

**BEFORE THE OIL CONSERVATION DIVISION  
EXAMINER HEARING JUNE 8, 2017**

**CASE No. 15720**

*SWD No. 1 WELL*

6/8/17

**EDDY COUNTY, NEW MEXICO**

EXHIBITS

***BLACK RIVER WATER  
MANAGEMENT COMPANY, LLC***



State of New Mexico  
Energy, Minerals and Natural Resources Department

Susana Martinez  
Governor

David Martin  
Cabinet Secretary

Tony Delfin  
Deputy Cabinet Secretary

David R. Catanach, Division Director  
Oil Conservation Division



Administrative Order SWD-1627  
May 25, 2016

**ADMINISTRATIVE ORDER  
OF THE OIL CONSERVATION DIVISION**

Pursuant to the provisions of Division Rule 19.15.26.8B, NMAC, Black River Water Management Company, LLC (the "operator") seeks an administrative order for its proposed Black River SWD Well No. 1 with a proposed location 250 feet from the North Line and 2461 feet from the West line, Unit C of Section 31, Township 23 South, Range 28 East, NMPM, Eddy County, New Mexico, for commercial disposal of produced water.

**THE DIVISION DIRECTOR FINDS THAT:**

The application has been duly filed under the provisions of Division Rule 19.15.26.8B. NMAC and satisfactory information has been provided that affected parties as defined in said rule have been notified and no objections have been received within the prescribed waiting period. The applicant has presented satisfactory evidence that all requirements prescribed in Division Rule 19.15.26.8 NMAC have been met and the operator is in compliance with Division Rule 19.15.5.9 NMAC.

**IT IS THEREFORE ORDERED THAT:**

Black River Water Management Company, LLC (OGRID 371287), is hereby authorized to utilize its Black River SWD Well No. 1 (API 30-015-pending) with a proposed location of 250 feet from the North Line and 2461 feet from the West line, Unit C of Section 31, Township 23 South, Range 28 East, NMPM, Eddy County, for disposal of oil field produced water (UIC Class II only) through an open-hole interval within the Devonian formation from 13700 feet to 14700 feet. Injection will occur through internally-coated, **4½-inch** or smaller tubing and a packer set within 100 feet of the uppermost perforation.

*Prior to commencing disposal, the operator shall submit mudlog and geophysical logs information to the Division's District geologist and Santa Fe Bureau Engineering office, showing evidence agreeable that only the permitted formations are open for disposal including a summary of depths (picks) for contacts of the formations which the Division shall use to amend this order for a final description of the depth for the injection interval.*

*This permit does not permit disposal into the Ellenburger formation (lower Ordovician) or lost circulation intervals directly on top and obviously connected to this formation.*

*The operator shall supply the Division with a copy of a mudlog over the permitted disposal*

1220 South St. Francis Drive • Santa Fe, New Mexico 87505  
Phone (505) 476-3440 • Fax (505) 476-3482 • email: www.emnrd.state.nm.us/ocd

BEFORE THE OIL CONSERVATION  
DIVISION  
Santa Fe, New Mexico

Exhibit No. 1

submitted by: BLACK RIVER WATER MNGT CO, LLC  
Hearing Date: June 8, 2017

*interval and an estimated insitu water salinity based on open-hole logs. If significant hydrocarbon shows occur while drilling, the operator shall notify the Division's District II office and the operator shall be required to receive written permission prior to commencing disposal.*

*The operator shall run a CBL (or equivalent) across the 7-inch liner through the 9-5/8 casing to surface to demonstrate a good cement bond between the liner and casing, and good cement across the entire casing.*

*Within one year after commencing disposal, the operator shall submit to the Division copies of an injection survey run on this well consisting of a temperature log, or equivalent, run under representative disposal rates.*

**IT IS FURTHER ORDERED THAT:**

The operator shall take all steps necessary to ensure that the disposed water enters only the approved disposal interval and is not permitted to escape to other formations or onto the surface. This includes the well construction proposed and described in the application.

After installing tubing, the casing-tubing annulus shall be loaded with an inert fluid and equipped with a pressure gauge or an approved leak detection device in order to determine leakage in the casing, tubing, or packer. The casing shall be pressure tested from the surface to the packer setting depth to assure casing integrity.

The well shall pass an initial mechanical integrity test ("MIT") prior to initially commencing disposal and prior to resuming disposal each time the disposal packer is unseated. All MIT procedures and schedules shall follow the requirements in Division Rule 19.15.26.11A. NMAC. The Division Director retains the right to require at any time wireline verification of completion and packer setting depths in this well.

The wellhead injection pressure on the well shall be limited to **no more than 2740 psi**. In addition, the disposal well or system shall be equipped with a pressure limiting device in workable condition which shall, at all times, limit surface tubing pressure to the maximum allowable pressure for this well.

The Director of the Division may authorize an increase in tubing pressure upon a proper showing by the operator of said well that such higher pressure will not result in migration of the disposed fluid from the target formation. Such proper showing shall be demonstrated by sufficient evidence including but not limited to an acceptable Step-Rate Test.

The operator shall notify the supervisor of the Division's District II office of the date and time of the installation of disposal equipment and of any MIT so that the same may be inspected and witnessed. The operator shall provide written notice of the date of commencement of disposal to the Division's District office. The operator shall submit monthly reports of the disposal operations on Division Form C-115, in accordance with Division Rules 19.15.26.13 and 19.15.7.24 NMAC.

Without limitation on the duties of the operator as provided in Division Rules 19.15.29 and 19.15.30 NMAC, or otherwise, the operator shall immediately notify the Division's District II office of any failure of the tubing, casing or packer in the well, or of any leakage or release of water, oil or gas from around any produced or plugged and abandoned well in the area, and shall take such measures as may be timely and necessary to correct such failure or leakage.

The injection authority granted under this order is not transferable except upon division approval. The Division may require the operator to demonstrate mechanical integrity of any injection well that will be transferred prior to approving transfer of authority to inject.

The Division may revoke this injection permit after notice and hearing if the operator is in violation of 19.15.5.9 NMAC.

The disposal authority granted herein shall terminate two (2) years after the effective date of this order if the operator has not commenced injection operations into the subject well. One year after the last date of reported disposal into this well, the Division shall consider the well abandoned, and the authority to dispose will terminate *ipso facto*. The Division, upon written request mailed by the operator prior to the termination date, may grant an extension thereof for good cause.

Compliance with this order does not relieve the operator of the obligation to comply with other applicable federal, state or local laws or rules, or to exercise due care for the protection of fresh water, public health and safety and the environment.

Jurisdiction is retained by the Division for the entry of such further orders as may be necessary for the prevention of waste and/or protection of correlative rights or upon failure of the operator to conduct operations (1) to protect fresh or protectable waters or (2) consistent with the requirements in this order, whereupon the Division may, after notice and hearing, terminate the disposal authority granted herein.



**DAVID R. CATANACH**  
Director

DRC/mam

cc: Oil Conservation Division – Artesia District Office  
Administrative Application – pMAM1614553073





## Why Increase from 4-1/2" to 5" Tubing?

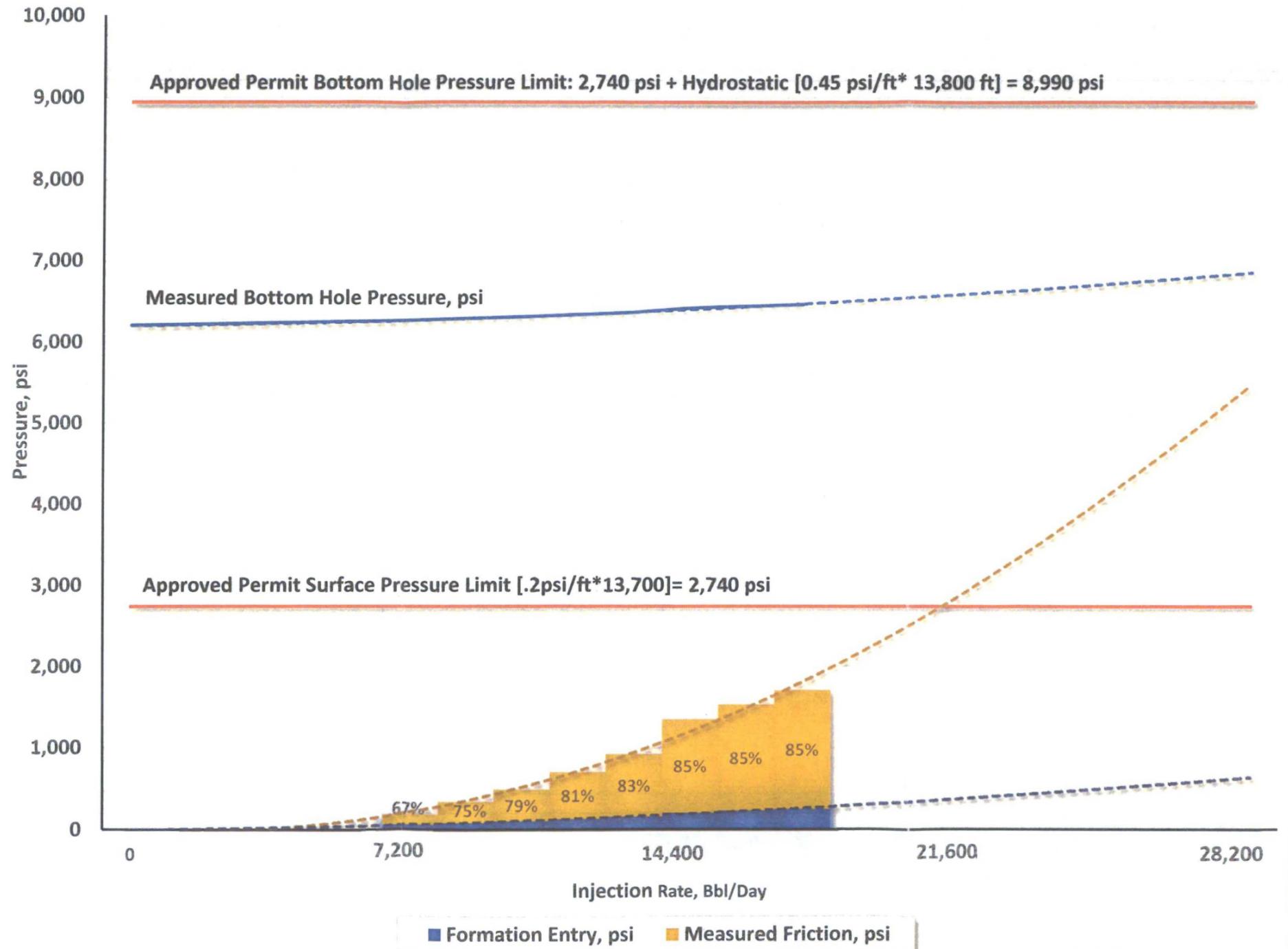
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- 85% of injection pressure measured at the surface is due to friction in the 4-1/2" tubing
- Increasing tubing size will decrease friction and increase ability to inject greater volumes
- Larger tubing allows for more water to be disposed with fewer wells
- Reduced surface impact with fewer disposal wells

