

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

**APPLICATION OF MEWBOURNE OIL COMPANY  
FOR COMPULSORY POOLING, EDDY COUNTY,  
NEW MEXICO.**

**Case No. 16496**

**AFFIDAVIT OF NOTICE**

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

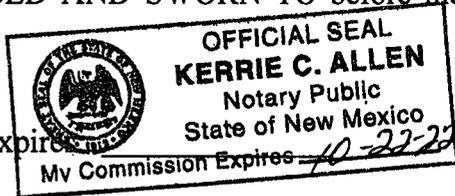
James Bruce, being duly sworn upon his oath, deposes and states:

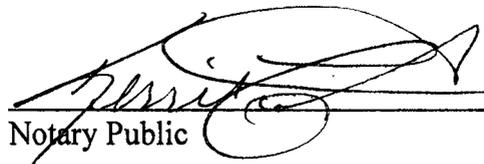
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Regulations.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 20<sup>th</sup> day of JFebruary, 2019 by James Bruce.

My Commission Expires



  
Notary Public



**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](mailto:jamesbruc@aol.com)

December 20, 2018

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Bone Spring well in the N/2N/2 of Section 1 and the N/2NE/4 of Section 2, Township 18 South, Range 30 East, NMPM, Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 10, 2019, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Regulations to file a Pre-Hearing Statement no later than Thursday, January 3, 2019. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and his or her attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT *A*

EXHIBIT A

EOG Resources, Inc.  
5509 Champions Drive  
Midland, Texas 79706  
Attn: Clay Haggard

Read & Stevens, Inc.  
P.O. Box 1518  
Roswell, New Mexico 88202-1518  
Attn: Lydia Lara

ZPZ Delaware I, LLC  
303 Veterans Airpark Ln #660  
Midland, Texas 79705  
Attn: Chris Lanning

Union Hill Oil & Gas Co Inc  
f/k/a Buchholz Oil & Gas Co Inc  
7712 Glenshannon Cir  
Dallas, Texas 75225-2054  
Attn: Robert Buchholz

St. Devote LLC  
919 Milam Street, Suite 2475  
Houston, Texas 77002  
Attn: Bradley Taylor

Crespi & Co.  
5600 W. Lovers Ln, STE 323  
Dallas, Texas 75209-4330  
Attn: Rick Benners

Bumpas Global Holdings, Inc  
5600 W. Lovers Ln, STE 323  
Dallas, Texas 75209-4330  
Attn: Rick Benners

CBR Oil Properties, LLC  
P.O. Box 1518  
Roswell, New Mexico 88202-1518  
Attn: Lydia Lara

First Century Oil, Inc.  
P.O. Box 1518  
Roswell, New Mexico 88202-1518  
Attn: Lydia Lara

Read & Stevens Employee Benefit Plan  
P.O. Box 1518  
Roswell, New Mexico 88202-1518  
Attn: Lydia Lara

Cannon Exploration Company  
3608 South County Road 1184  
Midland, TX 79706  
Attn: Todd Wilson

Todd M. Wilson  
3608 South County Road 1184  
Midland, TX 79706

Fuel Products, Inc.  
P.O. Box 3098  
Midland, Texas 79702

Thomas M. Beall  
P.O. Box 3098  
Midland, Texas 79702  
Attn: Tom Beall

Betty Read Young  
P.O. Box 1518  
Roswell, New Mexico 88202-1518  
Attn: Lydia Lara

A&S Operating Inc.  
233 S Detroit Ave #200  
Tulsa, OK 74120  
Attn: Ken Weikel

Sammy Morrison and the heirs and devisees of Sibyl Morrison,  
4617 Breezeway CT  
Midland, Texas 79707

Robert H. Watson  
3905 Futura Dr  
Roswell, NM 88201-6797

Lincoln Oil & Gas LLC  
701 Three Cross  
Roswell, NM 88201

Marion B. Riley  
1105 San Juan Dr.  
Roswell, NM 88201-8354

Patricia L. Pruitt  
3105 N. Washington Ave.  
Roswell, NM 88201-5264

CLM Production Company  
P.O. Box 881  
Roswell, NM 88202  
Attn: Land Manager

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:

Fuel Products, Inc.  
P.O. Box 3098  
Midland, Texas 79702

9590 9402 3866 8060 2390 23

2. Article Number (Transfer from service label)

7018 2290 0001 5021 1892

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andrea Delella*  Agent  Addressee

B. Received by (Printed Name)

Andrea Delella 12-28-16

C. Date of Delivery

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

3. Service Type

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

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)

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

Postage

\$

Total Postage and Fees

\$ \_\_\_\_\_ Thomas M. Beall

Sent To P.O. Box 3098

Street and Apt. No., Midland, Texas 79702

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark Here

5991 1205 1000 0620 9101

2691 1205 1000 0620 9101

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)

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

Postage

\$

Total Postage and Fees

\$

Sent To Fuel Products, Inc.

Street and Apt. No., or P.O. P.O. Box 3098

Midland, Texas 79702

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Thomas M. Beall  
P.O. Box 3098  
Midland, Texas 79702

9590 9402 4583 8278 4640 54

2. Article Number

7018 2290 0001 5021 1885

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andrea Delella*  Agent  Addressee

B. Received by (Printed Name)

Andrea Delella 12-28-18

C. Date of Delivery

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

3. Service Type

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

Restricted Delivery

Domestic Return Receipt

M L H

**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:

Sibyl Morrison and the heirs and devisees of Sibyl Morrison  
4617 Breezeway CT  
Midland, Texas 79707

9590 9402 4583 8278 4640 23

2. Article Number (Transfer from carrier label)  
7018 2290 0001 5021 1854

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X *[Signature]*

B. Received by (Printed Name) *Sammy Morrison* C. Date of Delivery *12/26/18*

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

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

Domestic Return Receipt (over \$500)

M L H

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

For delivery information, visit our website at [www.usps.com](http://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 *Read & Stevens, Inc.*  
*P.O. Box 1518*  
*Street and Apt. No., or P.O. Box Roswell, New Mexico 88202-1518*  
City, State, ZIP+4®

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

7018 2290 0001 5021 1854

Postmark Here

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

For delivery information, visit our website at [www.usps.com](http://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 *Sammy Morrison and the heirs and devisees of Sibyl Morrison*  
*4617 Breezeway CT*  
*Street Midland, Texas 79707*  
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:

*Read & Stevens, Inc.*  
*P.O. Box 1518*  
*Roswell, New Mexico 88202-1518*

9590 9402 3866 8060 2384 46

2. Article Number (Transfer from carrier label)  
7018 2290 0001 5021 1526

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X *[Signature]*

B. Received by (Printed Name) *M. NOVAK* C. Date of Delivery *12/26*

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

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

Domestic Return Receipt (over \$500)

7018 2290 0001 5021 1854

M L H

**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:**

Union Hill Oil & Gas Co Inc  
 f/k/a Buchholz Oil & Gas Co Inc  
 7712 Glenshannon Cir  
 Dallas, Texas 75225-2054

9590 9402 3866 8060 2384 LL

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

7018 2290 0001 5021 1984

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *[Signature]*

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

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

- 3. Service Type**
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail 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

*MLH*

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7018 2290 0001 5021 1977

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 St. Devote LLC  
 919 Milam Street, Suite 2475  
 Houston, Texas 77002

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark Here

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7018 2290 0001 5021 1984

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 Union Hill Oil & Gas Co Inc  
 f/k/a Buchholz Oil & Gas Co Inc  
 7712 Glenshannon Cir  
 Dallas, Texas 75225-2054

City, State, ZIP+4®

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

Postmark Here

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

St. Devote LLC  
 919 Milam Street, Suite 2475  
 Houston, Texas 77002

9590 9402 3866 8060 2384 15

**2. Article Number**

7018 2290 0001 5021 1977

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *[Signature]*

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

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

- 3. Service Type**
- Adult Signature
  - 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

