

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

**APPLICATION OF CIMAREX ENERGY CO.
FOR COMPULSORY POOLING, LEA
COUNTY, NEW MEXICO.**

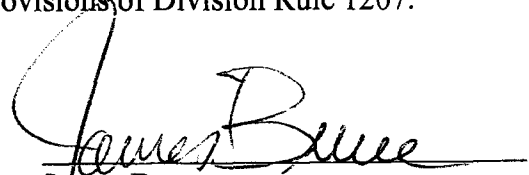
Case No. 13,691

AFFIDAVIT OF NOTICE

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

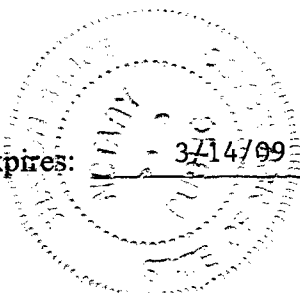
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co., and have personal knowledge of the matters stated herein.
3. Applicant 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 correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 12th day of April, 2006 by James Bruce.

My Commission Expires: _____




Notary Public

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER **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)

jamesbruce@aol.com

March 23, 2006

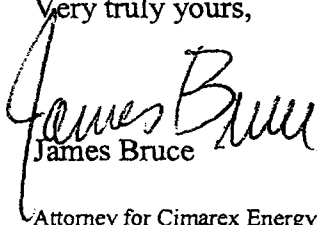
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the N½ of Section 8, Township 15 South, Range 36 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 13, 2006, 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.

You are required to notify (in writing) the Division, and the undersigned, by Friday, April 6, 2006 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.



EXHIBIT A

Wadi Petroleum, Inc.
Attn: Judy Farrar
14405 Walters Rd., Suite 400
Houston, Texas 77014

Pear Resources
P.O. Box 1889
Midland, TX 79702

M. Wayne Luna
P.O. Box 1889
Midland, TX 79702

J.M. Gahr
P.O. Box 1889
Midland, TX 79702

Sandra K. Lawlis
P.O. Box 1889
Midland, TX 79702

Posse Energy, Ltd.
Attn: Land Manager
1221 McKinney, Suite 3700
Houston, Texas 77010

Atahualpa Investments, N.V.
Attn: Jorgen Christiansen
7920 Belt Line Road, Suite 280
Dallas, Texas 75254

Horsens, Inc.
Attn: Jorgen Christiansen
7920 Belt Line Road, Suite 280
Dallas, Texas 75254

Unit Petroleum Company
Attn: Fred Schantz
407 N. Big Spring, Suite 101
Midland, TX 79701

Chesapeake Exploration Limited Partnership
Attn: Lynda Townsend
6100 N. Western Ave.
Oklahoma City, Oklahoma 73118

Devon Louisiana Corporation
Attn: Chuck Lundeen
20 N. Broadway Avenue
Oklahoma City, Oklahoma 73102-8260

Ultramar Production Company
Attn: Land Manager
One Valero Way
San Antonio, Texas 78269-6000

Gahr Energy Company
P.O. Box 1889
Midland, TX 79702

Compagnie Financiere Suisse, S.A.
Attn: Jorgen Christiansen
7920 Belt Line Road, Suite 280
Dallas, Texas 75254

Cordry Oil & Gas
10990 Quivira Road, Suite 130
Overland Park, KS 66210

Bessero Oil Company
P.O. Box 10948
Midland, TX 79702

Garry M. Porter
10990 Quivira Road, Suite 130
Overland Park, KS 66210

V-F Petroleum, Inc.
P.O. Box 1889
Midland, TX 79702

Shirley Burney
210 E. Seventh St.
Covington, Kentucky 41011

Delores Thomas
P.O. Box 747
Cascadia, Oregon 97329

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CERTIFIED MAILTM RECEIPT
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NO OFFICIAL USE

Postage	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.88	

Sent To
 M. Wayne Luna
 P.O. Box 1869
 Midland, TX 79702
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 0252 5002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chesapeake Exploration Limited Partnership
 Attn: Lynda Townsend
 6100 N. Western Ave.
 Oklahoma City, Oklahoma 73118