# Step-Rate Injection Falloff Test

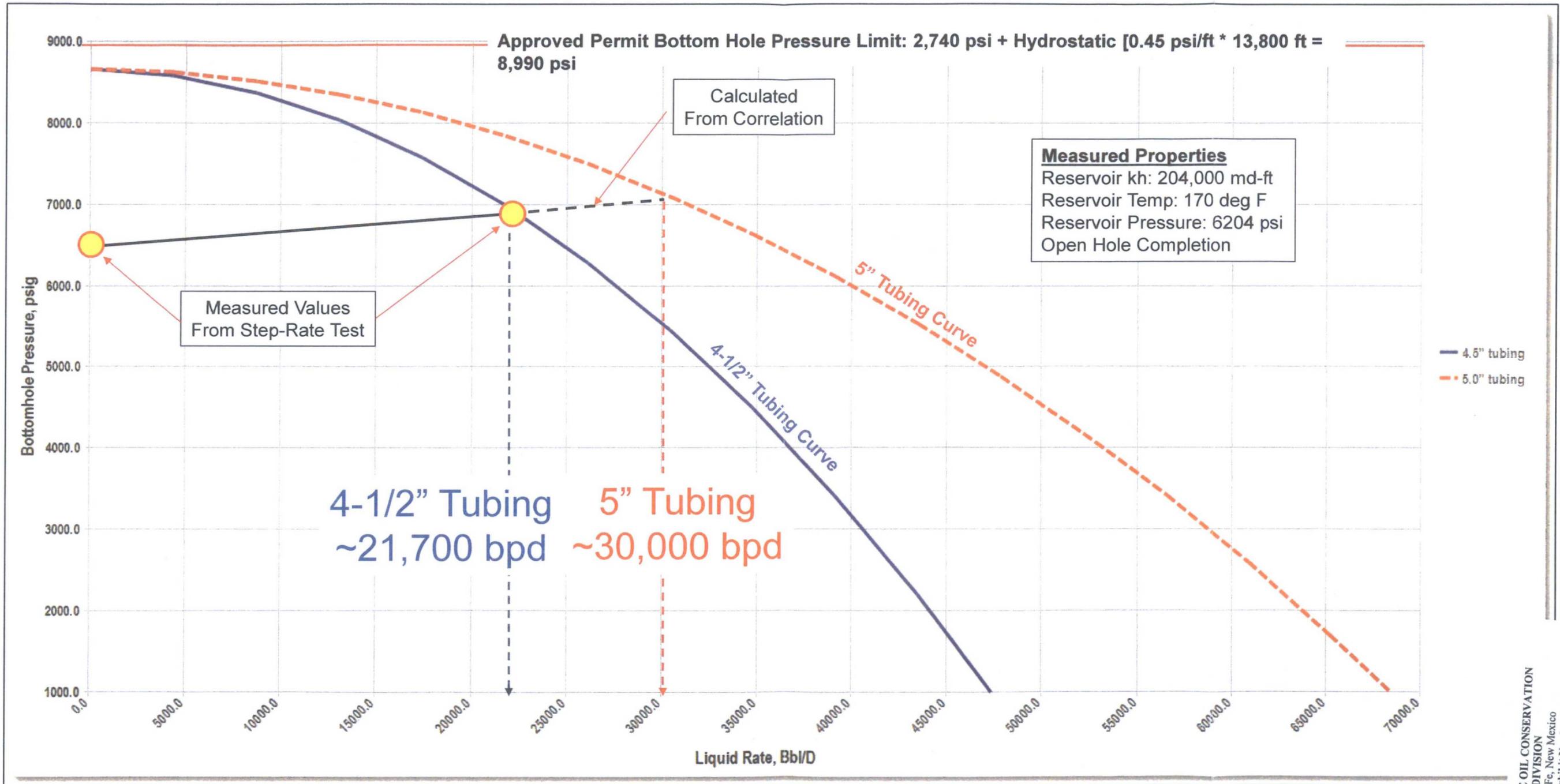
From the injection/falloff test, tubular friction was measured. Reservoir parameters such as k-h and pressure were ascertained.

This data was used to generate Nodal Analyses evaluations for multiple tubular sizes and injection rates. This data was also used to study pore pressure impact.



# Increasing Tubing Size will Decrease Friction and Increase Ability to Inject Greater Volumes

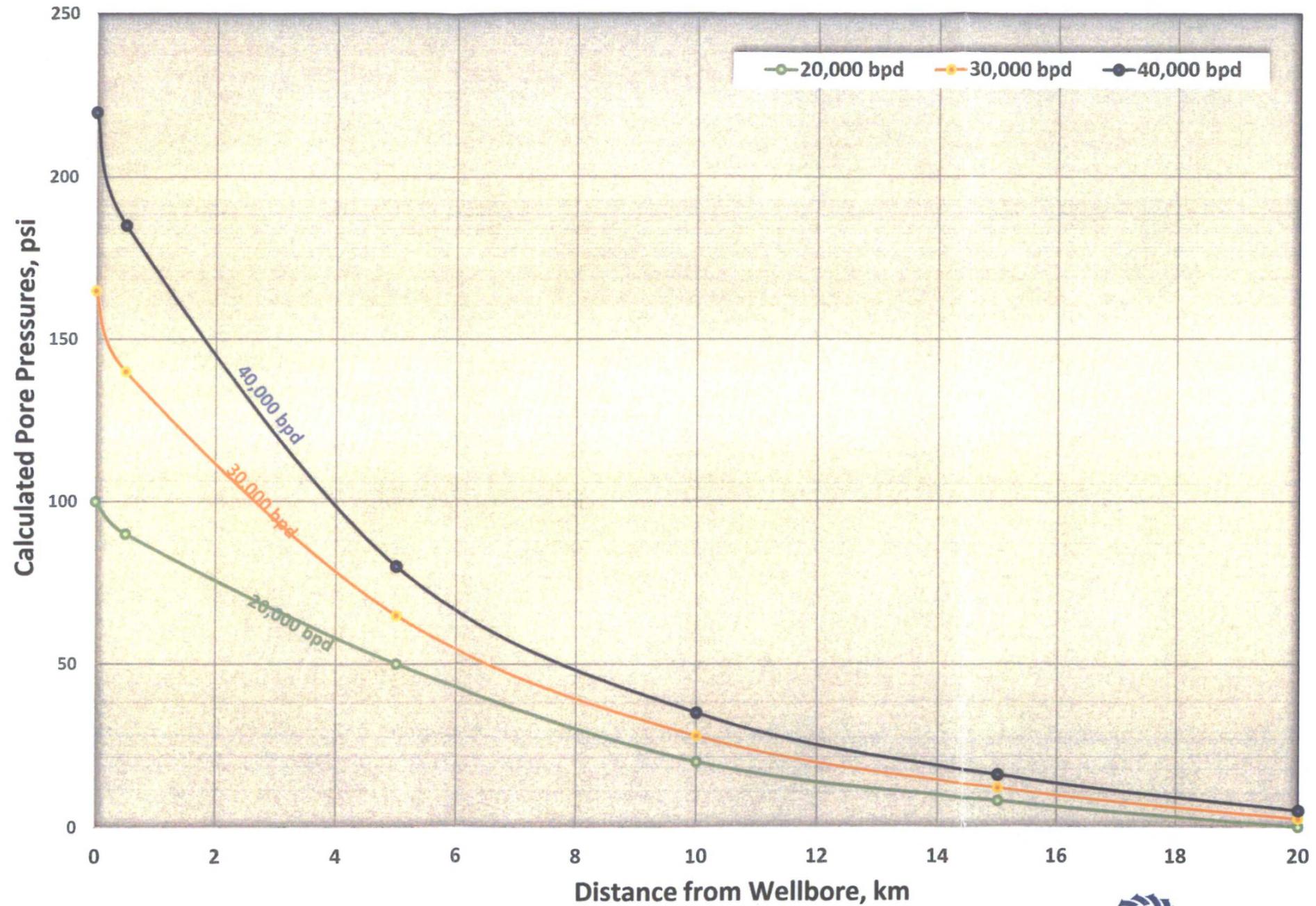
## Nodal Analysis of 4-1/2" & 5" Tubing Pressure



