

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☑ Addressee

B Received by (Printed Name) C. Date of Delivery 4/5/17

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

Judith West

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

cted Delivery

S Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

Postmark Here

Sent To
Street Apt No or PO Box No
City State ZIP 4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2408

U.S. Postal Service™
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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fe $

Pos mark Here

Sent To Judith A W
Street Apt No or PO Box No 500 M in A SW #1948
City Stat ZIP 4 C ll AI L 3505

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2422

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

P O Bo 1070
A N M 8821 10 0

9590 9402 2691 6351 8864 83

2 A 7014 0510 0000 9535 2408

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B Received by (Printed Name) C. Date of Delivery 3/3/17

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 July 2015 PSN 753 02 000 9053 Domestic Return Receipt

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

Article Addressed to

Hold th D l
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M dl d l 9 0

9590 9402 2691 6351 8864 76

Article Number *(Transfer from service label)*

7014 0510 0000 9535 2392

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 o Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
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☐ Signature Confirmation M
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Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

Postmark Here

Sent To
I n O (l l C
Street Apt N P O B l J A
or PO Box No S t l l N M 5 504
City State ZIP

7014 0510 0000 9535 2385

PS Form 3800, August 2006 See Reverse for Instructions

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

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M dl d l) 0
Street Apt No or PO Box No
City State ZIP 4

7014 0510 0000 9535 2392

PS Form 3800, August 2006 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

I n O l C l l C
P O B l J A
S t l l N M 5 04

9590 9402 2691 6351 8864 69

2 Article 7014 0510 0000 9535 2385

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

SANTA FE POST OFFICE
30 2017

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

d Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

Ch L L t LLC
403 T B
R N M 88201

9590 9402 2691 6351 8864 52

2 Article [illegible] 7014 0510 0000 9535 2378

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

POST OFFICE NM MAR 31 2017 88201

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 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

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

Postmark Here

Sent To [illegible]
Street Apt No or PO Box No
City State ZIP 4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2361

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

Postmark Here

Sent To [illegible]
Street Apt No or PO Box No
City State ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2378

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

[illegible]

9590 9402 2691 6351 8864 45

2 Article Number (Transfer from service label) 7014 0510 0000 9535 2361

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

(over $500)

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

R D I I LLC
I O B
A N M 88211

9590 9402 2691 6351 8864 38

2 Article Number (Transfer from service label)

7014 0510 0000 9535 2354

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) A WATTS 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

cted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

Postmark Here

Sent To I D B II
406 So th W I k
W I KS (720)
Street Apt No or PO Box No
City State ZIP 4

7014 0510 0000 9535 2323

PS Form 3800 August 2006 See Reverse for Instructions

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

Postmark Here

Sent To R D I I LLC
I O B
A N M 88211
Street Apt No or PO Box No
City State ZIP

7014 0510 0000 9535 2354

PS Form 3800 August 2006 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

I D B II
406 S h W I I k
W I I KS (720)

9590 9402 2691 6351 8864 07

2 Article Number 7014 0510 0000 9535 2323

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) C Date of Delivery 3/31/17

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 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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 b S Mock
10446 B g C
B C GA 301

9590 9402 2691 6351 8863 91

2 Article T ... on ce / hall

7014 0510 0000 9535 2316

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) [illegible] C Date of Delivery

BARBARA SUE MOCK 3/31/17

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

Postmark Here

Sent To M I L C k
Street Apt No 5312 NW 111 I
or PO Box No OKl l C OK 7 1(? 1965
City State ZIP+4

7014 0510 0000 9535 2309

PS Form 3800 August 2006 See Reverse for Instructions

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

Postmark Here

Sent To B b S Mock
Street Apt No 10446 B g C
or PO Box No B C CA 014
City State ZIP 4

7014 0510 0000 9535 2316

PS Form 3800 August 2006 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

M I L C k
S I NW 111 I
OKl l C OK 731(? 1)(5

9590 9402 2691 6351 8863 84

2 Article [illegible] 7014 0510 0000 9535 2309

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☑ Agent ☐ Addressee

B Received by (Printed Name) [illegible] C Date of Delivery 3-31-17

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 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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 d l F O4b
1 NW 11J 1
Okl l C OK 1(196

9590 9402 2691 6351 8863 60

2 Art le N mbe (Transfer from service label)

7014 0510 0000 9535 2286

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Brady Dagnist | 4/7/17

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

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

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

Postage	$
C rtfied Fee	
Return Rece pt Fee (Endorsement Requi ed)	
Rest ct d Del ry F Endo seme t Requ red)	
Total Postage & Fe	$

