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

APPLICATION OF KAISER-FRANCIS OIL COMPANY FOR POOL CREATION AND SPECIAL POOL RULES, LEA COUNTY, NEW MEXICO. **Case No. 15,823**

APPLICATION OF KAISER-FRANCIS OIL COMPANY FOR POOL CREATION AND SPECIAL POOL RULES, LEA COUNTY, NEW MEXICO. **Case No. 15,824**

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 Kaiser-Francis Oil Company.

3. Kaiser-Francis 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 or operators, 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.

James Bruce

SUBSCRIBED AND SWORN TO before me this 12th day of September, 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 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)
jamesbruc@aol.com

August 23, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of two applications for pool creation and special pool rules, filed with the New Mexico Oil Conservation Division by Kaiser-Francis Oil Company, regarding the Southwest Ojo Chiso-Bone Spring Pool and the Southwest Ojo Chiso-Wolfcamp Pool in Lea County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, Spectator 14, 2017, 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 that may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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, September 7, 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 its 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. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce

Attorney for Kaiser-Francis Oil Company

ATTACHMENT A

ALAN JOCHIMSEN
4209 CARDINAL LANE
MIDLAND, TX79707-1935

ALFRED S BLAUW AND JUNE BLAUW
1405 SOMERVELL NE
ALBUQUERQUE, NM87112

ANN E HANSEN ESTATE
DIANA SWOPE PERSONAL REP
840 COX CANYON
CLOUD CROFT, NM88317

ANNA A REISCHMAN
8523 THACKERY ST APT 9301
DALLAS, TX75225

ANNE MONTGOMERY
12750 W FORT LOWELL RD
TUCSON, AZ85743-9143

ANNE MONTGOMERY
904 N. Kentucky Avenue
ROSWELL, NM88201

ARD OIL LTD
ATTENTION: REID MARLEY
222 West 4th Street PH #5
Fort Worth, TX76102

AREECIA WYNNE WARD
STANLEY DONALD A/I/F
DONALD & GAMBLE LLP
PO BOX 5546
GREENVILLE, MS38704-5546

ASHLEY KINSLOW
3030 MCKINNEY AVE APT 403
DALLAS, TX75204

BETH W HUGHES
3318 S OLD MILLBROOK CIR
SALT LAKE CITY, UT84115

BILL & JANICE LANE
PO BOX 854
ST CROIX FALLS, WI54024

BRYAN BELL JR
BRYAN BELL CUSTODIAN
2243 THE CIRCLE
RALEIGH, NC27608-1447

BRYAN WEHRLI
7 FIR LOOP
CEDAR CREST, NM87008

BTA OIL PRODUCERS, LLC
ATTENTION: WILLIS PRICE
104 S. Pecos Street
Midland, TX79701

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 E. Greene St.
Carlsbad, NM88220-6292

CANDACE CARTER DOLAN
2706 MARQUIS CR E
ARLINGTON, TX76016-2012

CATHLEEN GIBBS KAISER
16043 ROSEVIEW LN
CYPRESS, TX77429

CEP MINERALS
PO Box 50820
Midland, TX79710

CH MINERALS LLC
PO BOX 6387
BEAVERTON, OR97007-0387

CHARLES E MONTGOMERY III
PO BOX 700
VAIL, AZ85641-0700

CHARLES E MONTGOMERY III
61 Agassiz Terrace
Globe, AZ85501

CHEVRON USA, INC.
Attn: Shalyce Holmes
1400 Smith Street
Houston, TX77002

CHEVRON USA, INC.
6301 Deauville Blvd.
Midland, TX79706

EXHIBIT A-1

CIMAREX ENERGY CO.
Attention: Cody Elliott
600 NORTH MARIENFELD STREET, #600
MIDLAND, TX79701

CINDY WHITE HUGHES
3825 KIMBERLY
WACO, TX76708

COG OPERATING LLC
One Concho Center
600 West Illinois Avenue
Midland, TX79701

CONOCOPHILLIPS CO
Attention: Cody Travers
600 N. Dairy Ashford
Houston, TX77079

CRUMP ENERGY PARTNERS II, LLC
PO Box 50820
Midland, TX79710

DAN T DESMOND
208 N MCKOWN AVE
SHERMAN, TX75092-7430

DELMAR HUDSON LEWIS LIVING TRUST
U. S. Trust, Bankof America Private Wealth Management
Attention: Larry Farris, Senior Vice President
500 W. 7th Street, TX1-497-02-11
DALLAS, TX76102

DEVON ENERGY PRODUCTION
COMPANY, L P
Attention: Cari Allen
333 W. Sheridan Avenue
Oklahoma City, OK73702-5015

EOG RESOURCES, INC.
P. O. Box 2267
Midland, TX79702

ESTATE OF TERRELL TAYLOR GIBBS
CATHLEEN G KAISER PERS REP
16043 ROSEVIEW LANE
CYPRESS, TX77429

FRANK W HARRISON III
6615 SEWANEE
HOUSTON, TX77005

GEORGE M MONTGOMERY
12650 W FORT LOWELL
TUCSON, AZ85743

GOLDIE R BUCKNER
5201 ROMA AVE NE APT 433
ALBUQUERQUE, NM87108-1334

GOOD EARTH MINERALS LLC
C/O DEBORAH L GOLUSKA
PO BOX 1090
ROSWELL, NM88202-1090

GRETCHEN B NEARBURG
1129 CHALLENGER ST
LAKEWAY, TX78734

HAYES LAND & PRODUCTION CO
Attention: William H. Bennett
PO BOX 51407
MIDLAND, TX79710

HAYES LAND LP
PO BOX 51510
MIDLAND, TX79710-1510

HELEN ELIZABETH BELL
BRYAN BELL CUSTODIAN
5529 FLEMING AVENUE
OAKLAND, CA94605-1125

JACK WARD BENSON
2119 CITRUS HILL LANE
PALM HARBOR, FL34683

JAVELINA PARTNERS
Attention: Randall Hudson
616 TEXAS ST
FORT WORTH, TX76102

JEWEL CASEY
C/O LIZ BAILEY
PO BOX 294
SANFORD, CO81151

JOANNE HARRIS DIETRICH TRUST A
MARIAN D BROWNE SUCC TRUSTEE
8844 N MAY AVE
OKLAHOMA CITY, OK73120

EXHIBIT A-1

JOHN A MCLELLAN
10058 35TH AVE NE
SEATTLE, WA98125-7805

JOHN P BUTLER
ADDRESS UNKNOWN
, NM

JON BLAUW
464 WELDON AVE
OAKLAND, CA94610

JON MARC HOWELL
5609 LANDS END ST
AUSTIN, TX78734

KAREN WHITE LEHMAN
PO BOX 982
MERIDIAN, TX76665-0982

KATHERINE K MCINTYRE
512 THUNDER CREST
EL PASO, TX79912-4251

KATHY COOK
BOX 495
ERIE, CO80516-0495

LEIGH OATMAN
PO BOX 1445
TERRELL, TX75160

LINDYS LIVING TRUST
FRANCIS HUDSON TRUSTEE
4200 S HULEN SUITE 302
FORT WORTH, TX76109

LYNN WEHRLI
357 O STREET SW
WASHINGTON, DC20024

MADISON M HINKLE
PO BOX 2292
ROSWELL, NM88202-2292

MAGNOLIA L L C
P O BOX 51555
MIDLAND, TX79710-1555

MANOR PARK INC DBA
MPH ENDOWMENT FUND AGENCY
WELLS FARGO BANK SAO
PO BOX 40909
AUSTIN, TX78704

MARCHETA JOCHIMSEN
4209 CARDINAL LN
MIDLAND, TX79707-1935

MARCIE BROOK HOWELL
C/O JON A HOWELL DDS
2312 BAHAMA RD
AUSTIN, TX78733

MARK CHILDRESS
3840 TULSA WAY
FORT WORTH, TX76107

MARY ANDERSON
1415 BLUEBONNET DRIVE
FORT WORTH, TX76111

MARY SUE MASON
1518 RIVER BEND PLACE SE
DECATUR, AL35601

MATLOCK MINERALS LTD CO
C/O DEBORAH L GOLUSKA
PO BOX 1090
ROSWELL, NM88202-1090

MAVROS MINERALS, LLC
PO Box 50820
Midland, TX79701

MEWBOURNE OIL COMPANY
Attention: Drew Robison, District Exploration Manager
500 West Texas
Midland, TX79701