# Pore Pressure Impact Over 20 Years

## Increased Injection Rates will Not Greatly Increase Pore Pressure in the Formation

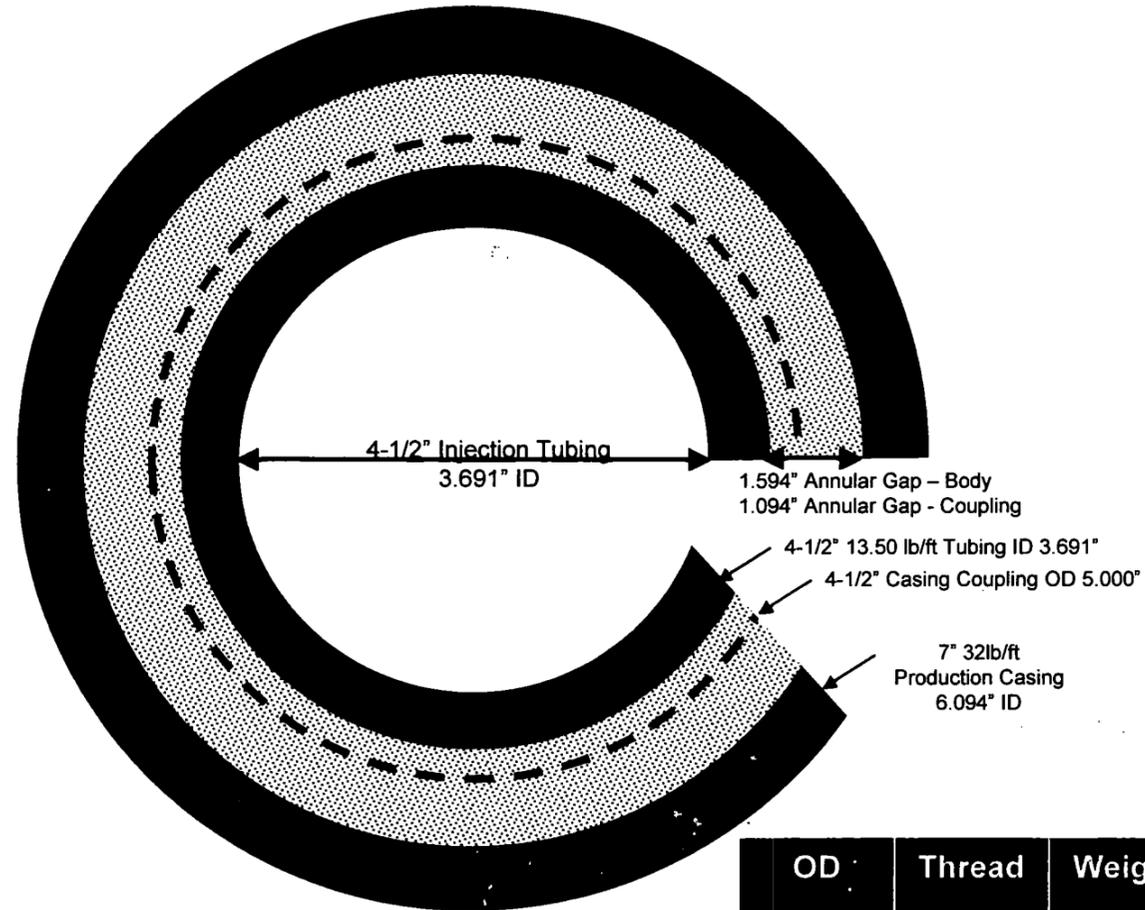
These model runs suggest that less than 250 psi of elevated near-wellbore pore pressure is generated after 20 years of injection at 40,000 bpd. Less than 50 psi of elevated pore pressure is modeled at a distance of 10 kilometers from the well in 20 years at 40,000 bpd injection rate.



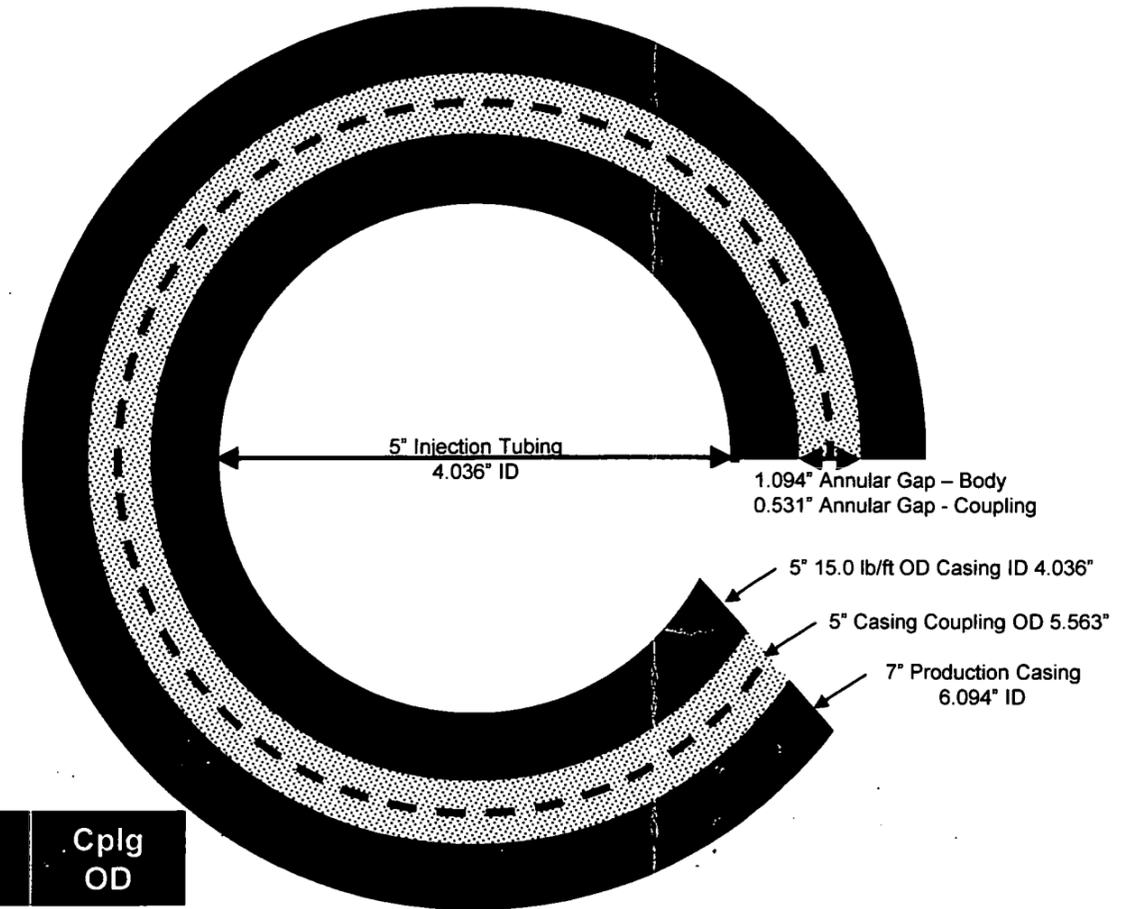
# Black River SWD #1

## Cross-Sectional Comparison Inside 7" Casing

### 4-1/2" Tubing x 7" Casing



### 5" Tubing x 7" Casing



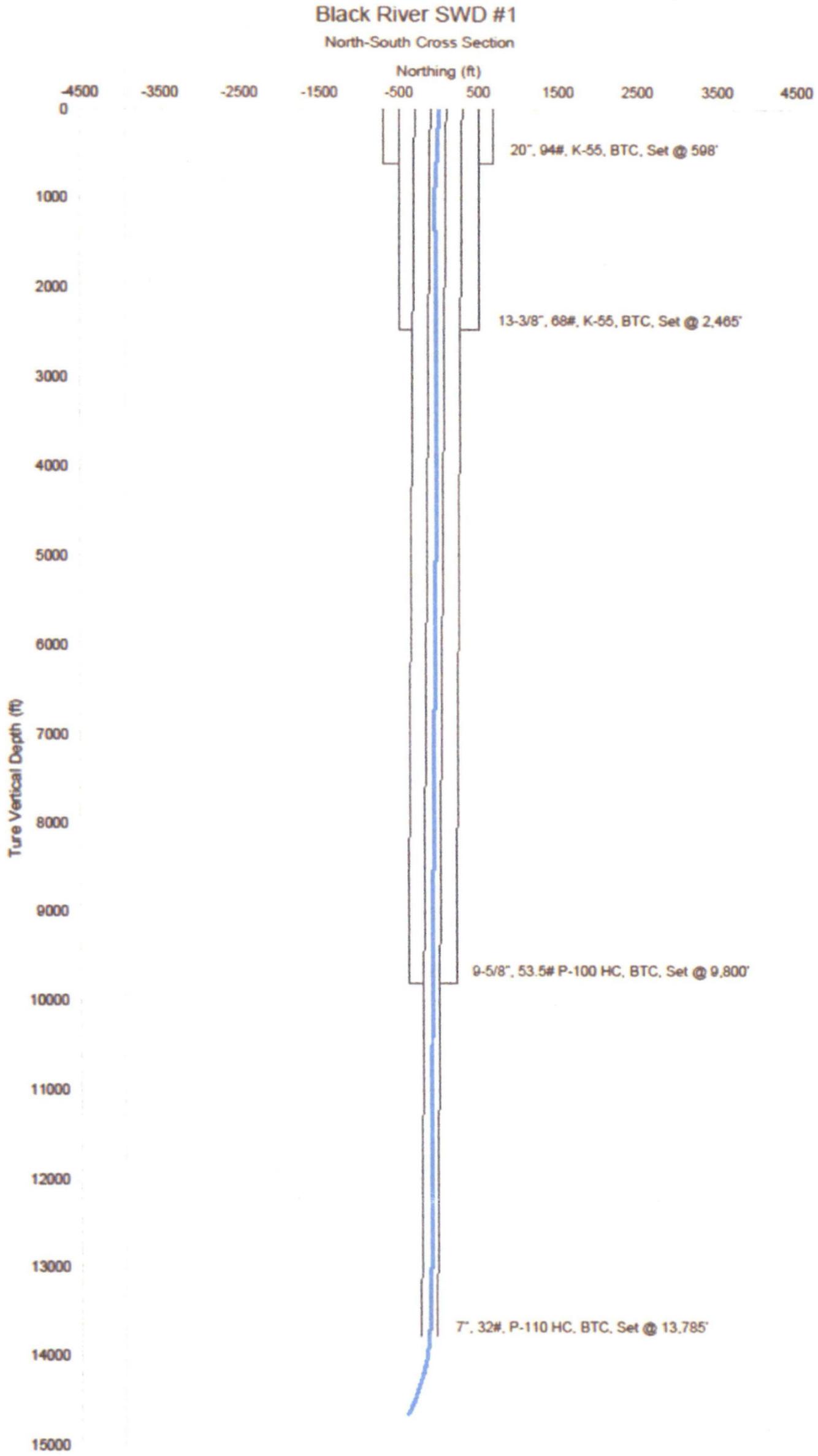
OD	Thread	Weight	ID	Cplg OD
4-1/2"	BTC	13.50 lb/ft	3.691"	5.000"
5"	BTC	15.0 lb/ft	4.036"	5.563"
7"	BTC	32.0 lb/ft	6.094"	7.875"