Postmark Here

Se t To D 21 (
140 1 1 1 430
St eet Ap No Pho (Z 5 1 8)( )
o PO Box No
C ty State ZIP 4

7014 0510 0000 9535 2255

PS Form 3800 August 2006 See Reverse for Instructions

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

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

Postage	$
Certif d Fee	
R tu n R ept Fe (E do seme t Requ red)	
Rest c ed Del ery Fee (Endo se me t Requ ed)	
Tot l Postage & Fees	$

Postmark Here

Sent To B d l F O4b
1 NW 11J 1
Street Apt No Okl l C OK 7316 196
o PO B x No
C ty State ZIP 4

7014 0510 0000 9535 2286

PS Form 3800 August 2006 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

Da c l C
140 1 1 1 \ 4 0
Pho 1 (Z 5 5)( )( )

9590 9402 2691 6351 8863 39

2 7014 0510 0000 9535 2255

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Alice W Courtney | 3/1/17

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

3 Service Type

- ☐ Adult Sig ature
- ☐ Adult Signature Restricted Delivery
- ☑ Cert fied Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchand se
- ☐ Signature Confirmat on
- ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail Restricted Delivery (over $500)

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

Reg [illegible]
P O B [illegible]
A [illegible]

9590 9402 2691 6351 8863 22

2 Article Number (Transfer from service label)
7014 0510 0000 9535 2248

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Raye Miller ☐ Agent ☐ Addressee

B Received by (Printed Name) Raye Miller | C Date of Delivery 3/30/17

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
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

Postmark Here

Sent To [illegible]
Street Apt No
or PO Box No
City State ZIP 4

7014 0510 0000 9535 2231

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

Sent To [illegible]
Street Apt No
or PO Box No
City State ZIP 4

7014 0510 0000 9535 2248

PS Form 3800, August 2006 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

[illegible]

9590 9402 2691 6351 [illegible]

2 Article [illegible]
7014 0510 0000 9535 2231

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Travis Blumm ☐ Agent ☒ Addressee

B Received by (Printed Name) Travis Blumm | C Date of Delivery 4/3/17

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 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

[illegible]

9590 9402 2691 6351 8863 08

2 Article Number *(Transfer from service label)*

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* GARY ARENDSEE | C. Date of Delivery 4/5/2017

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
- ☐ Insured 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 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

7014 0510 0000 9535 2217

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

Postmark Here

Sent To [illegible]
Street, Apt. No., or PO Box No. 922 W [illegible]
City, State, ZIP+4 [illegible]

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2224

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

Postmark Here

Sent To [illegible]
Street, Apt. No., or PO Box No. [illegible]
City, State, ZIP+4 [illegible]

PS Form 3800, August 2006 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

[illegible]

9590 9402 2691 6351 8862 92

2 Article Number *(Transfer from service label)*

7014 0510 0000 9535 2217

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* THOMAS E BUMMER | C. Date of Delivery 4/1/17

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 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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

M L Ost
5312 NW
Okl h C OK 16 1965

9590 9402 2691 6351 8863 53

2 Article Number (Transfer from service label)
7014 0510 0000 9535 2279

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B Received by (Printed Name) Carol Osburn | C Date of Delivery 3-31-17

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®
☐ Cert fied Mail Restricted Delivery
☐ Collect on Delivery
☐ Delivery Restricted Delivery
☐ ail
☐ ail Restricted Delivery
(o er $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchand se
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

Postage	$
Cert f ed Fee	
Retu n Rece pt F (E do sement Req red)	
Rest cted Del ery Fee (E do me t Requ ed)	
Total Postage & Fees	$

Postmark Here

7014 0510 0000 9535 2200

Se t To
P l (
St eet Apt No
o PO Bo No
PO B
Ab l l OCS
C ty State ZIP 4

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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o g	$
C ed Fee	
R u R e t F (E do se e t Requ ed)	
Rest c ed D ery Fee (E d semen R q ed)	
T al Post g & Fees	$

Postma k Here

7014 0510 0000 9535 2279

Se t To
M L Ost
5312 NW l
Okl h C OK 162 1965
St t Apt No
PO B x N
C ty St t ZIP 4

PS Form 3800, August 2006 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

P l C
PO B
Ab l l OCS

9590 9402 2691 6351 8862 85

2 Article Number (Transfer from service label)
7014 0510 0000 9535 2200

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) PAESSLEY H. GUSTAF | 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 Del ery
☐ Collect on Delivery Restricted Delivery
☐ ted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ S gnature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 Domestic Return Receipt