MEWBOURNE OIL COMPANY
4801 Business Park Blvd.
Hobbx, NM88240

MICHAEL MCENTIRE
7001 BOULEVARD 26 STE 312
NORTH RICHLAND HILLS, TX76180

MONA L COFFIELD
465 CAMINO MANZANO
SANTA FE, NM87505

MONTY D MCLANE
PO BOX 9451
MIDLAND, TX79708

MOORE & SHELTON COMPANY LTD
PO BOX 3070
GALVESTON, TX77552

MORRIS E SCHERTZ
PO BOX 2588
ROSWELL, NM88202-2588

NANCY J DESMOND REV TRUST
U/A DTD 8-12-05
NANCY J DESMOND TRUSTEE
4413 CONTENTA RDG
SANTA FE, NM87507-6613

OAK VALLEY MINERAL AND LAND, LP
P. O. Box 50820
Midland, TX79710

PATRICIA M GREER
34 E BEND LN
HOUSTON, TX77007

PAULINE M HARTMAN
904 N KENTUCKY AVE
ROSWELL, NM88201-4931

PHYLLIS WHITE HENNESSEE
452 JENNIFER LANE
DRIFTWOOD, TX78619

PIHI PARTNERSHIP
952 ECHO LANE STE 322
HOUSTON, TX77024-2814

PITCH ENERGY CORP
P. O. BOX 304
ARTESIA, NM88211-0304

PROSPECT INVESTMENT OF HOUSTON, INC.
952 ECHO LANE STE 322
HOUSTON, TX77024-2814

RAM FOUNDATION
GUARANTY BANK & TRUST AS AGENT
PO BOX 13639
ARLINGTON, TX76094

RANDALL CARTER GIBBS TRUST
CARL E COOPER - TRUSTEE
PO BOX 2148
ROSWELL, NM88202-2148

ROBERT KRUSE
PO BOX 327
KEY WEST, FL33040

EXHIBIT A-3

ROBERT N ENFIELD IRREV TRUST
WELLS FARGO BANK NA SUCC TTEE
ACCOUNT# 14855100
PO BOX 40909
AUSTIN, TX78704

ROLLA R HINKLE III
PO BOX 2292
ROSWELL, NM88202-2292

RONALD E NEAL
4531 MAGNOLIA STREET
BELLAIRE, TX77401

RUBIE BELL GOSNELL
61438 STILLMEADOW LANE
NEW CONCORD, OH43762

RUBIE PERRY BELL
61438 STILLMEADOW LANE
NEW CONCORD, OH43762

SHARON LEE WHITE
AKA SASHA WHITE
18006 CRYSTAL COVE
JONESTOWN, TX78645

SHIRLEY HUBBARD
3964 RABB STREET
ODESSA, TX79762-4910

SLASH EXPLORATION LTD PARTNER
P O BOX 1973
ROSWELL, NM88202-1973

NEW MEXICO STATE LAND OFFICE
Attn: Oil and Gas – Suc
310 Old Santa Fe Trail
Santa Fe, NM87504

STATE OF NEW MEXICO
COMMISSIONER OF PUBLIC LANDS
PO BOX 1148
SANTA FE, NM87504

SUSAN WHITE
PO BOX 1628
WHITNEY, TX76692

THE FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX79702-2024

THE TOLES COMPANY, A LIMITED PARTNERSHIP
PO BOX 1300
ROSWELL, NM88202-1300

THELMA L MACK
21926 S VERMONT AVE #64
TORRANCE, CA90502

VALARIE SHANE HARRIS
PO BOX 58
FAIRFIELD, IA52556

W CASEY SANFORD
6 BIRLA COURT
SANTA FE, NM87508

WESMAX LTD
C/O TERRY BLANKENSHIP
1821 WESTLAKE DR STE 101
AUSTIN, TX78746

WHITE FAMILY TR U/A/D 3/9/95
SUSAN H WHITE TRUSTEE
1447 GALAXY DR
NEWPORT BEACH, CA92660

WILLIAM H BENNETT
PO BOX 51407
MIDLAND, TX79710

ZORRO PARTNERS LTD
Attention: William A. Hudson, II
616 TEXAS ST
FORT WORTH, TX76102

EXHIBIT A-4

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF KAISER-FRANCIS OIL COMPANY FOR POOL CREATION AND SPECIAL RULES AND REGULATIONS THEREFOR THE, LEA COUNTY, NEW MEXICO. **Case No. _____**

APPLICATION

Kaiser-Francis Oil Company applies for an order (i) creating a new pool for horizontal Bone Spring development, to be named the Southwest Ojo Chiso-Bone Spring Pool, and (ii) instituting special rules and regulations for the proposed pool, and in support thereof, states:

1. Applicant is an interest owner in and operator of the following acreage in Lea County, New Mexico:

Township 22 South, Range 33 East, N.M.P.M.
Section 36: All

Township 22 South, Range 34 East, N.M.P.M.
Section 31: Lots 1-4, E/2, and E/2W/2 (All)
Section 32: All

Township 23 South, Range 33 East, N.M.P.M.
Section 1: Lots 1-4, S/2N2, and S/2 (All)
Section 12: All

Township 23 South, Range 34 East, N.M.P.M.
Section 5: Lots 1-4, S/2N2, and S/2 (All)
Section 6: Lots 1-7, S/2NE/4, SE/4NW/4, E/2SW/4, and SE/4 (All)
Section 7: Lots 1-4, E/2, and E/2W/2 (All)
Section 8: All

The foregoing acreage is contained in the North Bell Lake Unit (the "Unit"), comprised of 5,727.58 acres of Federal, State, and Fee land.

2. Applicant intends to drill multiple Bone Spring wells inside the Unit. The wells will be 1-1/2 miles in length, and will be drilled as north-south standup units. Applicant's drilling

program is planned to properly drain Bone Spring reserves from the Unit, and obtain maximum recovery therefrom. This will result in certain wells having otherwise unorthodox locations.

3. The allowable established by NMAC 19.15.20.12 is insufficient for the planned multiple horizontal wells per well unit, and may cause or exacerbate overproduction. Therefore, Applicant proposes to create a new pool for horizontal Bone Spring development within the Unit, and special rules and regulations for the new pool.

4. Applicant requests the creation of a new pool, named the Southwest Ojo Chiso-Bone Spring Pool (the "Pool"), to include the lands described in paragraph 1 above. The Pool will cover the entire Bone Spring formation. Applicant requests that special rules and regulations be established for the Pool, providing for:

(a) A standard oil spacing and proration unit of 480 acres for horizontal wells;

(b) Horizontal to be located no closer than 330 feet to the exterior boundary of the Unit;

(c) Interior setbacks of 10 feet from a quarter-quarter section line for horizontal wells;

(d) Setbacks of 100 feet from the side line of a standard horizontal well unit, except as provided in subparagraph (b) above;

(e) A special depth bracket allowable of 9600 barrels of oil per day for a standard horizontal well unit;

(f) A limiting gas:oil ratio of 5000 cubic feet of gas per barrel of oil produced; and

(g) All other rules to be in conformance with statewide rules.

5. Existing vertical wells in the Unit will retain their current well units.

6. **Applicant requests that the pool rules be limited to lands within the Unit.**

7. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division grant the relief requested above.

