

**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.**

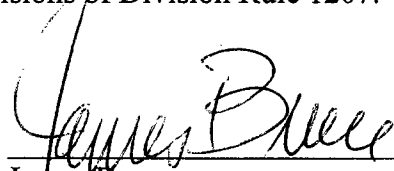
Case No. 13,786

AFFIDAVIT OF NOTICE

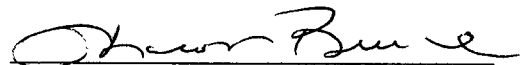
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

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 letters 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 11th day of October, 2006 by James Bruce.


Notary Public

My Commission Expires: 3/14/09

Oil Conservation Division
Case No. 13,786
Exhibit No. 2

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)½
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruce@aol.com

September 7, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

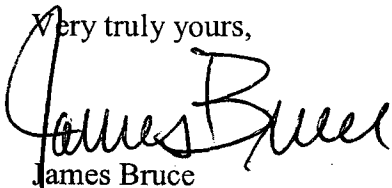
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the N½ of Section 17, 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, September 28, 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 Thursday, September 21, 2006 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Ann Childers
(address unknown)

Ann Walker and Keith F. Walker,
Co-Trustees of the Ann Walker
Trust dated 10/26/94
P.O. Box 1169
Duncan, Oklahoma 73534

Barmar, Inc.
P.O. Box 250
Hobbs, New Mexico 88241

Bud and Mary Lou Flocchini
Family Partnership
P.O. Box 26158
San Jose, California 95159

CarKel Energy, LLC an Oklahoma
limited liability company
(address unknown)

Chatfield Company
P.O. Box 1903
Denver, Colorado 80201

Christa L. Leavell
P.O. Box 470
Robinson, Illinois 62454

Christa L. Leavell, Custodian for
Michelle C. Leavell
(address unknown)

Citade Oil and Gas Corporation
P.O. Box 3052
Denver, Colorado 80201

Dan Auld, Jr., ssp
P.O. Drawer 766
Leakey, Texas 78873

Dial C. West, Limited Partnership
(address unknown)

Don E. McInturff, Trustee of the
Russell N. McInturff Trust
P.O. Box 6618
Lubbock, Texas 79493

Don E. McInturff, Trustee of the
Terry G. McInturff Trust
P.O. Box 6618
Lubbock, Texas 79493

Elizabeth Brown Bennett
P.O. Box 1054
Arlington, Texas 76010

Enertree, LLC an Oklahoma
limited liability company
(address unknown)

Estate of Bruce and Mary Gentry
C/O Dave Gentry (son)
8204 Brentwood Ave.
Lubbock, Texas 79424-3422

Estate of Bruce and Mary Gentry
C/O Dave Gentry (son)
8204 Brentwood Ave.
Lubbock, Texas 79424-3422

Fall River Resources, Inc.
P.O. Box 13456
Denver, Colorado 80201

FFF, Inc.
P.O. Box 8687
Denver, Colorado 80201

Frank Dale
(address unknown)

H. W. Allen Company
(address unknown)

Harle, Inc.
22230 S.W. Taylors
Tualatin, Oregon 97062

Jonathan S. Roederick and wife,
Carol Roederick, as Joint Tenants
6154 W. 83rd Way
Arvada, Colorado 80003

Kalkman Habeck Company
(address unknown)

Larry Hunnicutt, Custodian for
Grady Paul Hunnicutt, ssp
3110 Thomas Ave., Apt. 113
Dallas, Texas 75204

Larry Hunnicutt, Custodian for
Justin Travis Hunnicutt, ssp
3110 Thoma Ave., Apt.. 113
Dallas, Texas 75204

LaWayne E. Jones
(address unknown)

Louise A. Oswald, III, Trustee of
the Oswald Family Trust dated
4/27/98
P.O. Box 36157
Denver, Colorado 80236

Lynne M. Baalman and Mark E.
Baalman, as Joint Tenants
4650 N. Flintwood Road
Parker, Colorado 80134

M. W. Oil Investment Co., Inc.
518 17th Street, Suite 540
Denver, Colorado 80202

Minnie Price Tomlinson, John
Clyde Tomlinson, Jr., and N. E.
Loomis, Trustees u/w/o J. Clyde
Tomlinson
P.O. Box 6260
Longview, Texas 75606
R. M. Williams and wife
Jacqueline Williams
5 Dovekie Court
Nantucket, Massachusetts 02554

Ronald C. Agel
105 Countryside Rd.
Newton, Massachusetts 02159

Shawn P. Hannifin and Frances
A. Hannifin as Joint Tenants
P.O. Box 8687
Denver, Colorado 80201