*MLH*

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>Crespi &amp; Co. 5600 W. Lovers Ln, STE 323 Dallas, Texas 75209-4330</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <u>12-24-18</u></p>	
<p>2. Article Number (Transfer from carrier label) 9590 9402 3866 8060 2384 08</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p>	<p>Postmark Here</p>
<p>Postage \$</p> <p>Total Postage and Fees \$</p>	<p>Sent To CBR Oil Properties, LLC P.O. Box 1518 Roswell, New Mexico 88202-1518</p>
<p>Street and Apt. No., or P.O. Box</p> <p>City, State, ZIP+4®</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

7018 2290 0001 5021 1960

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p>	<p>Postmark Here</p>
<p>Postage \$</p> <p>Total Postage and Fees \$</p>	<p>Sent To Crespi &amp; Co. 5600 W. Lovers Ln, STE 323 Dallas, Texas 75209-4330</p>
<p>Street and Apt. No., or P.O. Box</p> <p>City, State, ZIP+4®</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

7018 2290 0001 5021 1960

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>CBR Oil Properties, LLC P.O. Box 1518 Roswell, New Mexico 88202-1518</p>		<p>B. Received by (Printed Name) <i>M. Novak</i></p> <p>C. Date of Delivery <u>12 24 18</u></p>	
<p>2. Article Number (Transfer from carrier label) 9590 9402 3866 8060 2383 85</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

*M LH*

**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:

First Century Oil, Inc.  
P.O. Box 1518  
Roswell, New Mexico 88202-1518

2. Article **7018 2290 0001 5021 1939** Restricted Delivery

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *M. Novak*  Agent  Addressee  
 B. Received by (Printed Name) *M. Novak* C. Date of Delivery *7/22/15*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                     | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®          | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                 | <input type="checkbox"/> Signature Confirmation™                    |
|  | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

7018 2290 0001 5021 1939

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 *Read & Stevens Employee Benefit Plan*  
 P.O. Box 1518  
 Roswell, New Mexico 88202-1518  
 Street and Apt. No., or  
 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:

*Read & Stevens Employee Benefit Plan*  
 P.O. Box 1518  
 Roswell, New Mexico 88202-1518

2. Article **7018 2290 0001 5021 1922** Restricted Delivery

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *M. Novak*  Agent  Addressee  
 B. Received by (Printed Name) *M. Novak* C. Date of Delivery *7/22/15*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

7018 2290 0001 5021 1939

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 *First Century Oil, Inc.*  
 P.O. Box 1518  
 Roswell, New Mexico 88202-1518  
 Street and Apt. No., or  
 City, State, ZIP+4®

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

*MCH*

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:

Cannon Exploration Company  
 3608 South County Road 1184  
 Midland, TX 79706

9590 9402 3866 8060 2390 47

2. Article Identification (Label)

7018 2290 0001 5021 1915

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Todd M. Wilson  Agent  Addressee

B. Received by (Printed Name)  
 Todd M. Wilson

C. Date of Delivery  
 12-26-11

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Certified 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

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

For delivery information, visit our website at [www.usps.com](http://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  
 Todd M. Wilson  
 3608 South County Road 1184  
 Midland, TX 79706

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

City, State, ZIP+4®

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](http://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  
 Cannon Exploration Company  
 3608 South County Road 1184  
 Midland, TX 79706

Street and Apt. No., or P.O. Box  
 Todd Wilson

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:

Todd M. Wilson  
 3608 South County Road 1184  
 Midland, TX 79706

9590 9402 3866 8060 2390 47

2. Article Identification (Label)

7018 2290 0001 5021 1908

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Todd M. Wilson  Agent  Addressee

B. Received by (Printed Name)  
 Todd M. Wilson

C. Date of Delivery  
 12-26-11

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Certified 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