Respectfully submitted,

James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Kaiser-Francis Oil Company

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF KAISER-FRANCIS OIL COMPANY FOR POOL CREATION AND SPECIAL RULES AND REGULATIONS THEREFOR THE, LEA COUNTY, NEW MEXICO. **Case No. _____**

APPLICATION

Kaiser-Francis Oil Company applies for an order (i) creating a new pool for horizontal Wolfcamp development, to be named the Southwest Ojo Chiso-Wolfcamp Pool, and (ii) instituting special rules and regulations for the proposed pool, and in support thereof, states:

1. Applicant is an interest owner in and operator of the following acreage in Lea County, New Mexico:

Township 22 South, Range 33 East, N.M.P.M.
Section 36: All

Township 22 South, Range 34 East, N.M.P.M.
Section 31: Lots 1-4, E/2, and E/2W/2 (All)
Section 32: All

Township 23 South, Range 33 East, N.M.P.M.
Section 1: Lots 1-4, S/2N2, and S/2 (All)
Section 12: All

Township 23 South, Range 34 East, N.M.P.M.
Section 5: Lots 1-4, S/2N2, and S/2 (All)
Section 6: Lots 1-7, S/2NE/4, SE/4NW/4, E/2SW/4, and SE/4 (All)
Section 7: Lots 1-4, E/2, and E/2W/2 (All)
Section 8: All

The foregoing acreage is contained in the North Bell Lake Unit (the "Unit"), comprised of 5,727.58 acres of Federal, State, and Fee land.

2. Applicant intends to drill multiple Wolfcamp wells inside the Unit. The wells will be 1-1/2 miles in length, and will be drilled as north-south standup units. Applicant's drilling

program is planned to properly drain Wolfcamp reserves from the Unit, and obtain maximum recovery therefrom. This will result in certain wells having otherwise unorthodox locations.

3. The allowable established by NMAC 19.15.20.12 is insufficient for the planned multiple horizontal wells per well unit, and may cause or exacerbate overproduction. Therefore, Applicant proposes to create a new pool for horizontal Bone Spring development within the Unit, and special rules and regulations for the new pool.

4. Applicant requests the creation of a new pool, named the Southwest Ojo Chiso-Wolfcamp Pool (the "Pool"), to include the lands described in paragraph 1 above. The Pool will cover the entire Bone Spring formation. Applicant requests that special rules and regulations be established for the Pool, providing for:

(a) A standard oil spacing and proration unit of 480 acres for horizontal wells;

(b) Horizontal to be located no closer than 330 feet to the exterior boundary of the Unit;

(c) Interior setbacks of 10 feet from a quarter-quarter section line for horizontal wells;

(d) Setbacks of 100 feet from the side line of a standard horizontal well unit, except as provided in subparagraph (b) above, and 50 feet from the last take point of a well;

(e) A special depth bracket allowable of 6000 barrels of oil per day for a standard horizontal well unit;

(f) A limiting gas:oil ratio of 5000 cubic feet of gas per barrel of oil produced; and

(g) All other rules to be in conformance with statewide rules.

5. Existing vertical wells in the Unit will retain their current well units.

6. **Applicant requests that the pool rules be limited to lands within the Unit.**

7. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division grant the relief requested above.

Respectfully submitted,

James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Kaiser-Francis Oil Company

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:

SUSAN WHITE
PO BOX 1628
WHITNEY, TX76692

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan White ☐ 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

9590 9402 2703 6351 7696 98

2. Article Number
7017 1450 0002 2175 5410

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

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

---

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

Postage
$

Total Postage
$

Sent To MEWBOURNE OIL COMPANY
Attention: Drew Robison, District Exploration Manager
Street and 500 West Texas
City, State, ZIP+4® Midland, TX79701

Postmark Here

7017 1450 0002 2175 5236

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

---

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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 SUSAN WHITE
PO BOX 1628
WHITNEY, TX76692

Street and

City, State,

Postmark Here

7017 1450 0002 2175 5410

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

---

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

MEWBOURNE OIL COMPANY
Attention: Drew Robison, District Exploration Manager
500 West Texas
Midland, TX79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery
8-28

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

9590 9402 2703 6351 7699 30

2. Article Number
7017 1450 0002 2175 5236

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

PS Form 3811, 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:

BETH W HUGHES
3318 S OLD MILLBROOK CIR
SALT LAKE CITY, UT84115

9590 9402 3019 7124 6997 42

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6271

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Beth W Hughes ☐ 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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

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

---

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

Postage
$

Total Postage and Fees
$

Sent To
THE TOLES COMPANY, A LIMITED PARTNERSHIP
PO BOX 1300
ROSWELL, NM88202-1300

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

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 5335

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

OFFICIAL USE

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 and Fees
$

Sent To
BETH W HUGHES
3318 S OLD MILLBROOK CIR
SALT LAKE CITY, UT84115

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

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 6271

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THE TOLES COMPANY, A LIMITED PARTNERSHIP
PO BOX 1300
ROSWELL, NM88202-1300

9590 9402 3019 7124 6994 07

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5335

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Debra Franks ☐ Agent ☐ Addressee

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

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

PHYLLIS WHITE-HENNESSEE
452 JENNIFER LANE
DRIFTWOOD, TX78619

9590 9402 2703 6351 7698 89

2. Article Number *(Transfer from service label)*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* DON HENNESSEE C. Date of Delivery 29-17

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
- ☐ 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

---

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

OFFICIAL USE

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,

Postmark Here

WESMAX LTD
C/O TERRY BLANKENSHIP
1821 WESTLAKE DR STE 101
AUSTIN, TX78746

7017 1450 0002 2175 5434

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

---

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certi
- ☐ Adu
- ☐ Adu

Postag
$

Total F
$

Sent T

Postmark Here

PHYLLIS WHITE HENNESSEE
452 JENNIFER LANE
DRIFTWOOD, TX78619

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

City, State, ZIP+4®

7017 1450 0002 2175 5182

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WESMAX LTD
C/O TERRY BLANKENSHIP
1821 WESTLAKE DR STE 101
AUSTIN, TX78746

9590 9402 2703 6351 7698 ..

2. Article Number *(Transfer from service label)*

7017 1450 0002 2175 5434

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
enter delivery address below: ☐ No

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

Delivery

PS Form **3811**, 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:

SLASH EXPLORATION LTD PARTNER
P O BOX 1973
ROSWELL, NM88202-1973

9590 9402 2703 6351 7697 04

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5403

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marin Mahr ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARINA MAHR C. Date of Delivery 8/29/17

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

7017 1450 0002 2175 6721

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

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

OFFICIAL USE

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 $

Postmark Here

MADISON M HINKLE
PO BOX 2292
ROSWELL, NM88202-2292

City, State, ZIP+4®

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

7017 1450 0002 2175 5403

U.S. Postal Service™
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OFFICIAL USE

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 $

Postmark Here

SLASH EXPLORATION LTD PARTNER
P O BOX 1973
ROSWELL, NM88202-1973

City, State, ZIP+4®

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:

MADISON M HINKLE
PO BOX 2292
ROSWELL, NM88202-2292

9590 9402 3019 7124 6995 99

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6721

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

AUG 29 2017 NM USPS 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

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:

MARCHETA JOCHIMSEN
4209 CARDINAL LN
MIDLAND, TX79707-1935

9590 9402 3019 7124 6996 05

2. Article 7017 1450 0002 2175 6738

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8/28

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

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

(over $500)

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

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7017 1450 0002 2175 6035

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

OFFICIAL USE

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 $

Postmark Here

MARK CHILDRESS
3840 TULSA WAY
FORT WORTH, TX76107

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

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7017 1450 0002 2175 6738

U.S. Postal Service™
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OFFICIAL USE

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 $

Postmark Here

Postage
$
Total Postage
$

MARCHETA JOCHIMSEN
4209 CARDINAL LN
MIDLAND, TX79707-1935

Sent To
Street and Apt
City, State, ZIP+4®

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARK CHILDRESS
3840 TULSA WAY
FORT WORTH, TX76107

9590 9402 2703 6351 7697 42

2. Article 7017 1450 0002 2175 6035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ 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:

MARCIE BROOK HOWELL
C/O JON A HOWELL DDS
2312 BAHAMA RD
AUSTIN, TX78733

9590 9402 3019 7124 6997 04

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6752

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marcie Howell ☐ Agent ☐ Addressee

B. Received by (Printed Name) Marcie Howell 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

d Delivery

(over $500)

Domestic Return Receipt

7017 1450 0002 2175 5120

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

OFFICIAL USE

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 Pc
$

Sent To

Street a

City, Sta

Postmark Here

MARY SUE MASON
1518 RIVER BEND PLACE SE
DECATUR, AL35601

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

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7017 1450 0002 2175 6752

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OFFICIAL USE

Certified Mail Fee
$

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

Postag
$

Total I
$

Sent T

Street

City, State, ZIP+4®

Postmark Here

MARCIE BROOK HOWELL
C/O JON A HOWELL DDS
2312 BAHAMA RD
AUSTIN, TX78733

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARY SUE MASON
1518 RIVER BEND PLACE SE
DECATUR, AL35601

9590 9402 2703 6351 7698 27

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5120

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X MS Mason ☐ Agent ☐ Addressee