5.97  
Date

BEFORE THE OIL CONSERVATION  
DIVISION  
Santa Fe, New Mexico  
Exhibit No. 8  
Submitted by: BLACK RIVER WATER MNGT CO, LLC  
Hearing Date: June 8, 2017



# Black River SWD #1 Wellbore Deviation



BEFORE THE OIL CONSERVATION  
DIVISION

Santa Fe, New Mexico

Exhibit No. 9

Submitted by: BLACK RIVER WATER MNGT CO, LLC  
Hearing Date: June 8, 2017

May 23, 2017

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on June 8, 2017, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplified, qualified sign language, interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by May 29, 2017. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

and/or devisees; Myrtle Fritschy, and her successors, heirs and/or devisees; Myco Industries Inc. and its successors, heirs and/or devisees; ABO Petroleum Corp. and its successors, heirs and/or devisees; Nadel and Gussman Permian LLC, and its successors, heirs and/or devisees; Nadel and Gussman Delaware, LLC, and its successors, heirs and/or devisees; McKay Petroleum Corp., and its successors, heirs and/or devisees; Featherstone Development Corp., and its successors, heirs and/or devisees; Chase Oil Corporation, and its successors, heirs and/or devisees; Ventana Minerals LLC, and its successors, heirs and/or devisees; Diakan Minerals LLC, and its successors, heirs and/or devisees; OMB Royalties III, LLC, and its successors, heirs and/or devisees; Robert C. Chase, and his successors, heirs and/or devisees; Linda Gail Small, and her successors, heirs and/or devisees; Jay Austin Small, Jr., and his successors, heirs and/or devisees; Anita June Small Parker, and her successors, heirs and/or devisees; Danielle Louise Lee, and her successors, heirs and/or devisees; BTA Oil Producers, LLC, and its successors, heirs and/or devisees; Yates Petroleum Corp., and its successors, heirs and/or devisees; Ruby Blankenbaker Hogaboom, and her successors, heirs and/or devisees; Virginia Breen c/o Sarah Noreen, and her successors, heirs and/or devisees; Ogden Heirs c/o Alisa Ogden, and his successors, heirs and/or devisees; Orlando Ornelas, and his successors, heirs and/or devisees.

STATE OF NEW MEXICO TO:  
All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: Vickie Connally, and her successors, heirs and/or devisees; Henry McDonald, and his successors, heirs and/or devisees; WPX Energy Production, LLC, and its successors, heirs and/or devisees; WPX Energy, Inc., and its successors, heirs and/or devisees; Sendero Carlsbad Midstream, LLC, and its successors, heirs and/or devisees; Lucid Energy Delaware, LLC, and its successors, heirs and/or devisees; David Fritschy, SSP, and his successors, heirs

and/or devisees; Myrtle Fritschy, and her successors, heirs and/or devisees; Myco Industries Inc. and its successors, heirs and/or devisees; ABO Petroleum Corp. and its successors, heirs and/or devisees; Nadel and Gussman Permian LLC, and its successors, heirs and/or devisees; Nadel and Gussman Delaware, LLC, and its successors, heirs and/or devisees; McKay Petroleum Corp., and its successors, heirs and/or devisees; Featherstone Development Corp., and its successors, heirs and/or devisees; Chase Oil Corporation, and its successors, heirs and/or devisees; Ventana Minerals LLC, and its successors, heirs and/or devisees; Diakan Minerals LLC, and its successors, heirs and/or devisees; OMB Royalties III, LLC, and its successors, heirs and/or devisees; Robert C. Chase, and his successors, heirs and/or devisees; Linda Gail Small, and her successors, heirs and/or devisees; Jay Austin Small, Jr., and his successors, heirs and/or devisees; Anita June Small Parker, and her successors, heirs and/or devisees; Danielle Louise Lee, and her successors, heirs and/or devisees; BTA Oil Producers, LLC, and its successors, heirs and/or devisees; Yates Petroleum Corp., and its successors, heirs and/or devisees; Ruby Blankenbaker Hogaboom, and her successors, heirs and/or devisees; Virginia Breen c/o Sarah Noreen, and her successors, heirs and/or devisees; Ogden Heirs c/o Alisa Ogden, and his successors, heirs and/or devisees; Orlando Ornelas, and his successors, heirs and/or devisees.

Five Order SWD-1627 for a Salt Water Disposal Well Located in Eddy County, New Mexico. Applicant in the above-styled cause seeks an order amending Administrative Order SWD-1627 to permit increase the diameter of the injection tubing in its Black River SWD No. 1 well (API No. 30-015-43807) from 4-1/2 inches to 5 inches. Administrative Order SWD-1627 currently only allows for tubing that is 4-1/2 inches or smaller. The subject well is located in Unit C of Section 31, Township 23 South, Range 28 East, NMPPM, Eddy County, New Mexico. All other approved well designs and permit conditions under Administrative Order SWD-1627 are proposed to remain unchanged. The Black River SWD No. 1 well is located approximately 2 miles southwest of Loving, N.M.

Affidavit of Publication

State of New Mexico,  
County of Eddy, ss.

Danny Fletcher, being first duly sworn, on oath says:

That he is the Publisher of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

May 23 2017

That the cost of publication is \$225.54 and that payment thereof has been made and will be assessed as court costs.

*[Handwritten signature]*

Subscribed and sworn to before me this 24 day of May 2017

*[Handwritten signature: Cynthia Arredondo]*

My commission Expires 2/13/21

Notary Public



BEFORE THE OIL CONSERVATION DIVISION

Santa Fe, New Mexico  
Exhibit No. 10

Submitted by: BLACK RIVER WATER MNGT CO, LLC  
Hearing Date: June 8, 2017

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

**APPLICATION OF BLACK RIVER WATER  
MANAGEMENT COMPANY, LLC  
TO AMEND ADMINISTRATIVE ORDER  
SWD-1627 FOR A SALT WATER DISPOSAL  
WELL IN EDDY COUNTY, NEW MEXICO.**

**CASE NO. 15720**

**AFFIDAVIT**

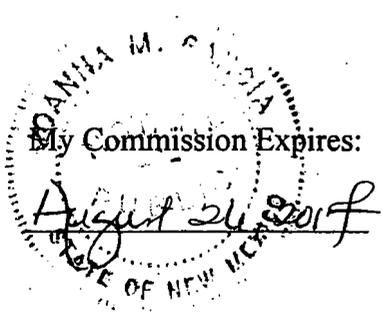
STATE OF NEW MEXICO    )  
  ) ss.  
COUNTY OF SANTA FE    )

Adam G. Rankin, attorney in fact and authorized representative of Black River Water Management Company, LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter attached hereto.

  
\_\_\_\_\_  
Adam G. Rankin

SUBSCRIBED AND SWORN to before this 24th day of May 2017 by Adam G. Rankin.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:  
  
August 24, 2017

**BEFORE THE OIL CONSERVATION  
DIVISION  
Santa Fe, New Mexico  
Exhibit No. 11  
Submitted by BLACK RIVER WATER MNGT CO, LLC  
Hearing Date: June 8, 2017**

**HOLLAND & HART**



**Adam G. Rankin**  
**Associate**  
Phone (505) 988-4421  
Fax (505) 983-6043  
agrarkin@hollandhart.com

May 19, 2017

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: AFFECTED PARTIES**

**Re: Application of Black River Water Management Company, LLC to Amend Administrative Order SWD-1627 for a Salt Water Disposal Well Located in Eddy County, New Mexico.**

Ladies & Gentlemen:

This letter is to advise you that Black River Water Management Company, 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 June 8, 2017. 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 business 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 Dana Arnold at (972) 371-5284 or [darnold@matadorresources.com](mailto:darnold@matadorresources.com).