2. Article Number

(Transfer from service label)

7005 2570 0000 4604 2974

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X**
- B. Received by **Printed Name** **Lynda Townsend** **City, State, ZIP+4** **OKLAHOMA CITY, OK 73118**
- C. Date of Delivery **03/23/06**
- D. Is delivery address different from item 1? **Yes**
 If YES, enter delivery address below: **2005 N. Western Ave.**

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

M. Wayne Luna
 P.O. Box 1869
 Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X**
- B. Received by **Printed Name** **C. Rivas** **City, State, ZIP+4** **3-28-06**
- C. Date of Delivery **3-28-06**
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
- ☒ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 2570 0000 4604 3049

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Postage	\$ 0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.88	

Sent To
 Chesapeake Exploration Limited Partnership
 Attn: Lynda Townsend
 6100 N. Western Ave.
 Oklahoma City, Oklahoma 73118

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 0252 5002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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UNIT ID: 0574

Postage	\$ 0.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 9.76

Postmark Here
 Clerk: 0X8800
 03/23/06

Sent To
 Devon Louisiana Corporation
 Attn: Chuck Lundeen
 20 N. Broadway Avenue
 Oklahoma City, Oklahoma 73102-8260
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 2967

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Unit Petroleum Company
 Attn: Fred Schantz
 407 N. Big Spring, Suite 101
 Midland, TX 79701

2. Article Number (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *Back Manning* C. Date of Delivery *3/23/06*

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

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt *C-8* 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

2. Article Number (Transfer from service label) **7005 2570 0000 4604 2967**

PS Form 3811, February 2004 Domestic Return Receipt *C-8* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

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

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Devon Louisiana Corporation
 Attn: Chuck Lundeen
 20 N. Broadway Avenue
 Oklahoma City, Oklahoma 73102-8260

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UNIT ID: 0574

Postage	\$ 0.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	3.88
Total Postage & Fees	\$ 7.76

Postmark Here
 Clerk: 0X8800
 03/23/06

Sent To
 Unit Petroleum Company
 Attn: Fred Schantz
 407 N. Big Spring, Suite 101
 Midland, TX 79701
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 2967

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Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$	4.88	

Sent To
Attn: Jorgen Christiansen
7920 Belt Line Road, Suite 280
Dallas, Texas 75254
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3001

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Pose Energy, Ltd.
Attn: Land Manager
1221 McKinney, Suite 3700
Houston, Texas 77010

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 3018

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery 3-22-06
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Atahualpa Investments, N.V.
Attn: Jorgen Christiansen
7920 Belt Line Road, Suite 280
Dallas, Texas 75254

- 3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 3001

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery 03/22/06
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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OFFICIAL USE

Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$	4.88	

Sent To
Pose Energy, Ltd.
Attn: Land Manager
1221 McKinney, Suite 3700
Houston, Texas 77010
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3018

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UNIT ID: 0574

Postage \$	0.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees \$	

Postmark Here

Clerk: 0X8800

03/23/06

Sent To

Sandra K. Lawlis
P.O. Box 1899
Midland, TX 79702

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Bessero Oil Company
P.O. Box 10948
Midland, TX 79702

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 2912

Domestic Return Receipt

102595-02-M-1840

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) Karen Davis C. Date of Delivery 03/23/06
- D. Is delivery address different from item 2? ☒ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Sandra K. Lawlis
P.O. Box 1899
Midland, TX 79702

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 2570 0000 4604 3025

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) Karen Davis C. Date of Delivery 03/23/06
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Postage

\$ 0.63

Certified Fee

2.40

Return Receipt Fee (Endorsement Required)

1.85

Restricted Delivery Fee (Endorsement Required)

4.88

Total Postage & Fees

\$

Sent To

Bessero Oil Company
P.O. Box 10948
Midland, TX 79702

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

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UNIT ID: 0574

Postage \$	0.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees \$	

Postmark Here

Clerk: 0X8800

03/23/06

2912 4604 0000 2570 7005

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Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$	4.88	