B. Received by (Printed Name) MASON C. Date of Delivery 8-28-17

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

d Delivery

(over $500)

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:

ROLLA R HINKLE III
PO BOX 2292
ROSWELL, NM88202-2292

9590 9402 2703 6351 7698 03

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5106

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
☐ 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

7017 1450 0002 2175 6608

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

OFFICIAL USE

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 and Fees
$

Postmark Here

Sent To
JOHN A MCLELLAN

Street and Apt. No., or PO Box No.
10058 35TH AVE NE

City, State, ZIP+4®
SEATTLE, WA98125-7805

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

7017 1450 0002 2175 5106

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OFFICIAL USE

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 and Fees
$

Postmark Here

Sent To
ROLLA R HINKLE III

Street and Apt. No., or PO Box No.
PO BOX 2292

City, State, ZIP+4®
ROSWELL, NM88202-2292

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:

JOHN A MCLELLAN
10058 35TH AVE NE
SEATTLE, WA98125-7805

9590 9402 3019 7124 6994 76

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6608

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☑ Addressee

B. Received by (Printed Name)

C. Date of Delivery
8-29-17

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
☐ 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:

ALAN JOCHIMSEN
4209 CARDINAL LANE
MIDLAND, TX79707-1935

9590 9402 3019 7124 6997 11

2. Article Number (Transfer from service label) 7017 1450 0002 2175 6240

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 8-28

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

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

(over $500)

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

7017 1450 0002 2175 6640

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Po
$

Sent To

Street an

City, State, ZIP+4

GEORGE M MONTGOMERY
12650 W FORT LOWELL
TUCSON, AZ85743

Postmark Here

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

7017 1450 0002 2175 6240

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

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

OFFICIAL USE

Certified Mail Fee
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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 T

Street

City, S

ALAN JOCHIMSEN
4209 CARDINAL LANE
MIDLAND, TX79707-1935

Postmark Here

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

7017 1450 0002 2175 6240

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 A

GEORGE M MONTGOMERY
12650 W FORT LOWELL
TUCSON, AZ85743

9590 9402 3019 7124 6995 37

2. Article Number (Transfer from service label) 7017 1450 0002 2175 6660

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☑ Addressee

B. Received by (Printed Name) GeorgeMontgomery

C. Date of Delivery 8/28/17

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
☐ 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:

LEIGH OATMAN
PO BOX 1445
TERRELL, TX75160

9590 9402 3019 7124 6995 68

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6714

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X L Oatman ☐ Agent ☐ Addressee

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

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

TERRELL TX 75160
AUG 28 2017
USPS

3. Service Type

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

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

7017 1450 0002 2175 6691

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OFFICIAL USE

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 and Fees $

Sent To JEWEL CASEY C/O LIZ BAILEY PO BOX 294 SANFORD, CO81151

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

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 6714

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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 and Fees $

Sent To LEIGH OATMAN PO BOX 1445 TERRELL, TX75160

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

City, State, ZIP+4®

Postmark Here

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JEWEL CASEY C/O LIZ BAILEY PO BOX 294 SANFORD, CO81151

9590 9402 3019 7124 6995 68

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6691

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Gary Bailey ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-28-17

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:

HAYES LAND & PRODUCTION CO
Attention: William H. Bennett
PO BOX 51407
MIDLAND, TX79710

9590 9402 3019 7124 6996 36

2. Article Number (Transfer from service label) 7017 1450 0002 2175 6011

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name) Andrew Sutherland
C. Date of Delivery 8/29/17

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

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

Domestic Return Receipt

7017 1450 0002 2175 5953

U.S. Postal Service™
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OFFICIAL USE

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
Street and Apt.
City, State, ZIP+4®

Postmark Here

MAGNOLIA L L C
P O BOX 51555
MIDLAND, TX79710-1555

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

7017 1450 0002 2175 6011

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OFFICIAL USE

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 $

Postmark Here

HAYES LAND & PRODUCTION CO
Attention: William H. Bennett
PO BOX 51407
MIDLAND, TX79710

City, State, ZIP+4

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. MAGNOLIA L L C
P O BOX 51555
MIDLAND, TX79710-1555

9590 9402 3019 7124 6996 90

2. Article Number (Transfer from service label) 7017 1450 0002 2175 5953

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name) Vanessa Washington
C. Date of Delivery 8/29/17

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

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. MAVROS MINERALS, LLC
PO Box 50820
Midland, TX79701

9590 9402 2703 6351 7698 41

2. Article Number (Transfer from service label) 7017 1450 0002 2175 5144

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rachel Lange ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rachel Lange C. Date of Delivery 8.29.17

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

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OFFICIAL USE

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
$
To MONTY D MCLANE
PO BOX 9451
MIDLAND, TX79708

Postmark Here

7017 1450 0002 2175 5069

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

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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 Sig... $

Postage MAVROS MINERALS, LLC
$ PO Box 50820
Total Post Midland, TX79701
$
Sent To
Street an
City, State, ZIP+4

Postmark Here

7017 1450 0002 2175 5144

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
MONTY D MCLANE
PO BOX 9451
MIDLAND, TX79708

9590 9402 2703 6351 7697 68

2. Article Number (Transfer from service label) 7017 1450 0002 2175 5069

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Alan Lachman C. Date of Delivery 8-29-17

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
- ☐ 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:

HAYES LAND LP
PO BOX 51510
MIDLAND, TX79710-1510

JAVELINA PARTNERS

9590 9402 3019 7124 6994 52

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6585

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Vanessa Washington C. Date of Delivery 8/29/17

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

☐ Restricted Delivery

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

7017 1450 0002 2175 6554

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OFFICIAL USE

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 $

Postmark Here

DEVON ENERGY PRODUCTION COMPANY, L P
Attention: Cari Allen
333 W. Sheridan Avenue
Oklahoma City, OK73702-5015

FRANK W HARRISON III

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

7017 1450 0002 2175 6585

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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 $

Postmark Here

Postage
$
Total
$
Sent
Street
City, S

HAYES LAND LP
PO BOX 51510
MIDLAND, TX79710-1510

JAVELINA PARTNERS

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. Ar

DEVON ENERGY PRODUCTION
COMPANY, L P
Attention: Cari Allen
333 W. Sheridan Avenue
Oklahoma City, OK73702-5015

FRANK W HARRISON III

9590 9402 3019 7124 6994 2

2.

7017 1450 0002 2175 6554

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

CENTER CITY OF OKLAHOMA CITY, OK
AUG 28 2017
USPS

3. Service Type

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

stricted 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:

CIMAREX ENERGY CO.
Attention: Cody Elliott
600 NORTH MARIENFELD STREET, #600
MIDLAND, TX79701

9590 9402 3019 7124 6999 88

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6516

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B Russell ☐ Agent ☐ Addressee

B. Received by (Printed Name) B. Russell
C. Date of Delivery 8-28-17

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

N

Domestic Return Receipt

7017 1450 0002 2175 6493

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OFFICIAL USE

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 $

Postmark Here

Postage
$

Total Postage and Fees
$

Sent To
CEP MINERALS
PO Box 50820
Midland, TX79710

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

City, State, ZIP+4®

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

7017 1450 0002 2175 6516

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OFFICIAL USE

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 $

Postmark Here

Postage
$

Total Postage and Fees
$

Sent To
CIMAREX ENERGY CO.
Attention: Cody Elliott
600 NORTH MARIENFELD STREET, #600
MIDLAND, TX79701

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

City, State, ZIP+4®

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

7017 1450 0002 2175 6493

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:

CEP MINERALS
PO Box 50820
Midland, TX79710

9590 9402 3019 7124 6999 64

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6493

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rachel Lange ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rachel Lange
C. Date of Delivery 8.29.17

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

N

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:

BILL & JANICE LANE
PO BOX 854
ST CROIX FALLS, WI54024

9590 9402 3019 7124 6998 41

2. Article Number (Transfer from service label) 7017 1450 0002 2175 6370

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bill Lane ☐ Agent ☒ Addressee

B. Received by (Printed Name) BILL LANE | C. Date of Delivery 8-28-17

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

7017 1450 0002 2175 6424

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OFFICIAL USE

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 To COG OPERATING LLC
One Concho Center
600 West Illinois Avenue
Midland, TX79701

Street

City, State, ZIP+4

Postmark Here

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

7017 1450 0002 2175 6370

U.S. Postal Service™
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OFFICIAL USE

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 To BILL & JANICE LANE
PO BOX 854
ST CROIX FALLS, WI54024

Street

City,

Postmark Here

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

7017 1450 0002 2175 6424

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:

COG OPERATING LLC
One Concho Center
600 West Illinois Avenue
Midland, TX79701

9590 9402 3019 7124 6998 96

2. Article Number (Transfer from service label) 7017 1450 0002 2175 6424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) ERIKA Rubalcado | C. Date of Delivery 8.28.17

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:

CHEVRON USA, INC.
6301 Deauville Blvd.
Midland, TX79706

9590 9402 3019 7124 6998 89

2. Article Number (Transfer from service label) 7017 1450 0002 2175 6417

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Lawrence C. Date of Delivery 8/28/17

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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7017 1450 0002 2175 6363

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

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 AREECIA WYNNE WARD
STANLEY DONALD A/I/F
DONALD & GAMBLE LLP
PO BOX 5546

Street a GREENVILLE, MS38704-5546

City, Stat

Postmark Here

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

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7017 1450 0002 2175 6417

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

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

OFFICIAL USE

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 Signa

Postage $

Total Postag $

Sent To CHEVRON USA, INC.
6301 Deauville Blvd.
Midland, TX79706

Street and Apt

City, State, ZIP+4®

Postmark

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AREECIA WYNNE WARD
STANLEY DONALD A/I/F
DONALD & GAMBLE LLP
PO BOX 5546
GREENVILLE, MS38704-5546

9590 9402 3019 7124 6998 34

2. Article Number (Transfer from service label) 7017 1450 0002 2175 6363

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mallory Brooks C. Date of Delivery 8/29/17

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

SW CROSSROADS STATION AUG 29 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

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:

CRUMP ENERGY PARTNERS II, LLC
PO Box 50820
Midland, TX79710

9590 9402 3019 7124 6998 03

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6332

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rachel Lange ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rachel Lange C. Date of Delivery 8.29.17

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

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

OFFICIAL USE

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 $

Postmark Here

Postage
$
Total P
$
Sent T
Street
City, S

OAK VALLEY MINERAL AND LAND, LP
P. O. Box 50820
Midland, TX79710

7017 1450 0002 2175 5175

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

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OFFICIAL USE

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 $

Postmark Here

Postage
$
Total P
$
Sent T
Street
City, S

CRUMP ENERGY PARTNERS II, LLC
PO Box 50820
Midland, TX79710

7017 1450 0002 2175 6332

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OAK VALLEY MINERAL AND LAND, LP
P. O. Box 50820
Midland, TX79710

9402 2703 6351 7698 72

2. A 7017 1450 0002 2175 5175

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rachel Lange ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rachel Lange C. Date of Delivery 8.29.17

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
☐ 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. Artic

WILLIAM H BENNETT
PO BOX 51407
MIDLAND, TX79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name) Ashley Kinslow

C. Date of Delivery 8/29/17

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

9590 9402 2703 6351 7696 12

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5359

ted Delivery

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

Domestic Return Receipt

7017 1450 0002 2175 6462

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

OFFICIAL USE

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 $

Postmark Here

Postage
$

Total Po
$

Sent To ASHLEY KINSLOW

Street a 3030 MCKINNEY AVE APT 403

City, State, ZIP+4 DALLAS, TX75204

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

7017 1450 0002 2175 5359

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OFFICIAL USE

Certified Mail Fee
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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 $

Postmark Here

WILLIAM H BENNETT
PO BOX 51407
MIDLAND, TX79710

City, State, ZIP+4

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.

ASHLEY KINSLOW
3030 MCKINNEY AVE APT 403
DALLAS, TX75204

9590 9402 3019 7124 6999 33

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6462

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) Juan Garnino

C. Date of Delivery 8/28/17

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

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:

CINDY WHITE HUGHES
3825 KIMBERLY
WACO, TX76708

9590 9402 3019 7124 6997 97

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6325

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

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

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

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

OFFICIAL USE

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 $

Postmark Here

ROBERT KRUSE
PO BOX 327
KEY WEST, FL33040

City, State, ZIP+4®

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

7017 1450 0002 2175 5205

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

Postmark Here

CINDY WHITE HUGHES
3825 KIMBERLY
WACO, TX76708

City, State, ZIP+4®

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

7017 1450 0002 2175 6325

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

1. Article

ROBERT KRUSE
PO BOX 327
KEY WEST, FL33040

9590 9402 2703 6351 7699 02

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) M. Bowders | C. Date of Delivery 9/1/17

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

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

PS Form 3811, 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:

VALARIE SHANE HARRIS
PO BOX 58
FAIRFIELD, IA52556

FAIRFIELD IA 52556 AUG 28 2017 USPS

9590 9402 2703 6351 7697 28

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5380

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Valerie Shane Harris ☐ Agent ☐ Addressee

B. Received by (Printed Name) Valerie Shane Harris

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	☐ 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

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

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OFFICIAL USE

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 Sig

Postage
$

Total Post
$

Sent To RANDALL CARTER GIBBS TRUST
CARL E COOPER - TRUSTEE
PO BOX 2148
ROSWELL, NM88202-2148

Street and

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2175 5090

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

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OFFICIAL USE

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

Postmark Here

VALARIE SHANE HARRIS
PO BOX 58
FAIRFIELD, IA52556

City, State, ZIP+4®

7017 1450 0002 2175 5380

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RANDALL CARTER GIBBS TRUST
CARL E COOPER - TRUSTEE
PO BOX 2148
ROSWELL, NM88202-2148

ROSWELL NM AUG 28 2017 USPS

9590 9402 2703 6351 7697 97

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5090

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Brandon Cooper

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	☐ 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 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
PAULINE M HARTMAN
904 N KENTUCKY AVE
ROSWELL, NM88201-4931

9590 9402 2703 6351 7697 80

2. Articl
7017 1450 0002 2175 5083

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pauline M Hartman ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Pauline M. Hartman — C. Date of Delivery

delivery address different from item 1? ☐ Yes
YES, enter delivery address below: ☐ No

ROSWELL NM AUG 29 2017 USPS

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

(over $500)

7017 1450 0002 2175 5052

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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
Street ar
City, Sta

MATLOCK MINERALS LTD CO
C/O DEBORAH L GOLUSKA
PO BOX 1090
ROSWELL, NM88202-1090

Postmark Here

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

7017 1450 0002 2175 5083

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OFFICIAL USE

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 $
- ☐ Ad

Post
$
Total
$
Sent
Stree
City, State, ZIP+4

PAULINE M HARTMAN
904 N KENTUCKY AVE
ROSWELL, NM88201-4931

Postmark Here

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

7017 1450 0002 2175 5083

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 Ad
MATLOCK MINERALS LTD CO
C/O DEBORAH L GOLUSKA
PO BOX 1090
ROSWELL, NM88202-1090

9590 9402 2703 6351 7697 59

2. Article Number
7017 1450 0002 2175 5052

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Goluska ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* D. Goluska — C. Date of Delivery 12/8/17

delivery address different from item 1? ☐ Yes
ES, enter delivery address below: ☐ No

NM

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- elivery
- elivery Restricted Delivery
- ☐ 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

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:
JAVELINA PARTNERS
Attention: Randall Hudson
616 TEXAS ST
FORT WORTH, TX76102

9590 9402 3019 7124 6994 69

2. Article Number (Transfer from service label)
7017 1450 0002 2175 6592

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Steve Gilbert C. Date of Delivery AUG 28 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