Sincerely,

Adam G. Rankin  
**ATTORNEY FOR BLACK RIVER WATER  
MANAGEMENT COMPANY, LLC**

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☐

**Black River Water Management Company, LLC to Amend Administrative Order SWD-1627 for a Salt Water Disposal Well**

Vickie Connally  
R211 Ash Rd.  
Loving, NM 88256

Henry McDonald  
P.O. Box 597  
Loving, NM 88256

WPX Energy Production, LLC  
3500 One Williams Center  
Tulsa, OK 74172

WPX Energy, Inc.  
One Williams Center  
Suite 2600  
Tulsa, OK 74172

Sendero Carlsbad Midstream, LLC  
1000 Louisiana St. Ste 6900  
Houston, TX 77002

Lucid Energy Delaware, LLC  
3100 McKinnon, Suite 800  
Dallas, TX 75201

David Fritschy, SSP  
603 Elora Dr.  
Carlsbad, NM 88220

Myco Industries Inc.  
105 S. 4th Street  
Artesia, NM 88210

ABO Petroleum Corp  
105 S. 4th Street  
Artesia, NM 88210

Nadel and Gussman Permian Limited Liability Company  
601 N. Marienfeld, Suite 508  
Midland, TX 79701

Nadel and Gussman Delaware, LLC  
15 East Fifth Street, Suite 3300  
Tulsa, OK 74103

**Black River Water Management Company, LLC to Amend Administrative Order SWD-1627 for a Salt Water Disposal Well**

McKay Petroleum Corp.  
P.O. Box 2014  
Roswell, NM 88202

Featherstone Development Corp.  
P.O. Box 429  
Roswell, NM 88202

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

Ventana Minerals LLC  
P.O. Box 359  
Artesia, NM 88211

Diakan Minerals LLC  
P.O. Box 693  
Artesia, NM 88211

OMB Royalties III LLC  
410 17th Street, Suite 1150  
Denver, CO 80202

Robert C. Chase  
P.O. Box 297  
Artesia, NM 88211

Linda Gail Small  
140 Jay Porter Ave.  
Henderson, NV 89002

Jay Austin Small, Jr.  
2005 NE 157th Street  
Vancouver, WA 98686

Anita June Small Parker  
1306 Pecan Dr.  
Weatherford, TX 79702

Danielle Louise Lee  
P.O. Box 20205  
Mesa, Arizona 85277

**Black River Water Management Company, LLC to Amend Administrative Order SWD-1627 for a Salt Water Disposal Well**

NM State Land Office  
P.O. Box 1148  
Santa Fe, NM 07504

BTA Oil Producers, LLC  
104 South Pecos  
Midland, TX 79701

BLM  
620 E. Greene  
Carlsbad, NM 88220

Yates Petroleum Corp.  
105 S. Fourth Street  
Artesia, NM 88210

Vickie Connally  
R211 Ash Rd.  
Loving, NM 88256

State of New Mexico  
310 Old Santa Fe Trail  
Santa Fe, NM 87504

Ruby Blankenbaker Hogaboom, et al.  
P.O. Box 219  
Felt, OK 73937

Virigina Breen  
c/o Sarah Noreen  
516 S. Suoerior St.  
Vernon Hills, IL 60061

Ogden Heirs  
c/o Alisa Ogden  
2302 Forehand Rd  
Carlsbad, NM 88220

Orlando Ornelas  
P.O. Box 985  
Franktown, CO 80116

**Black River Water Management Company, LLC to Amend Administrative Order SWD-1627 for a Salt Water Disposal Well**

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Loving, NM 88256

Henry McDonald  
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Midland, TX 79701

Nadel and Gussman Delaware, LLC  
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Tulsa, OK 74103

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Jay Austin Small, Jr.  
2005 NE 157th Street  
Vancouver, WA 98686

Anita June Small Parker  
1306 Pecan Dr.  
Weatherford, TX 79702

Danielle Louise Lee  
P.O. Box 20205  
Mesa, Arizona 85277

**Black River Water Management Company, LLC to Amend Administrative Order SWD-1627 for  
a Salt Water Disposal Well**

NM State Land Office  
P.O. Box 1148  
Santa Fe, NM 07504

BTA Oil Producers, LLC  
104 South Pecos  
Midland, TX 79701

BLM  
620 E. Greene  
Carlsbad, NM 88220

Yates Petroleum Corp.  
105 S. Fourth Street  
Artesia, NM 88210

Vickie Connally  
R211 Ash Rd.  
Loving, NM 88256

State of New Mexico  
310 Old Santa Fe Trail  
Santa Fe, NM 87504

Ruby Blankenbaker Hogaboom, et al.  
P.O. Box 219  
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Virigina Breen  
c/o Sarah Noreen  
516 S. Suoerior St.  
Vernon Hills, IL 60061

Ogden Heirs  
c/o Alisa Ogden  
2302 Forehand Rd  
Carlsbad, NM 88220

Orlando Ornelas  
P.O. Box 985  
Franktown, CO 80116

7016 0750 0000 3268 0643

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

For delivery information, **BlackRiver / AGR / SWD-**  
**OFFI** 1627 - Case No. 15740

Certified Mail Fee \$

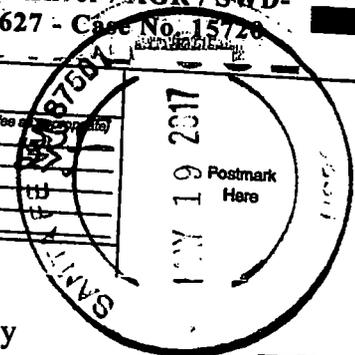
Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent \$  
 Street \$  
 City \$

Vickie Connally  
 R211 Ash Rd.  
 Loving, NM 88256

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Vickie Connally  
 R211 Ash Rd.  
 Loving, NM 88256

9590 9402 1832 6104 5968 03

2. 7016 0750 0000 3268 0643

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

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Michael Connally

C. Date of Delivery  
 5/22/17

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

7016 0750 0000 3268 0650

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

For delivery information, **BlackRiver / AGR / SWD-**  
**OFFI** 1627 - Case No. 15730

Certified Mail Fee \$

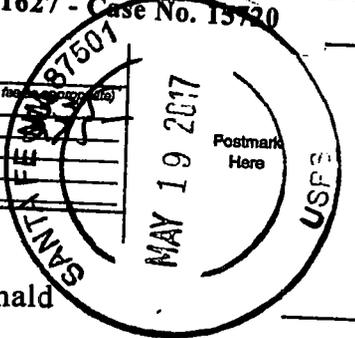
Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent \$  
 Street \$  
 City \$

Henry McDonald  
 P.O. Box 597  
 Loving, NM 88256

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Henry McDonald  
 P.O. Box 597  
 Loving, NM 88256

9590 9402 1832 6104 5967 97

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 0650

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

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Rhonda Yeager

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

7016 0750 0000 3268 1619

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

For delivery information, visit **blackriver/agr/swd-offic** 1627 Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.35

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

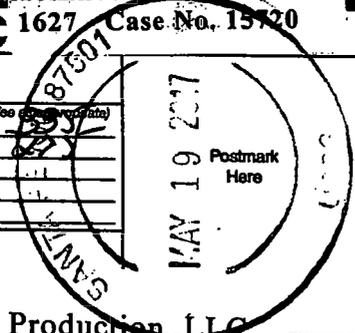
Total \$

Sent **WPX Energy Production, LLC**

Street **3500 One Williams Center**

City **Tulsa, OK 74172**

PS Form 3800, April 2015 PSN 7530-02-000-9007 See Reverse for Instructions



**CERTIFIED MAIL**

SENDER: C 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:

**WPX Energy Production, LLC**  
**3500 One Williams Center**  
**Tulsa, OK 74172**

**9590 9402 1832 6104 5973 67**

2. Article Number (Transfer from service label)  
**7016 0750 0000 3268 1619**

PS Form 3811, July 2015 PSN 7530-02-000-9059 Domestic Return Receipt

A. Signature  Agent  Addressee

**X**

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

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

**Kim Pense**

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

7016 0750 0000 3268 0018

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

For delivery information, visit **blackriver/agr/swd-offic** 1627 Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.35

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

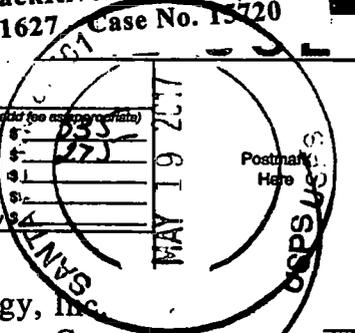
Total \$

Sent **WPX Energy, Inc.**

Street **One Williams Center**

City **Suite 2600**  
**Tulsa, OK 74172**

PS Form 3800, April 2015 PSN 7530-02-000-9007 See Reverse for Instructions



**CERTIFIED MAIL**

SENDER: C 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:

**WPX Energy, Inc.**  
**One Williams Center**  
**Suite 2600**  
**Tulsa, OK 74172**

**9590 9402 1832 6104 5973 74**

2. Article Number (Transfer from service label)  
**7016 0750 0000 3268 0018**

PS Form 3811, July 2015 PSN 7530-02-000-9059 Domestic Return Receipt

A. Signature  Agent  Addressee

**X**

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

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

**Kim Pense**

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail

7016 0750 0000 3268 0025

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

For delivery information, visit **lackRiver / AGR / SWD-1627 - Case No. 15720**

**OFFICE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.50

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To **Sender Carlsbad Midstream, LLC**

Street and **1000 Louisiana St. Ste 6900**

City, State **Houston, TX 77002**

Postmark Here **MAY 19 2017**

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

7016 0750 0000 3268 0032

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

For delivery information, visit **lackRiver / AGR / SWD-1627 - Case No. 15720**

**OFFICE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.50

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To **Lucid Energy Delaware, LLC**

Street **3100 McKinnon, Suite 800**

City, State **Dallas, TX 75201**

Postmark Here **MAY 19 2017**

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COMPLE 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:

**Lucid Energy Delaware, LLC**  
**3100 McKinnon, Suite 800**  
**Dallas, TX 75201**

9590 9402 1832 6104 5973 98

2. Article Number (Transfer from service label)  
**7016 0750 0000 3268 0032** restricted Delivery

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

B. Received by (Printed Name) **M. Phillips** C. Date of Delivery **5/23/17**

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

7016 0750 0000 3268 0049

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit [blackriver.usps.com](http://blackriver.usps.com) / AGR / SWD-