**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:**

Betty Read Young  
P.O. Box 1518  
Roswell, New Mexico 88202-1518

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*M. Nook*  Agent  
 Addressee

**B. Received by (Printed Name)** *M. Nook* **C. Date of Delivery** *12-31-18*

**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<sup>®</sup>
  - Certified Mail Restricted Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express<sup>®</sup>
  - Registered Mail<sup>™</sup>
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation<sup>™</sup>
  - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**U.S. Postal Service<sup>™</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>

**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 *A&S Operating Inc.*  
*233 S Detroit Ave #200*

Street and Apt. No., c *Tulsa, OK 74120*

City, State, ZIP+4<sup>®</sup>

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

1981 1205 1000 0622 918 7018 2290 0001 5021 1878

Postmark Here

**U.S. Postal Service<sup>™</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>

**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 *Betty Read Young*  
*P.O. Box 1518*  
*Roswell, New Mexico 88202-1518*

Street and Apt. No., c *Attn: India Lara*

City, State, ZIP+4<sup>®</sup>

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

7018 2290 0001 5021 1878

Postmark Here

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

*A&S Operating Inc.*  
*233 S Detroit Ave #200*  
*Tulsa, OK 74120*

*9590 9402 4583 8218 4640 30*

**2. Article Number (Transfer from service label)** *7018 2290 0001 5021 1878*

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*India Lara*  Agent  
 Addressee

**B. Received by (Printed Name)** *India Lara* **C. Date of Delivery** *12-31-18*

**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<sup>®</sup>
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Priority Mail Express<sup>®</sup>
  - Registered Mail<sup>™</sup>
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation<sup>™</sup>
  - Signature Confirmation Restricted Delivery

Postmarked Delivery

*MCH*

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:**

Robert H. Watson  
3905 Futura Dr  
Roswell, NM 88201-6797

9590 9402 4583 8278 4640 16

2. Article 7018 2290 0001 5021 1830 Restricted Delivery

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- X Robert H. Watson
- B. Received by (Printed Name) C. Date of Delivery
- Robert H. Watson
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



- 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

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

For delivery information, visit our website at [www.usps.com](http://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 Lincoln Oil & Gas LLC  
701 Three Cross  
Street and Apt. No., or PO Box Roswell, NM 88201

City, State, ZIP+4®

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

See Reverse for Instructions

7018 2290 0001 5021 1830 9102

**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:**

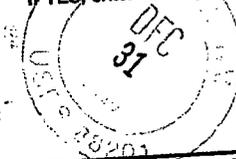
Lincoln Oil & Gas LLC  
701 Three Cross  
Roswell, NM 88201

9590 9402 4583 8278 4640 09

2. Article 7018 2290 0001 5021 1847 Restricted Delivery

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- X Kelly Bradshaw
- B. Received by (Printed Name) C. Date of Delivery
- Kelly Bradshaw
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



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

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

MCH

7018 2290 0001 5021 1830

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

For delivery information, visit our website at [www.usps.com](http://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 Robert H. Watson  
3905 Futura Dr  
Street and Apt. No., or PO Box Roswell, NM 88201-6797

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:

Marion B. Riley  
1105 San Juan Dr.  
Roswell, NM 88201-8354

9590 9402 4583 827

2. 7018 2290 0001 5021 1823

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Ray Riley*  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

*M LH*

Domestic Return Receipt

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

9181 1205 1000 0622 9106

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 Patricia L. Pruitt  
3105 N. Washington Ave.  
Roswell, NM 88201-5264

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

Postmark Here

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

For delivery information, visit our website at [www.usps.com](http://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 Marion B. Riley  
1105 San Juan Dr.  
Roswell, NM 88201-8354

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark Here

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Patricia L. Pruitt  
3105 N. Washington Ave.  
Roswell, NM 88201-5264

9590 9402 4583 8278 4639 89

2. Article Number (Transfer from \_\_\_\_\_)  
90 0001 5021 1816

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Patricia L. Pruitt*  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
- 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