Domestic Return Receipt

7017 1450 0002 2175 6578

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OFFICIAL USE

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
Street and
City, State,

Postmark Here

GOOD EARTH MINERALS LLC
C/O DEBORAH L GOLUSKA
PO BOX 1090
ROSWELL, NM88202-1090

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

7017 1450 0002 2175 6592

U.S. Postal Service™
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OFFICIAL USE

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
Street and
City, State, ZIP+4®

Postmark Here

Attention: Randall Hudson
616 TEXAS ST
FORT WORTH, TX76102

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. A
GOOD EARTH MINERALS LLC
C/O DEBORAH L GOLUSKA
PO BOX 1090
ROSWELL, NM88202-1090

9590 9402 3019 7124 6994 45

2. A 7017 1450 0002 2175 6578

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) D Goluska C. Date of Delivery 8-24-18

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

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

Domestic Return Receipt

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:

ANN E HANSEN ESTATE
DIANA SWOPE PERSONAL REP
840 COX CANYON
CLOUD CROFT, NM88317

9590 9402 3019 7124 6999 19

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6448

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X D. Swope ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Swope

C. Date of Delivery 8/28/17

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

ed Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

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 Post
$

Sent To BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 E. Greene St.
Carlsbad, NM88220-6292

Street and

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2175 6486

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

---

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

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

OFFICIAL USE

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 Post
$

Sent To ANN E HANSEN ESTATE
DIANA SWOPE PERSONAL REP
840 COX CANYON
Street and CLOUD CROFT, NM88317

City, State

Postmark Here

7017 1450 0002 2175 6448

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 E. Greene St.
Carlsbad, NM88220-6292

9590 9402 3019 7124 6999 57

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6486

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Restricted Delivery

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:

CHARLES E MONTGOMERY III
PO BOX 700
VAIL, AZ85641-0700

9590 9402 3019 7124 6998 72

2. Article Number (Transfer from service label)
7017 1450 0002 2175 6400

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C E Montgomery ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
C. E. MONTGOMERY 9/9/2017

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
☐ 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

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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 and Fees
$

Sent To
DAN T DESMOND
208 N MCKOWN AVE
SHERMAN, TX75092-7430

Street and Apt. No.

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 6431

U.S. Postal Service™
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OFFICIAL USE

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 and Fees
$

Sent To
CHARLES E MONTGOMERY III
PO BOX 700
VAIL, AZ85641-0700

Street and Apt. No.

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 6400

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DAN T DESMOND
208 N MCKOWN AVE
SHERMAN, TX75092-7430

9590 9402 3019 7124 6999 02

2. Article Number (Transfer from service label)
7017 1450 0002 2175 6431

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
8-28-19

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

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

(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. CH MINERALS LLC
PO BOX 6387
BEAVERTON, OR97007-0387

9590 9402 3019 7124 6997 73

2. 7017 1450 0002 2175 6301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Christopher D Ware ☐ Agent ☐ Addressee

B. Received by (Printed Name) Christopher D Ware 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
- ☐ 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

7017 1450 0002 2175 6288

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

OFFICIAL USE

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 $

Postmark Here

Postage
$
Total Postage and Fees
$
Sent To BRYAN WEHRLI
7 FIR LOOP
Street CEDAR CREST, NM87008
City, State, ZIP+4®

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

7017 1450 0002 2175 6301

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

OFFICIAL USE

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 $

Postmark Here

Postage
$
Total Postage and Fees
$
Sent To CH MINERALS LLC
PO BOX 6387
Street BEAVERTON, OR97007-0387
City, State, ZIP+4®

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:
BRYAN WEHRLI
7 FIR LOOP
CEDAR CREST, NM87008

9590 9402 3019 7124 6997 59

2. Article Number 7017 1450 0002 2175 6288

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bryan Wehrli ☐ Agent ☑ Addressee

B. Received by (Printed Name) Bryan Wehrli C. Date of Delivery 8/28/17

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

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

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:

ARD OIL LTD
ATTENTION: REID MARLEY
222 West 4th Street PH #5
Fort Worth, TX76102

9590 9402 3019 7124 6997 35

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6264

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bonnie Stockton C. Date of Delivery 9/8/17

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

TRINITY STATION SEP 8 2017 FORT WORTH TEXAS 760

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

7017 1450 0002 2175 5250

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

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

OFFICIAL USE

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 and Fees
$
Sent To MORRIS E SCHERTZ
PO BOX 2588
ROSWELL, NM88202-2588
Street and Apt. No.
City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 6264

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

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

OFFICIAL USE

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 and Fees
$
Sent To ARD OIL LTD
ATTENTION: REID MARLEY
222 West 4th Street PH #5
Fort Worth, TX76102
Street and Apt. No.
City, State, ZIP+4®

Postmark Here

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

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

MORRIS E SCHERTZ
PO BOX 2588
ROSWELL, NM88202-2588

9590 9402 2703 6351 7699 57

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5250

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pat Stockton C. Date of Delivery 9/8/17

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:

MOORE & SHELTON COMPANY LTD
PO BOX 3070
GALVESTON TX77552

3070

9590 9402 2703 6351 7698 65

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5168

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

8.5.17

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
- ☐ 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

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

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

OFFICIAL USE

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 and Fees
$

Sent To
MOORE & SHELTON COMPANY LTD
PO BOX 3070
GALVESTON, TX77552

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

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 5168

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OFFICIAL USE

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 and Fees
$

Sent To
512 THUNDER CREST
EL PASO, TX79912-4251

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

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 5977

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:

KATHERINE K MCINTYRE
512 THUNDER CREST
EL PASO, TX79912-4251

9590 9402 3019 7124 6996 74

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5977

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

James B McIntyre 8/28/17

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
- ☐ 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. LINDYS LIVING TRUST
FRANCIS HUDSON TRUSTEE
4200 S HULEN SUITE 302
FORT WORTH, TX76109

9590 9402 3019 7124 6996 81

2. Article N 7017 1450 0002 2175 5960

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 8-28-17

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 Del
☐ 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

7017 1450 0002 2175 6653

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

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

OFFICIAL USE

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 Pos $

Sent To EOG RESOURCES, INC.
P. O. Box 2267
Midland, TX79702

Street and

City, State GEORGE M MONTGOMERY

Postmark Here

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

7017 1450 0002 2175 5960

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

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

OFFICIAL USE

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 LINDYS LIVING TRUST
FRANCIS HUDSON TRUSTEE
4200 S HULEN SUITE 302
FORT WORTH, TX76109

Sent T

Street a

City, Sta

Postmark Here

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

SENDER: COMPLETE THIS SECTION

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

1. Ar EOG RESOURCES, INC.
P.O. Box 2267
Midland, TX79702

M MONTGOMERY

9590 9402 3019 7124

2. Article Number (Transfer from service label) 7017 1450 0002 2175 6653

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 8-29-17

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:
ROBIE PERRY BELL
61438 STILLMEADOW LANE
NEW CONCORD, OH43762

9590 9402 2703 6351 7698 10

2. Article Number (Transfer from service label)
7017 1450 0002 2175 5113

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ruby Bell Gomez ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8-28-17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (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

7017 1450 0002 2175 6479

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

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

OFFICIAL USE

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 and Fees
$

Sent To
BRYAN BELL JR
BRYAN BELL CUSTODIAN
2243 THE CIRCLE
RALEIGH, NC27608-1447

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

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 5113

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

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

OFFICIAL USE

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 and Fees
$

Sent To
ROBIE PERRY BELL
61438 STILLMEADOW LANE
NEW CONCORD, OH43762

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

City, State, ZIP+4®

Postmark Here

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
BRYAN BELL JR
BRYAN BELL CUSTODIAN
2243 THE CIRCLE
RALEIGH, NC27608-1447

9590 9402 3019 7124 6999 40

2. Article Number (Transfer from service label)
7017 1450 0002 2175 6479

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8-28-17

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.**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Aisha for Sasha White ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 9/5/17

1. Article Addressed to:
SHARON LEE WHITE
AKA SASHA WHITE
18006 CRYSTAL COVE
JONESTOWN, TX78645

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

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

9590 9402 2703 6351 7699 26

2. Article Number (Transfer from service label)
7017 1450 0002 2175 5229

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

7017 1450 0002 2175 5342

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

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

OFFICIAL USE

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 and Fees
$

Sent To
W CASEY SANFORD
6 BIRLA COURT
SANTA FE, NM87508

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

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 5229

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

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

OFFICIAL USE

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 and Fees
$

Sent To
SHARON LEE WHITE
AKA SASHA WHITE
18006 CRYSTAL COVE
JONESTOWN, TX78645

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

City, State, ZIP+4®

Postmark

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.**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8/30/17

1. Article Addressed to:
W CASEY SANFORD
6 BIRLA COURT
SANTA FE, NM87508

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

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

9590 9402 2703 6351 7696 05

2. Article Number (Transfer from service label)
7017 1450 0002 2175 5342

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
RUBIE BELL GOSNELL
61438 STILLMEADOW LANE
NEW CONCORD, OH43762

9590 9402 3019 7124 6993 77

2. Article Number (Transfer from service label)
7017 1450 0002 2175 5311

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name)

C. Date of Delivery
8-28-17

delivery address different from item 1? ☐ Yes
YES, enter delivery address below: ☐ No

Rubie Bell Gosnell

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

(over $500)

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

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

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

OFFICIAL USE

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 and Apt. No., or PO Box No.