**OFFICE** 1627 - Case No. 15720

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 3.25
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Post

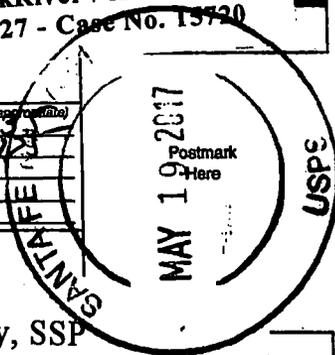
\$

Sent To

Street or

City, State

David Fritschy, SSP  
603 Elora Dr.  
Carlsbad, NM 88220



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

See Reverse for Instructions

7016 0750 0000 3268 0056

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit [blackriver.usps.com](http://blackriver.usps.com) / AGR / SWD-

**OFFICE** 1627 - Case No. 15720

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 3.25
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Post

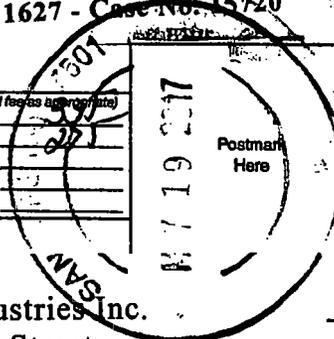
\$

Sent To

Street and

City, State

Myco Industries Inc.  
105 S. 4th Street  
Artesia, NM 88210



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

See Reverse for Instructions

CERTIFIED MAIL

SENDER: COMP

IN 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 Fritschy, SSP  
603 Elora Dr.  
Carlsbad, NM 88220

9590 9402 1832 6104 5974 04

2.

7016 0750 0000 3268 0049

Restricted Delivery

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

Domestic Return Receipt

A. Signature

x *Andrew Fritschy*

Agent

Addressee

B. Received by (Printed Name)

*David Fritschy*

C. Date of Delivery

5/24/17

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

CERTIFIED MAIL

SENDER: COMP

IN 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:

Myco Industries Inc.  
105 S. 4th Street  
Artesia, NM 88210

9590 9402 1832 6104 5974 11

2. Article Number (Transfer from service label)

7016 0750 0000 3268 0056

Restricted Delivery

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

Domestic Return Receipt

A. Signature

x *Bo*

Agent

Addressee

B. Received by (Printed Name)

*Bo*

C. Date of Delivery

5/23/17

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

7016 0750 0000 3268 0063

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

For delivery information, visit **lackRiver / AGR / SWD-1627 - Case No. 15720**

**OFFICE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.00

Return Receipt (electronic) \$ 2.25

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To  
**ABO Petroleum Corp**  
**105 S. 4th Street**  
**Artesia, NM 88210**

Postmark Here  
**MAY 10 2017**

PS Form 3800, April 2015 PSN 7530-02-000-9051 See Reverse for instructions

7016 0750 0000 3268 0070

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

For delivery information, visit **lackRiver / AGR / SWD-1627 - Case No. 15720**

**OFFICE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.00

Return Receipt (electronic) \$ 2.25

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To  
**Nadel and Gussman Permian**  
**Limited Liability Company**  
**601 N. Marienfeld, Suite 508**  
**Midland, TX 79701**

Postmark Here  
**MAY 10 2017**

PS Form 3800, April 2015 PSN 7530-02-000-9051 See Reverse for instructions

**CERTIFIED MAIL**

9590 9402 1832 6104 5974 28

ON 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:  
**ABO Petroleum Corp**  
**105 S. 4th Street**  
**Artesia, NM 88210**

2. Article Number (Transfer from service label)  
**7016 0750 0000 3268 0063**

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

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
**Bo**

C. Date of Delivery  
**5/23/17**

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

PS Form 3811, July 2015 PSN 7530-02-000-9055 Domestic Return Receipt

**RETURNED**

7016 0750 0000 3268 0087

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

For delivery information, visit **JackRiver / AGR / SWD - 1627 - Case No. 15726**

**OFFICE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.35

Return Receipt (electronic) \$ 2.35

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

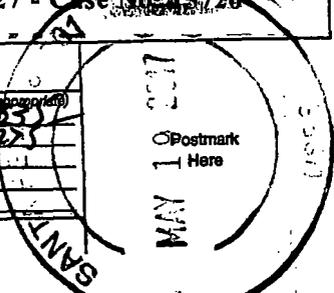
Postage \$

Total Postage \$

Sent To  
 Street and  
 City, State

Nadel and Gussman Delaware, LLC  
 15 East Fifth Street, Suite 3300  
 Tulsa, OK 74103

PS Form 3800, April 2015 PSN 7530-02-000-9087 See Reverse for Instructions



**CERTIFIED MAIL**

3-EN 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:

Nadel and Gussman Delaware, LLC  
 15 East Fifth Street, Suite 3300  
 Tulsa, OK 74103

9590 9402 1832 6104 5974 42

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 0087

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

A. Signature  
 X *plskidmore*  Agent  Addressee

B. Received by (Printed Name)  
*Plskidmore*

C. Date of Delivery  
*5-22-17*

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

PS Form 3811, July 2015 PSN 7530-02-000-9093 Domestic Return Receipt

7016 0750 0000 3268 0094

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

For delivery information, visit **JackRiver / AGR / SWD - 1627 - Case No. 15726**

**OFFICE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.35

Return Receipt (electronic) \$ 2.35

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

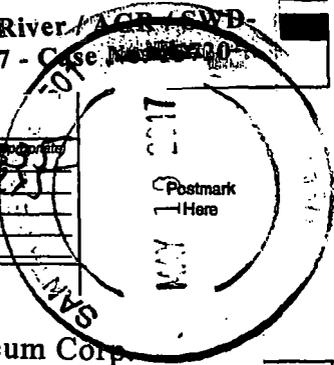
Postage \$

Total Postage \$

Sent To  
 Street and  
 City, State

McKay Petroleum Corp.  
 P.O. Box 2014  
 Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9087 See Reverse for Instructions



**CERTIFIED MAIL**

3-EN IN 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:

McKay Petroleum Corp.  
 P.O. Box 2014  
 Roswell, NM 88202

9590 9402 1832 6104 5974 59

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 0094

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

A. Signature  
 X *Ray McKay*  Agent  Addressee

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

C. Date of Delivery  
*5-22-17*

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

PS Form 3811, July 2015 PSN 7530-02-000-9093 Domestic Return Receipt



7016 0750 0000 3268 1510

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

For delivery information, visit **lackRiver / AGR / SWD**  
**OFFIC** 1627 - Case No. 15720

Certified Mail Fee  
 \$

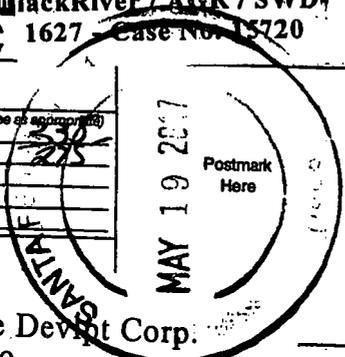
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage  
 \$

Total Po  
 \$

Sent To  
 Featherstone Devt Corp.  
 P.O. Box 429  
 Street and Apt  
 Roswell, NM 88202  
 City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
 DOMESTIC RETURN RECEIPT

FOR COMPLETE 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:  
 Featherstone Devt Corp.  
 P.O. Box 429  
 Roswell, NM 88202

9590 9402 1832 6104 5972 68

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 1510

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

A. Signature  
 Agent  
 Addressee  
 X Rosemary Smith

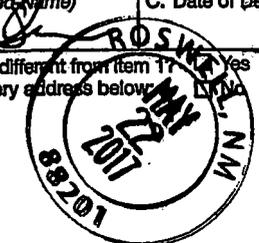
B. Received by (Printed Name)  
 Rosemary Smith

C. Date of Delivery  
 MAY 19 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

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



7016 0750 0000 3268 1527

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

For delivery information, visit **lackRiver / AGR / SWD**  
**OFFIC** 1627 - Case No. 15720

Certified Mail Fee  
 \$

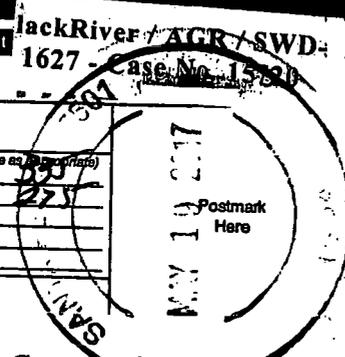
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage  
 \$

Total Postage  
 \$

Sent To  
 Chase Oil Corporation  
 P.O. Box 1767  
 Street and Apt  
 Artesia, NM 88211  
 City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
 DOMESTIC RETURN RECEIPT

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.