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:

[illegible]

9590 9402 2691 6351 8862 47

2. Article Number (Transfer from service label)

7014 0510 0000 9535 2163

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☒ Addressee

B. Received by (Printed Name): Louis Narakuz [handwritten; uncertain reading] C. Date of Delivery: 4-13-17

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, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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7014 0510 0000 9535 2187

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

Postmark Here

Sent To: [illegible]

Street, Apt. No., or PO Box No.: [illegible]

City, State, ZIP+4

PS Form 3800, August 2006 — See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: [illegible]

Street, Apt. No., or PO Box No.: [illegible]

City, State, ZIP+4

PS Form 3800, August 2006 — 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:

[illegible]

9590 9402 2691 6351 8862 61

2. Article Number

7014 0510 0000 9535 2187

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name): San Smith [handwritten; uncertain reading] C. Date of Delivery: 4-3-17

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, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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

Wh t C W p
7 4p l
l W l

9590 9402 2691 6351 8862 78

2 Article Number (Transfe f om s)
7014 0510 0000 9535 2194

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Agent
Addressee

B. Received by (Printed Name)

C. Date of Delivery
3-30

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
- stricted Delivery
- icted Delivery (ov r $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchand se
- ☐ Signature Confirmat on
- ☐ Signature Confirmation Restricted Delivery

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

7014 0510 0000 9535 2194

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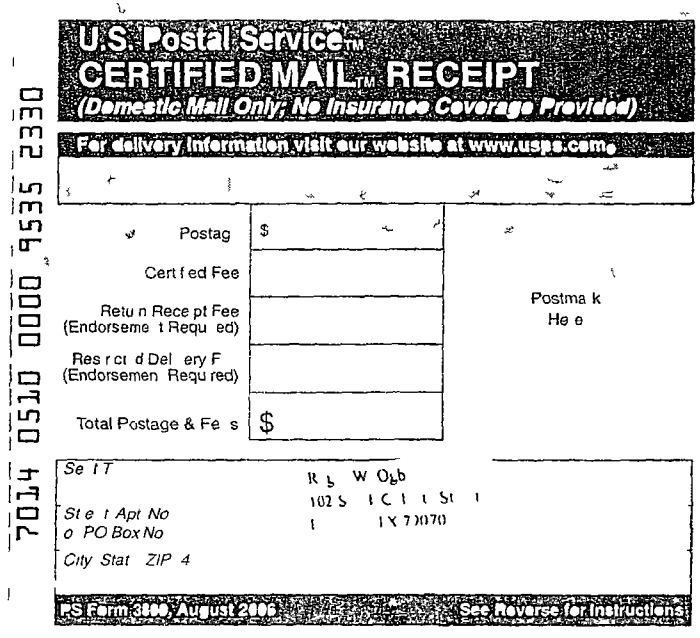
P stage	$
Cert f ed Fee	
R t R ce pt Fee (Endo s rment Req ed)	
Rest cted Delivery Fee (End se n t R qu ed)	
T t l Postage & Fees	$

P sm k Here

Sent To Wt C W l p
7524 p l
Str t Apt No o PO Box N l W l \ C l
C ty St t ZIP 4

PS Form 3800, August 2006 See Reverse for Instructions



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7014 0510 0000 9535 2330

Postag $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery F (Endorsemen Required)
Total Postage & Fe s $