City, State, ZIP+4®

WHITE FAMILY TR U/A/D 3/9/95
SUSAN H WHITE TRUSTEE
1447 GALAXY DR
NEWPORT BEACH, CA92660

Postmark Here

7017 1450 0002 2175 5397

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

---

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

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 and Apt. No., or PO Box No.

City, State, ZIP+4®

RUBIE BELL GOSNELL
61438 STILLMEADOW LANE
NEW CONCORD, OH43762

Postmark Here

7017 1450 0002 2175 5311

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
WHITE FAMILY TR U/A/D 3/9/95
SUSAN H WHITE TRUSTEE
1447 GALAXY DR
NEWPORT BEACH, CA92660

9590 9402 2,03 6351 7697 11

7017 1450 0002 2175 5397

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan White
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

NEWPORT BEACH CA 658
SEP 07 2017
USPS

delivery address different from item 1? ☐ Yes
YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
☐ 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:

THE FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX79702-2024

9590 9402 2703 6351 7696 43

2. Article Number (Transfer from service label)
7017 1450 0002 2175 5373

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy A. Sparr ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nancy A. Sparr C. Date of Delivery 8/29/17

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

stricted Delivery
(over $500)

Domestic Return Receipt

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

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

OFFICIAL USE

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 Sig

Postage
$
Total Posta
$
Sent To
Street and
City, State, ZIP+4®

KAREN WHITE LEHMAN
PO BOX 982
MERIDIAN, TX76665-0982

Postmark Here

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

7017 1450 0002 2175 6707

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OFFICIAL USE

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 and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

THE FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX79702-2024

Postmark Here

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

7017 1450 0002 2175 5373

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:

KAREN WHITE LEHMAN
PO BOX 982
MERIDIAN, TX76665-0982

9590 9402 3019 7124 6995 75

2. Article Number (Transfer from service label)
7017 1450 0002 2175 6707

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelli Tindall ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/29/17

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

Restricted Delivery
(over $500)

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

HELEN ELIZABETH BELL
BRYAN BELL CUSTODIAN
5529 FLEMING AVENUE
OAKLAND, CA94605-1125

9590 9402 3019 7124 6995 51

2 7017 1450 0002 2175 6684

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

8/30/18

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

Service Type

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

Restricted Delivery

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

7017 1450 0002 2175 6677

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

OFFICIAL USE

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 $

Postmark Here

Postag
$
Total P
$
Sent T

GRETCHEN B NEARBURG
1129 CHALLENGER ST
LAKEWAY, TX78734

Street
City, State, ZIP+4

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

7017 1450 0002 2175 6684

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

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

OFFICIAL USE

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 $

Postmark Here

Postage
$
Total Po
$
Sent To

HELEN ELIZABETH BELL
BRYAN BELL CUSTODIAN
5529 FLEMING AVENUE
OAKLAND, CA94605-1125

Street an
City, Stat

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

GRETCHEN B NEARBURG
1129 CHALLENGER ST
LAKEWAY, TX78734

9590 9402 3019 7124 6995 44

2. Articl 7017 1450 0002 2175 6677

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

ed 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. Ar

ANNE MONTGOMERY
904 N. Kentucky Avenue
ROSWELL, NM88201

9590 9402 3019 7124 6999 26

2. 7017 1450 0002 2175 6455

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Polly M. Hartmann ☐ Agent ☐ Addressee

B. Received by (Printed Name) Polly M. Hartmann C. Date of Delivery 8-29-17

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

ROSWELL NM 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

estricted Delivery (over $500)

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®.

OFFICIAL USE

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 T

Street

City, St

BTA OIL PRODUCERS, LLC
ATTENTION: WILLIS PRICE
104 S. Pecos Street
Midland, TX79701

Postmark Here

7017 1450 0002 2175 6387

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

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OFFICIAL USE

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 Post
$

Sent To

Street and

City, State, ...

ANNE MONTGOMERY
904 N. Kentucky Avenue
ROSWELL, NM88201

Postmark Here

7017 1450 0002 2175 6455

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BTA OIL PRODUCERS, LLC
ATTENTION: WILLIS PRICE
104 S. Pecos Street
Midland, TX79701

9590 9402 3019 7124 6998 58

2. Article 7017 1450 0002 2175 6387

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-29-17

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

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

CONOCOPHILLIPS CO
Attention: Cody Travers
600 N. Dairy Ashford
Houston, TX77079

9590 9402 3019 7124 6999 95

2. Article

7017 1450 0002 2175 6523

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

delivery address different from item 1? ☐ Yes
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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U.S. Postal Service™
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OFFICIAL USE

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 Sl

Postage
$

Total Pos
$

Sent To

Street an

City, State, ZIP+4®

Postmark Here

NANCY J DESMOND REV TRUST
U/A DTD 8-12-05
NANCY J DESMOND TRUSTEE
4413 CONTENTA RDG
SANTA FE, NM87507-6613

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

7017 1450 0002 2175 5076

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

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

Postage
$

Total Pos
$

Sent To

Street and

City, State, ZIP+4®

Postmark Here

CONOCOPHILLIPS CO
Attention: Cody Travers
600 N. Dairy Ashford
Houston, TX77079

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

7017 1450 0002 2175 6523

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:

NANCY J DESMOND REV TRUST
U/A DTD 8-12-05
NANCY J DESMOND TRUSTEE
4413 CONTENTA RDG
SANTA FE, NM87507-6613

9590 9402 2703 6351 7697 73

2

7017 1450 0002 2175 5076

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/25

delivery address different from item 1? ☐ Yes
S, enter delivery address below: ☐ No

AUG 25 2017

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

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:

ANNE MONTGOMERY
2750 W FORT LOWELL RD
TUCSON, AZ85743-9143

9590 9402 3019 7124 6998 27

2. Article Number (Transfer from service label)

7017 1450 0002 2175 6356

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☑ Addressee

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

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

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

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

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

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

OFFICIAL USE

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 and Fees $

Sent To CHEVRON USA, INC.
Attn: Shalyce Holmes
1400 Smith Street
Houston, TX77002

Street and Apt. No.

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2175 6318

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

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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 and Fees $

Sent To ANNE MONTGOMERY
12750 W FORT LOWELL RD
TUCSON, AZ85743-9143

Street and Apt. No.

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2175 6356

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHEVRON USA, INC.
Attn: Shalyce Holmes
1400 Smith Street
Houston, TX77002

9590 9402 3019 7124 6997 80

2. Article Number (Transfer from service label)

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

Sam Houston Station

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

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. A

ANNA A REISCHMAN
8523 THACKERY ST APT 9301
DALLAS, TX75225

9590 9402 3019 7124 6997 28

2. Article Number *(Transfer from service label)*
7017 1450 0002 2175 6257

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Alessandra M
C. Date of Delivery 8/28/17

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

d 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®*.