1. Article Addressed to:  
 Chase Oil Corporation  
 P.O. Box 1767  
 Artesia, NM 88211

9590 9402 1832 6104 5972 75

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 1527

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

A. Signature  
 Agent  
 Addressee  
 Kathy Beauregard

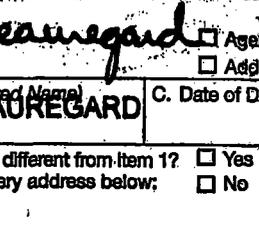
B. Received by (Printed Name)  
 KATHY BEAUREGARD

C. Date of Delivery  
 MAY 19 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

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



7016 0750 0000 3268 1534

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

For delivery information visit **lackRiver**

**OFFICE** 1627 - Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.50

Return Receipt (electronic) \$ 2.70

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

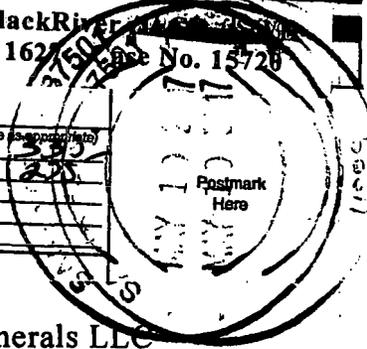
Postage \$

Total Postage \$

Sent To  
**Ventana Minerals LLC**  
**P.O. Box 359**  
**Artesia, NM 88211**

Street and Ap.  
 City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



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

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:

**Ventana Minerals LLC**  
**P.O. Box 359**  
**Artesia, NM 88211**

9590 9402 1832 6104 5972 82

2. Article Number (Transfer from service label):  
**7016 0750 0000 3268 1534**

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

A. Signature  
**Kathy Beauregard** Agent

B. Received by (Printed Name)  
**KATHY BEAUREGARD** C. Date of Delivery

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

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

7016 0750 0000 3268 1541

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

For delivery information visit **lackRiver / AGR / SWD-**

**OFFICE** 1627 - Case No. 15720

Certified Mail Fee \$

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

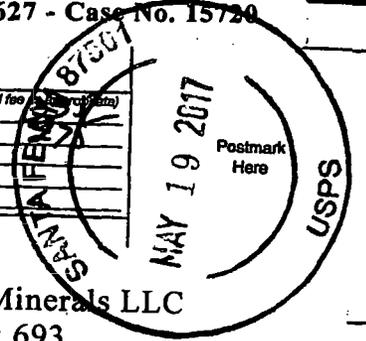
Postage \$

Total Postage \$

Sent To  
**Diakan Minerals LLC**  
**P.O. Box 693**  
**Artesia, NM 88211**

Street and Ap.  
 City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



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

COMPLETE THIS SECTION ON DELIVERY

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**  
**P.O. Box 693**  
**Artesia, NM 88211**

9590 9402 1832 6104 5972 99

2. Article Number (Transfer from service label):  
**7016 0750 0000 3268 1541**

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

A. Signature  
**Kathy Beauregard** Agent

B. Received by (Printed Name)  
**KATHY BEAUREGARD** C. Date of Delivery

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

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

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

For delivery information, visit **blackriver / AGR / SWD- OFFIC**  
 1627 - Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/>	Return Receipt (hardcopy)	\$
<input type="checkbox"/>	Return Receipt (electronic)	\$
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$
<input type="checkbox"/>	Adult Signature Required	\$
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$

Postage \$

Total Post \$

Sent To

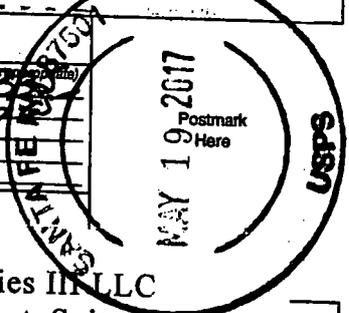
Street and

City, State

OMB Royalties III LLC  
 410 17th Street, Suite 1150  
 Denver, CO 80202

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

9551 942E 0000 0520 910L  
 7016 0750 0000 3268 1558



**CERTIFIED MAIL**

DER

SECTION ONE DELIVERED

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:

OMB Royalties III LLC  
 410 17th Street, Suite 1150  
 Denver, CO 80202

9590 9402 1832 6104 5973 05

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 1558

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

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/21/17*

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

3. Service Type

<input type="checkbox"/>	Adult Signature	<input type="checkbox"/>	Priority Mail Express®
<input type="checkbox"/>	Adult Signature Restricted Delivery	<input type="checkbox"/>	Registered Mail™
<input type="checkbox"/>	Certified Mail®	<input type="checkbox"/>	Registered Mail Restricted Delivery
<input type="checkbox"/>	Certified Mail Restricted Delivery	<input type="checkbox"/>	Return Receipt for Merchandise
<input type="checkbox"/>	Collect on Delivery	<input type="checkbox"/>	Signature Confirmation™
<input type="checkbox"/>	Collect on Delivery Restricted Delivery	<input type="checkbox"/>	Signature Confirmation Restricted Delivery
<input type="checkbox"/>	Mail Restricted Delivery		

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

For delivery information, visit **blackriver / AGR / SWD- OFFIC**  
 1627 - Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/>	Return Receipt (hardcopy)	\$
<input type="checkbox"/>	Return Receipt (electronic)	\$
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$
<input type="checkbox"/>	Adult Signature Required	\$
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$

Postage \$

Total Post \$

Sent To

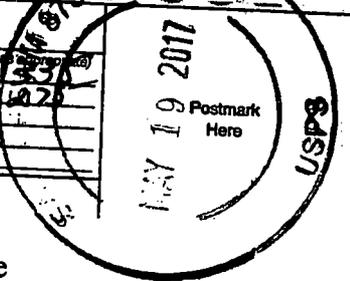
Street and

City, State

Robert C. Chase  
 P.O. Box 297  
 Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

5957 942E 0000 0520 910L  
 7016 0750 0000 3268 1565



**CERTIFIED MAIL**

HIS SECTION ONE DELIVERED

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  
 P.O. Box 297  
 Artesia, NM 88211

9590 9402 1832 6104 5973 12

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 1565

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

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

KATHY BEAUREGARD

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

3. Service Type

<input type="checkbox"/>	Adult Signature	<input type="checkbox"/>	Priority Mail Express®
<input type="checkbox"/>	Adult Signature Restricted Delivery	<input type="checkbox"/>	Registered Mail™
<input type="checkbox"/>	Certified Mail®	<input type="checkbox"/>	Registered Mail Restricted Delivery
<input type="checkbox"/>	Certified Mail Restricted Delivery	<input type="checkbox"/>	Return Receipt for Merchandise
<input type="checkbox"/>	Collect on Delivery	<input type="checkbox"/>	Signature Confirmation™
<input type="checkbox"/>	Collect on Delivery Restricted Delivery	<input type="checkbox"/>	Signature Confirmation Restricted Delivery
<input type="checkbox"/>	Mail Restricted Delivery		

7016 0750 0000 3268 1572

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

For delivery information, visit **blackriver / AGR / SWD-1627 - Case No. 15720**

**OFFICE**

Certified Mail Fee \$

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 \$

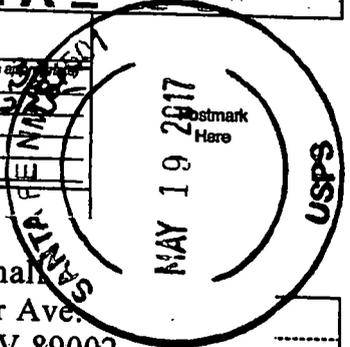
Total Postage \$

Sent To  
 Linda Gail Small  
 140 Jay Porter Ave.  
 Henderson, NV 89002

Street Address  
 Henderson, NV 89002

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9063 See Reverse for Instructions



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

For delivery information, visit **blackriver / AGR / SWD-1627 - Case No. 15720**

**OFFICE**

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:

Linda Gail Small  
 140 Jay Porter Ave.  
 Henderson, NV 89002

9590 9402 1832 6104 5973 29

2. Article Number (Transfer from service label)

7016 0750 0000 3268 1572

PS Form 3811, July 2015 PSN 7530-02-000-9063

A. Signature  
 X *Linda Gail Small*  Agent  Addressee

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

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Mail  Signature Confirmation Restricted Delivery

Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7016 0750 0000 3268 1589

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

For delivery information, visit **blackriver / AGR / SWD-1627 - Case No. 15720**

**OFFICE**

Certified Mail Fee \$

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 \$

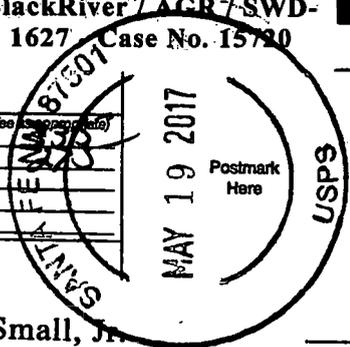
Total Postage \$

Sent To  
 Jay Austin Small, Jr.  
 2005 NE 157th Street  
 Vancouver, WA 98686

Street Address  
 Vancouver, WA 98686

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9063 See Reverse for Instructions



7016 0750 0000 3268 1596

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

For delivery information, visit **JackRiver / AGR / SWD-1627 Case No. 15720**

**OFFICIAL**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee where appropriate)

Return Receipt (hardcopy) \$ 2.25

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

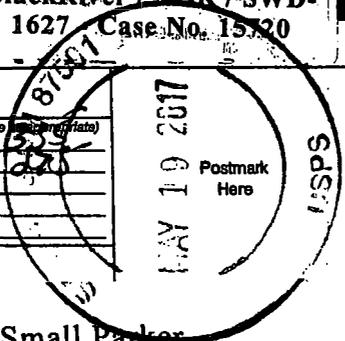
Postage \$

Total Post \$

Sent To  
 Anita June Small Parker  
 1306 Pecan Dr.  
 Weatherford, TX 79702

City, State

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:

Anita June Small Parker  
 1306 Pecan Dr.  
 Weatherford, TX 79702

9590 9402 1832 6104 5973 43

2. Article Number (transfer from service label)

7016 0750 0000 3268 1596

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X *Anita June Small Parker*  Agent Addressee