Sent To
Horsens, Inc.
Attn: Jorgen Christensen
7920 Belt Line Road, Suite 280
Dallas, Texas 75254
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7005 2570 0000 4604 2998

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Candy Oil & Gas
10990 Quivira Road, Suite 130
Overland Park, KS 66210

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 2929

Domestic Return Receipt C-8

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Horsens, Inc.
Attn: Jorgen Christensen
7920 Belt Line Road, Suite 280
Dallas, Texas 75254

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt C-8

102595-02-M-1540

7005 2570 0000 4604 2998

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 2570 0000 4604 2929

Domestic Return Receipt C-8

102595-02-M-1540

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OFFICIAL USE

Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$	4.88	

Sent To
Candy Oil & Gas
10990 Quivira Road, Suite 130
Overland Park, KS 66210
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7005 2570 0000 4604 2929

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

NO OFFICIAL USE

Postage	\$ 0.63
Certified Fee	3.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 10.76

Postmark Here
Clerk: 008800
03/23/06

Sent To
Compagnie Financiere Suisse, S.A.
Attn: Jorgen Christensen
7920 Belt Line Road, Suite 280
Dallas, Texas 75234

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ 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:

2. Article Number (Transfer from service label) 7005 2570 0000 4604 2936

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *C. Rivas* C. Date of Delivery *3-28-06*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt *C-8* 102566-02-M-1540

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ 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:

2. Article Number (Transfer from service label) 7005 2570 0000 4604 2936

PS Form 3811, February 2004

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com.

NO OFFICIAL USE

Postage	\$ 0.63
Certified Fee	3.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	4.88
Total Postage & Fees	\$ 10.76

Postmark Here
Clerk: 008800
03/23/06

Sent To
Gahr Energy Company
P.O. Box 1889
Midland, TX 79702

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.65	
Restricted Delivery Fee (Endorsement Required)	3.02	Clerk: 0X8800
Total Postage & Fees \$	4.88	03/23/06

Sent To
 Ultramar Production Company
 Attn: Lead Manager
 One Valero Way
 San Antonio, Texas 78269-4000
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 2952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

V.P. Petroleum, Inc.
 P.O. Box 1889
 Midland, TX 79702

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 2899

Domestic Return Receipt

102595-02-M-1640

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Ultramar Production Company
 Attn: Lead Manager
 One Valero Way
 San Antonio, Texas 78269-4000

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) 3/27/06 C. Date of Delivery

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 2950

Domestic Return Receipt

102595-02-M-1640

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) 3-28-06 C. Date of Delivery

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 2570 0000 4604 2899

Domestic Return Receipt

102595-02-M-1640

U.S. Postal ServiceTM
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(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.65	Postmark
Restricted Delivery Fee (Endorsement Required)	3.02	Clerk: 0X8800
Total Postage & Fees \$	4.88	03/23/06

Sent To

V.P. Petroleum, Inc.
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 2899

U.S. Postal ServiceTM
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OFFICIAL USE

Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)	9.00	
Total Postage & Fees \$	4.88	

Sent To
 Wadi Petroleum, Inc.
 Attn: Judy Farrar
 14405 Walters Rd., Suite 400
 Houston, Texas 77014
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3811, June 2002 See Reverse for Instructions

7005 2570 0000 0252 5002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Pear Resources
 P.O. Box 1889
 Midland, TX 79702

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 3056

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *CLIVAS* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *CLIVAS* C. Date of Delivery *3-28-06*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Wadi Petroleum, Inc.
 Attn: Judy Farrar
 14405 Walters Rd., Suite 400
 Houston, Texas 77014

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number
 (Transfer from service label)

7005 2570 0000 4604 3063

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Sandy Cherry* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Sandy Cherry* C. Date of Delivery *3-28-06*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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OFFICIAL USE

Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)	9.00	
Total Postage & Fees \$	4.88	

Sent To
 Pear Resources
 P.O. Box 1889
 Midland, TX 79702
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0000 4604 3056