OFFICIAL USE

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 $

Postmark Here

Po
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To
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St
Si
Ci SHARON LEE WHITE

7017 1450 0002 2175 5212

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

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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 Postag
$
Sent To
Street and A
City, State, Z

Postmark Here

ANNA A REISCHMAN
8523 THACKERY ST APT 9301
DALLAS, TX75225

7017 1450 0002 2175 6257

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RONALD E NEAL
4531 MAGNOLIA STREET
BELLAIRE, TX77401

9590 9402 2703 6351 7699 19

2. Article
7017 1450 0002 2175 5212

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

stricted 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:

NEW MEXICO STATE LAND OFFICE
Attn: Oil and Gas – Sue
310 Old Santa Fe Trail
Santa Fe, NM87504

9590 9402 2703 6351 7696 29

2. Article 7017 1450 0002 2175 5366

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

d Delivery
(over $500)

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

7017 1450 0002 2175 5298

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

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

OFFICIAL USE

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 RAM FOUNDATION
GUARANTY BANK & TRUST AS AGENT
PO BOX 13639
ARLINGTON, TX76094

Street ar

City, State, ZIP+4

Postmark Here

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

7017 1450 0002 2175 5366

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

OFFICIAL USE

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 $
☐ A

Postmark Here

Posi NEW MEXICO STATE LAND OFFICE
$ Attn: Oil and Gas – Sue
Tota 310 Old Santa Fe Trail
$ Santa Fe, NM87504
Seni

Stree

City, State, ZIP+4

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. RAM FOUNDATION
GUARANTY BANK & TRUST AS AGENT
PO BOX 13639
ARLINGTON, TX76094

9590 9402 3019 7124 6993 53

2. Article Nu 7017 1450 0002 2175 5298

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sara Holpin ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sara Holpin C. Date of Delivery 8/28/17

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

cted 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:

ZORRO PARTNERS LTD
Attention: William A. Hudson, II
616 TEXAS ST
FORT WORTH, TX76102

9590 9402 2703 6351 7696 67

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5441

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery AUG 30 2017

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

3. Service Type

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

(over $500)

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

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U.S. Postal Service™
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OFFICIAL USE

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 STATE OF NEW MEXICO
COMMISSIONER OF PUBLIC LANDS
PO BOX 1148
SANTA FE, NM87504

Street and Apt.

City, State, ZIP+4

Postmark Here

7017 1450 0002 2175 5281

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

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OFFICIAL USE

Certified Mail Fee
$

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

- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $

Postmark Here

ZORRO PARTNERS LTD
Attention: William A. Hudson, II
616 TEXAS ST
FORT WORTH, TX76102

City, State, ZIP+4

7017 1450 0002 2175 5441

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

STATE OF NEW MEXICO
COMMISSIONER OF PUBLIC LANDS
PO BOX 1148
SANTA FE, NM87504

9590 9402 3019 7124 6993 91

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5281

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

USPS SANTA FE NM 87501
AUG 28 2017
SANTA FE MAIN POST OFFICE

3. Service Type

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

(over $500)

PS Form 3811, 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. JON BLAUW
464 WELDON AVE
OAKLAND, CA94610

9590 9402 3019 7124 6996 67

2. Article Num 7017 1450 0002 2175 5984

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
d Delivery
☐ Insured Mail Restricted Delivery (over $500)

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

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U.S. Postal Service™
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OFFICIAL USE

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 $
Postmark Here
Postage
$
Total
$
Sent
Street
City, State, ZIP+4®

GOLDIE R BUCKNER
5201 ROMA AVE NE APT 433
ALBUQUERQUE, NM87108-1334

7017 1450 0002 2175 6028

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

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OFFICIAL USE

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 $
Postmark Here
Postage
$
Total
$
Sent
Street
City, State, ZIP+4®

JON BLAUW
464 WELDON AVE
OAKLAND, CA94610

KATHERINE K MCINTYRE

7017 1450 0002 2175 5984

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
GOLDIE R BUCKNER
5201 ROMA AVE NE APT 433
ALBUQUERQUE, NM87108-1334

9590 9402 3019 7124 6996 29

2. Article N 7017 1450 0002 2175 6028

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robin Montoya | 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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
icted 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. MONA L COFFIELD ESTATE
C/O Lisa M. Enfield
141 East Palace Avenue, Suite 210
SANTA FE, NM 87501

9590 9402 2703 6351 7699 40

7017 1450 0002 2175 5243

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7017 1450 0002 2175 5243

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OFFICIAL USE

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 Sig

Postage
$

Total Post
$

Postmark Here

MONA L COFFIELD ESTATE
C/O Lisa M. Enfield
141 East Palace Avenue, Suite 210
SANTA FE, NM 87501

Sent To

Street and

City, State, ZIP+4®

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

7017 1450 0002 2175 5304

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OFFICIAL USE

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

Postage
$

Total P
$

Sent To
Street a

ROBERT N ENFIELD IRREV TRUST
WELLS FARGO BANK NA SUCC TTEE
ACCOUNT# 14855100
PO BOX 40909
AUSTIN, TX78704

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 6561

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

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OFFICIAL USE

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 Postı
$

Sent To
Street and

FRANK W HARRISON III
6615 SEWANEE
HOUSTON, TX77005

City, State,

Postmark Here

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

7017 1450 0002 2175 6646

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

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

OFFICIAL USE

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

MANOR PARK INC DBA
MPH ENDOWMENT FUND AGENCY
WELLS FARGO BANK SAO
PO BOX 40909
AUSTIN, TX78704

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 5427

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

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

OFFICIAL USE

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

THELMA L MACK
21926 S VERMONT AVE #64
TORRANCE, CA90502

Postmark Here

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

7017 1450 0002 2175 5267

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

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

OFFICIAL USE

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

Postage
$

Total Po
$

Sent To
Street a

PATRICIA M GREER
34 E BEND LN
HOUSTON, TX77007

City, State, ZIP+4®

Postmark Here

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

7017 1450 0002 2175 6295

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

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

OFFICIAL USE

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 $

Postag
$

Total I
$

Sent
Stree

CANDACE CARTER DOLAN
2706 MARQUIS CR E
ARLINGTON, TX76016-2012

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2175 6004

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

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

OFFICIAL USE

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

Postage
$

Total Po
$

Sent To

Street a

City, State, ZIP+4®

Postmark Here

JACK WARD BENSON
2119 CITRUS HILL LANE
PALM HARBOR, FL34683

JOANNE HARRIS DIETRICH TRUST A

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

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

$6.90
POSTAGE
T-CLASS
10607931
67

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JACK WARD BENSON
2119 CITRUS HILL LANE
PALM HARBOR, FL34683

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MARY ANDERSON
1415 BLUEBONNET DRIVE
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City,

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Santa Fe, New Mexico 87504

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16043 ROSEVIEW LN
CYPRESS, TX77429

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SHIRLEY HUBBARD
3964 RABB STREET
ODESSA, TX79762-4910

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Shirley Hubbard
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3964 RABB STREET
ODESSA, TX79762-4910

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NIXIE 799 DE 1 0003/31/17

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952 ECHO LANE STE 322
HOUSTON, TX77024-2814

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NORTH RICHLAND HILLS, TX76180

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CATHLEEN G KAISER PERS REP
16043 ROSEVIEW LANE
CYPRESS, TX77429

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16043 ROSEVIEW LANE
CYPRESS, TX77429

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MARIAN D BROWNE SUCC TRUSTEE
8844 N MAY AVE
OKLAHOMA CITY, OK73120

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MARIAN D BROWNE SUCC TRUSTEE
8844 N MAY AVE
OKLAHOMA CITY, OK73120

NIXIE 731 EE 1 0109/07/17
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357 O STREET SW
WASHINGTON, DC20024

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KATHY COOK
BOX 495
ERIE, CO80516-0495

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KATHY COOK
BOX 495
ERIE, CO80516-0495

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DELMAR HUDSON LEWIS LIVING TRUST
U. S. Trust, Bankof America Private Wealth Management
Attention: Larry Farris, Senior Vice President
500 W. 7th Street, TX1-497-02-11
DALLAS, TX76102

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CHARLES E MONTGOMERY III
61 Agassiz Terrace
Globe, AZ85501

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P. O. BOX 304
ARTESIA, NM88211-0304

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ALBUQUERQUE NM87112

NIXIE 871 DE 1 07/13/17

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