B. Received by (Printed Name) C. Date of Delivery  
 5-23-17

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Domestic Return Receipt

7016 0750 0000 3268 1602

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

For delivery information, visit **JackRiver / AGR / SWD-1627 Case No. 15720**

**OFFICIAL**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee where appropriate)

Return Receipt (hardcopy) \$ 2.25

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

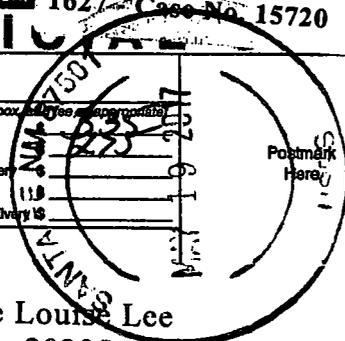
Postage \$

Total Post \$

Sent To  
 Danielle Louise Lee  
 P.O. Box 20205  
 Mesa, Arizona 85277

City, State

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



7016 0750 0000 3268 1411

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

For delivery information, visit **blackriver / AGR / SWD-1627 Case No. 15720**

**OFFICE**

Certified Mail Fee \$

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (hardcopy) \$ 2.50

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **NM State Land Office**

Street **P.O. Box 1148**

City, State **Santa Fe, NM 07504**

Postmark Here

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

**SECTION ON DELIVERY**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *[Signature]*

B. Received by (Printed Name) **MAY 22 2017** C. Date of Delivery

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

1. Article Addressed to:

**NM State Land Office  
 P.O. Box 1148  
 Santa Fe, NM 07504**

2. Article Number (Transfer from service label) **9590 9402 2002 6123 0707 22**

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Restricted Delivery

7016 0750 0000 3268 1411

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

7016 0750 0000 3268 1428

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

For delivery information, visit **blackriver / AGR / SWD-1627 Case No. 15720**

**OFFICE**

Certified Mail Fee \$

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (hardcopy) \$ 3.75

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To **BTA Oil Producers, LLC**

Street **104 South Pecos**

City, State **Midland, TX 79701**

Postmark Here

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *[Signature]*

B. Received by (Printed Name) **Saul Rodriguez** C. Date of Delivery **08-22-17**

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

1. Article Addressed to:

**BTA Oil Producers, LLC  
 104 South Pecos  
 Midland, TX 79701**

2. Article Number (Transfer from service label) **9590 9402 2002 6123 0707 15**

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Restricted Delivery

7016 0750 0000 3268 1428

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

7016 0750 0000 3268 1435

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **blackRiver / AGR / SWD-1627**  
OFFICE Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ 0.00

Certified Mail Restricted Delivery \$ 0.00

Adult Signature Required \$ 0.00

Adult Signature Restricted Delivery \$ 0.00

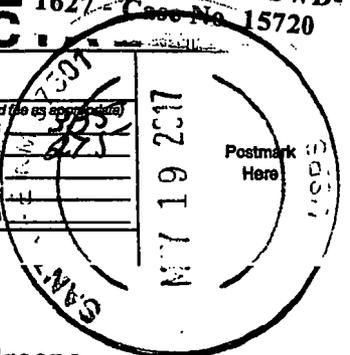
Postage \$

Total Postage \$

Sent To **BLM**  
620 E. Greene  
Carlsbad, NM 88220

Street and A/City, State, Z

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION IN 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:

**BLM**  
620 E. Greene  
Carlsbad, NM 88220

9590 9402 2002 6123 0707 08

2. Article Number (Transfer from service label)  
**7016 0750 0000 3268 1435**

(over \$500) Restricted Delivery

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

A. Signature  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery **5/22/17**

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

7016 0750 0000 3268 1442

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **blackRiver / AGR / SWD-1627**  
OFFICE Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ 0.00

Certified Mail Restricted Delivery \$ 0.00

Adult Signature Required \$ 0.00

Adult Signature Restricted Delivery \$ 0.00

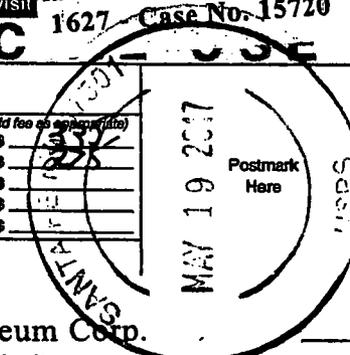
Postage \$

Total Postage \$

Sent To **Yates Petroleum Corp.**  
105 S. Fourth Street  
Artesia, NM 88210

Street and A/City, State, Z

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION IN 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:

**Yates Petroleum Corp.**  
105 S. Fourth Street  
Artesia, NM 88210

9590 9402 2002 6123 0706 92

2. Article Number (Transfer from service label)  
**7016 0750 0000 3268 1442**

Restricted Delivery

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

A. Signature  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery **5/23/17**

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

7016 0750 0000 3268 1459

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

For delivery information, visit **blackriver / AGR / SWD-**  
**OFFICE** 1627 - Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.25

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

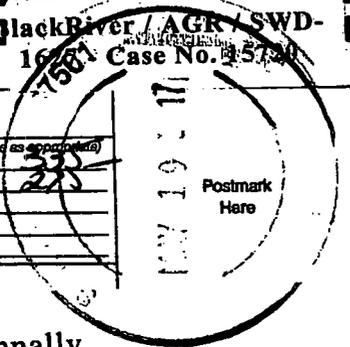
Postage \$

Total Postage \$

Sent To Vickie Connally  
 R211 Ash Rd.  
 Loving, NM 88256

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



**CERTIFIED MAIL**

SENDER: 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:  
 Vickie Connally  
 R211 Ash Rd.  
 Loving, NM 88256

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 1459

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Insured Mail Restricted Delivery (over \$500)  Signature Confirmation Restricted Delivery

A. Signature  
 X [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 Michael Romero

C. Date of Delivery  
 5/22/17

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

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

7941 926 0000 3268 1466

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

For delivery information, visit **blackriver / AGR / SWD-**  
**OFFICE** 1627 - Case No. 15720

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.25

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

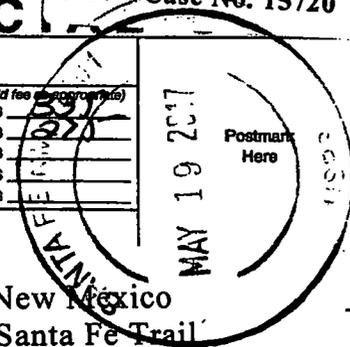
Postage \$

Total Postage \$

Sent To State of New Mexico  
 310 Old Santa Fe Trail  
 Santa Fe, NM 87504

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



**CERTIFIED MAIL**

SENDER: 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:  
 State of New Mexico  
 310 Old Santa Fe Trail  
 Santa Fe, NM 87504

2. Article Number (Transfer from service label)  
 7016 0750 0000 3268 1466

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted 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  No  
 If YES, enter delivery address below:

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

7016 0750 0000 3268 1473

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

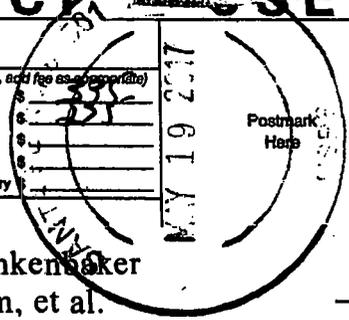
For delivery information, visit **lackRiver / AGR / SWD-1627 - Case No. 15720**

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent To **Ruby Blankenbaker**  
**Hogaboom, et al.**  
 Street: **P.O. Box 219**  
 City, St: **Felt, OK 73937**

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



7016 0750 0000 3268 1460

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

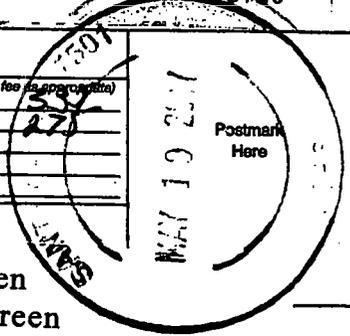
For delivery information, visit **lackRiver / AGR / SWD-1627 - Case No. 15720**

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.35  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$  
 Total \$  
 Sent To **Virigina Breen**  
**c/o Sarah Noreen**  
 Street: **516 S. Suoerior St.**  
 City: **Vernon Hills, IL 60061**

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



**CERTIFIED MAIL**

ON 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:  
**Ruby Blankenbaker**  
**Hogaboom, et al.**  
**P.O. Box 219**  
**Felt, OK 73937**

2. Article Number (from front of mailpiece)  
**4990 9402 2002 6123 0706 61**

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

A. Signature

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

7016 0750 0000 3268 1473 (over \$500) Restricted Delivery

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

7016 0750 0000 3268 1497

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit [usps.com](http://usps.com)

Black River / AGR / SWD-

1627 - Case No. 15720

## OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.75

Return Receipt (electronic) \$ 2.75

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Postage

\$

Total Postage

\$

Sent To

Ogden Heirs  
c/o Alisa Ogden  
2302 Forehand Rd  
Carlsbad, NM 88220

Street and Apt.

City, State, ZIP+4®

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

See Reverse for Instructions

CERTIFIED MAIL

SENDER: COM

- 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:

Ogden Heirs  
c/o Alisa Ogden  
2302 Forehand Rd  
Carlsbad, NM 88220

9590 9402 2002 6123 0706 47

7016 0750 0000 3268 1497

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

A. Signature

X *Subb Nyo*

Agent  
 Addressee

B. Received by (Printed Name)

*Michael Bonin*

C. Date of Delivery

*5/20/17*

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
- Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7016 0750 0000 3268 1503

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit [usps.com](http://usps.com)

Black River / AGR / SWD-

1627 - Case No. 15720

## OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.75

Return Receipt (electronic) \$ 2.75

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Postage

\$

Total Postage

\$

Sent To

Orlando Ornelas  
P.O. Box 985  
Franktown, CO 80116

Street and Apt.

City, State, ZIP+4®

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

See Reverse for Instructions

CERTIFIED MAIL

SENDER:

ACTION 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:

Orlando Ornelas  
P.O. Box 985  
Franktown, CO 80116

9590 9402 2002 6123 0700 36

7016 0750 0000 3268 1503

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

A. Signature

X *Kerry Ornelas*

Agent  
 Addressee

B. Received by (Printed Name)

*Kerry Ornelas*

C. Date of Delivery

*5-27-17*

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
- Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (over \$500)

Domestic Return Receipt