*M LH*

Domestic Return Receipt

9106 0622 1000 5021 1205 1823

**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:

CLM Production Company  
P.O. Box 881  
Roswell, NM 88202

9590 9402 4583 8278 4639 72

7018 2290 0001 5021 1809

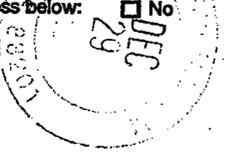
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *J. Madley*

C. Date of Delivery *12/29/08*

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



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

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 *CLM Production Company*

Street and Apt. No., or PO *P.O. Box 881*

City, State, ZIP+4® *Roswell, NM 88202*

Postmark  
Here

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

See Reverse for Instructions

7018 2290 0001 5021 1809

7018 2290 0001 5021 1953

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage		
\$		
Total Postage and Fees		
\$		
Sent To	Bumpas Global Holdings, Inc	
	5600 W. Lovers Ln, STE 323	
Street and Apt. No., or P.O. Box No.	Dallas, Texas 75209-4330	
City, State, ZIP+4®		

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

7018 2290 0001 5021 4633

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage		
\$		
Total Postage and Fees		
\$		
Sent To	ZPZ Delaware I, LLC	
	303 Veterans Airpark Ln #660	
Street and Apt. No., or P.O. Box No.	Midland, Texas 79705	
City, State, ZIP+4®		

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

7018 2290 0001 5021 1533

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage		
\$		
Total Postage and Fees		
\$		
Sent To	EOG Resources, Inc.	
	5509 Champions Drive	
Street and Apt. No., or P.O. Box No.	Midland, Texas 79706	
City, State, ZIP+4®		

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

# CURRENT ARGUS

## AFFIDAVIT OF PUBLICATION

## NOTICE

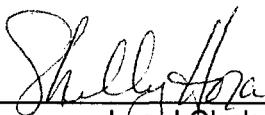
Ad No.  
0001272448

JAMES BRUCE ATTORNEY AT LAW  
PO BOX 1056

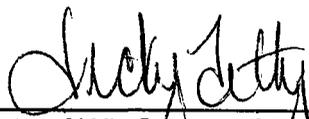
SANTA FE NM 87504

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

12/25/18

  
\_\_\_\_\_  
Legal Clerk

Subscribed and sworn before me this  
26th of December 2018.

  
\_\_\_\_\_  
State of WI, County of Brown  
NOTARY PUBLIC

9-14-21  
\_\_\_\_\_  
My Commission Expires

To: EOG Resources, Inc., Read & Stevens, Inc., ZPZ Delaware I, LLC, Union Hill Oil & Gas Co. Inc., St. Devote LLC, Crespi & Co., Bumpas Global Holdings, Inc., CBR Oil Properties, LLC, First Century Oil, Inc., Read & Stevens Employee Benefit Plan, Cannon Exploration Company, Todd M. Wilson, Fuel Products, Inc., Thomas M. Beall, Betty Read Young, A & S Operating Inc., Sammy Morrison, Sibyl Morrison, Robert H. Watson, Lincoln Oil & Gas LLC, Marion B. Riley, Patricia L. Pruitt, and CLM Production Company, or your heirs, devisees, successors, or assigns: Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interest owners in the Bone Spring formation in a horizontal spacing unit comprised of Lots 1-4 (the N/2N/2) of Section 1 and Lots 1 and 2 (the N/2NE/4) of Section 2, Township 18 South, Range 30 East, NMPM. The unit will be dedicated to the Loco Hills 1/2 B2AB Fed. Com. Well No. 1H, a horizontal well with a first take point in Lot 1 of Section 1 and a final take point in Lot 2 of Section 2. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The application is scheduled to be heard at 8:15 a.m. on January 10, 2019 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date. The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504, (505) 982-2043. The unit is located approximately 4 miles southeast of Loco Hills, New Mexico.

December 25, 2018

EXHIBIT 3