Postmark Here

Se I T
St e t Apt No
o PO Box No
City Stat ZIP 4

R b W Ogb
102 S lCl t St
t TX 79070

PS Form 3800, August 2006 See Reverse for Instructions

James Erie
P O Box 1036
Santa Fe New Mexico 87504

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

$7 01º
US POSTAGE
FIRST CLASS

071V00607931
87501
000095623

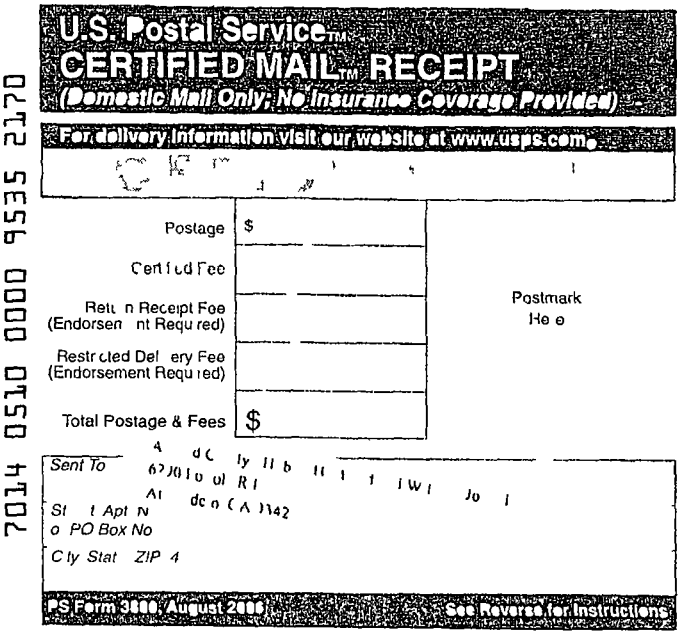
NAME 421
1st Notice
2nd Notice
Return

7014 0510 0000 9535 2330

Roger W Ogburn
102 South Colgate Street
[illegible] TX 79070

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

9327020042163422 AN BC 87504105656 *2182-01244-1E-22
87504>1056



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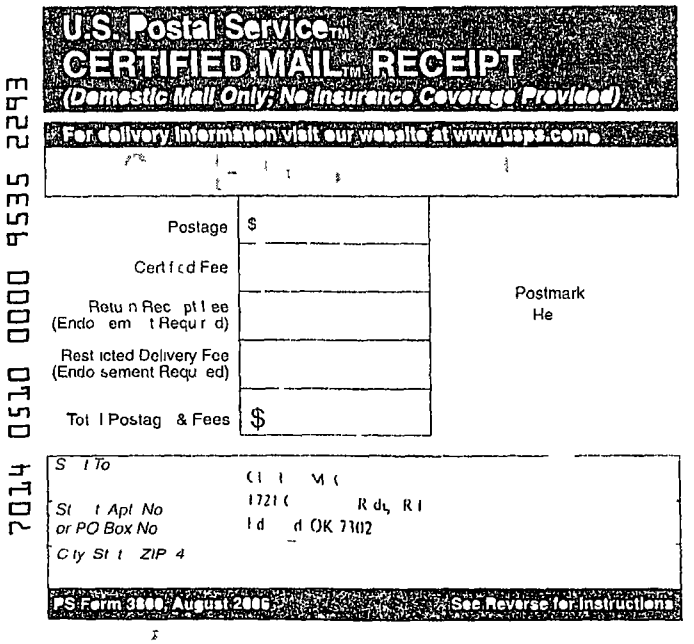
7014 0510 0000 9535 2170

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

Postmark Here

Sent To
Street Apt No or PO Box No
City State ZIP 4

PS Form 3800, August 2006 See Reverse for Instructions



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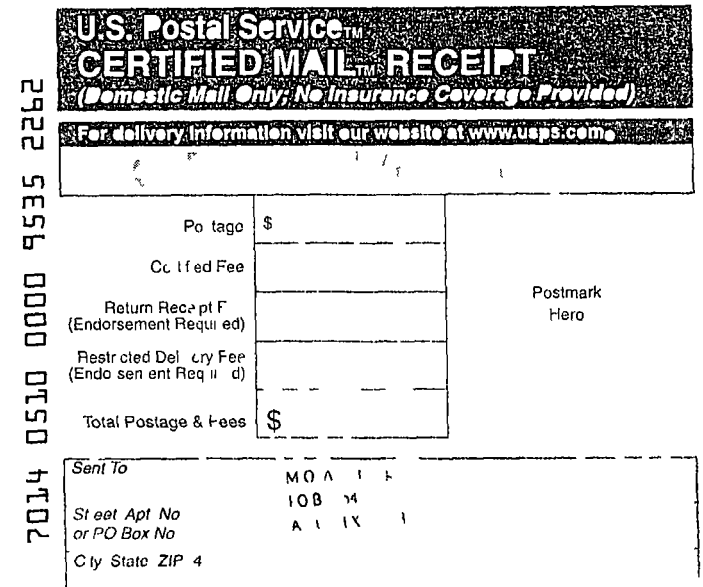
7014 0510 0000 9535 2293

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

Postmark Here

Sent To
Street Apt No or PO Box No
City State ZIP 4

PS Form 3800, August 2006 See Reverse for Instructions



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7014 0510 0000 9535 2262

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

Postmark Here

Sent To
Street Apt No or PO Box No
City State ZIP 4