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

J.M. Gahr
P.O. Box 1889
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X CRIM ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. RIVAS C. Date of Delivery 3-28-04
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 2570 0000 4604 3032

PS Form 3811, February 2004

Domestic Return Receipt

102985-02-M-1540

U.S. Postal Service™

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NO OFFICIAL USE

Postage	\$ 0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.88	

Sent To

J.M. Gahr
P.O. Box 1889
Midland, TX 79702

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

2506 4094 0000 0202 5005

Mr. James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

ST NOTICE 04-04-06
ID NOTICE
TURN

7005 2570 0000 4604 2905

CERTIFIED MAIL



U.S. POSTAGE
PAID
TESQUIE, NM
87574-0000
MAR 23 2006
RHQ/UNT

\$4.88
00075525-04

9261 66210



RETURNED
TO SENDER

NOT DELIVERABLE AS ADDRESSED - UNABLE TO FWD
ATTEMPTED - NOT KNOWN ☐ VACANT ☐
NO SUCH STREET ☐ MOVED, NO ORDER ☐
INSUFFICIENT ADDRESS ☐ DECEASED ☐
NO MAIL RECEPTACLE ☐ NO SUCH NUMBER ☐
DATE 3-30-06 ROUTE NO. CARR/INT

Garry M. Porter
10990 Quivira Road, Suite 130
Overland Park, KS 66210

55210+1251-30 0000

U.S. Postal ServiceTM
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OFFICIAL USE

Postage \$	0.63	UNIT ID: 0574
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$	4.88	

Postmark
Here

Clerk: 0X8800

03/23/06

Sent To

Garry M. Porter
Street Apt. No.,
10990 Quivira Road, Suite 130
or PO Box No.
Overland Park, KS 66210
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7005 2570 0000 4604 2905

Mr. James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

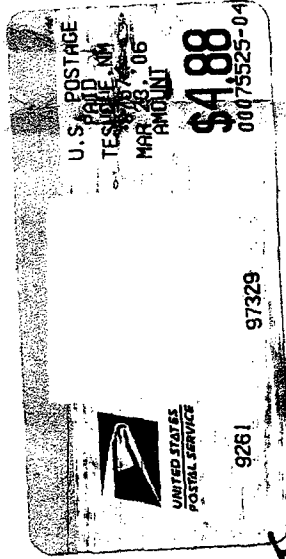
1ST NOTICE 4-1
2ND NOTICE _____
RETURN _____

CERTIFIED MAIL

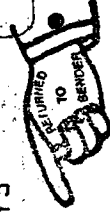
7005 2570 0000 4604 2875

Delores Thomas
P.O. Box 747
Cascadia, Oregon 97329

97329 7005 2570 0000 4604 2875



9261 97329



☒ And Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☒ Attempted - Not Known
☐ No Such Street ☐ Number
☐ No Vacant ☐ Illegible
☐ Receipts

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.63	UNIT ID: 0574
Certified Fee	2.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	CLERK: 0X8800
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.88	03/23/06

Sent To

Delores Thomas
P.O. Box 747
Cascadia, Oregon 97329
City, State, ZIP+4


[Home](#) | [Help](#)
[Track & Confirm](#)

Track & Confirm

Search Results

Label/Receipt Number: 7005 2570 0000 4604 2882
Status: Notice Left

We attempted to deliver your item at 9:22 am on March 27, 2006 in COVINGTON, KY 41011 and a notice was left. It can be redelivered or picked up at the Post Office. If the item is unclaimed, it will be returned to the sender. Information, if available, is updated every evening. Please check again later.

Track & Confirm

Enter Label/Receipt Number.

[Additional Details >](#)
[Return to USPS.com Home >](#)

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

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OFFICIAL USE	
Postage	\$ 0.63
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 4.88
UNIT ID: 0574	
Postmark Here	
CLERK: 0X8800	
03/23/06	
Sent To	
Shirley Burney	
210 E. Seventh St.	
Covington, Kentucky 41011	
City, State, ZIP+4	
PS Form 3800, June 2002	
See Reverse for Instructions	