The Children's Medical
Foundation of Texas
1935 Motor St.
Dallas, Texas

Tidemark Corporation
6116 N. Central Expressway
Suite 722
Dallas, Texas 75206

Toles-Com-Ltd., LLC
P.O. Box 1300
Roswell, New Mexico 88202

Windlands Corporation
P.O. Box 591
Midland, Texas 79702

Wyotex Oil Company
P.O. Box 36157
Denver, Colorado 80236

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
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.88
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.88

Sent To

Citade Oil and Gas Corporation
P.O. Box 3052
Denver, Colorado 80201

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:

Dan Auld, Jr., ssp
P.O. Drawer 766
Leakey, Texas 78873

2. Article Number
(Transfer from service label)

7006 0100 0005 5781 0222

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

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:

Citade Oil and Gas Corporation
P.O. Box 3052
Denver, Colorado 80201

2. Article Number
(Transfer from service label)

7006 0100 0005 5781 0215

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

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

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
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.88
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.88

Sent To

Dan Auld, Jr., ssp
P.O. Drawer 766
Leakey, Texas 78873

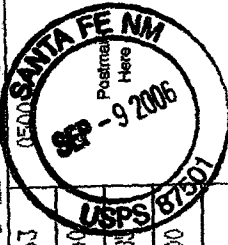
PS Form 3800, June 2002 See Reverse for Instructions

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

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

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	\$	



R. M. and Jacqueline Williams
 5 Dovekie Court
 Nantucket, Massachusetts 02554

Sent by
 Street, Apt.
 or PO Box
 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:

R. M. and Jacqueline Williams
 5 Dovekie Court
 Nantucket, Massachusetts 02554

2. Article Number
 (Transfer from service label)

7006 0100 0005 5781 0284

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Jacqueline C. Williams C. Date of Delivery 9/9/06
- 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

7006 0100 0005 5781 0284

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:

The Children's Medical Foundation
 1935 Motor St.
 Dallas, Texas

2. Article Number
 (Transfer from service label)

7006 0100 0005 5781 0154

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

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

Postmark
 Here

09/15/2006

Sent To
 Street, Apt.
 or PO Box
 City, State
 ZIP+4

The Children's Medical Foundation
 1935 Motor St.
 Dallas, Texas

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	\$	\$0.65
Certified Fee	\$	\$2.00
Return Receipt Fee (Endorsement Required)	\$	\$1.00
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

Sent To
Shawn P. and Frances A. Hanniffin
Street, Apt. No., P.O. Box 8687
City, State, ZIP+4[®] Denver, Colorado 80201

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete 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:

Trustees u/w/o J. Clyde Tomlinson
P.O. Box 6260
Longview, Texas 75606

2. Article Number
(Transfer from service label)
7006 0100 0005 5781 0277

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *J. Clyde Tomlinson* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *J. Clyde Tomlinson* C. Date of Delivery *9-13-06*
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-17*
7006 0100 0005 5781 0277

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:

Shawn P. and Frances A. Hanniffin
P.O. Box 8687
Denver, Colorado 80201

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)
7006 0100 0005 5781 0147

PS Form 3811, February 2004 Domestic Return Receipt *C-17*
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Hanniffin* C. Date of Delivery *7-12-08*
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

2. Article Number
(Transfer from service label)
7006 0100 0005 5781 0147

PS Form 3811, February 2004 Domestic Return Receipt *C-17*
102595-02-M-1540

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	\$	\$0.65
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

Sent To
Trustees u/w/o J. Clyde Tomlinson
P.O. Box 6260
Longview, Texas 75606

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5781 0277

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	0500
Certified Fee	\$	\$2.40	
Return Receipt Fee (Endorsement Required)	\$	\$1.85	
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00	
Total Postage & Fees	\$	\$4.88	

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

Lynne M. and Mark E. Baalman
 4650 N. Flintwood Road
 Parker, Colorado 80134

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:

Wytex Oil Company
 P.O. Box 36157
 Denver, Colorado 80236

2. Article Number
(Transfer from service label)

7006 0100 0005 5781 0123

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. 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.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 5781 0123

Domestic Return Receipt C-17 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:

Lynne M. and Mark E. Baalman
 4650 N. Flintwood Road
 Parker, Colorado 80134

2. Article Number
(Transfer from service label)

7006 0100 0005 5781 0123

PS Form 3811, February 2004 Domestic Return Receipt C-17 102595-02-M-1540

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	0500
Certified Fee	\$	\$2.40	
Return Receipt Fee (Endorsement Required)	\$	\$1.85	
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00	
Total Postage & Fees	\$	\$4.88	

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

Wytex Oil Company
 P.O. Box 36157
 Denver, Colorado 80236

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. 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.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 5781 0123

Domestic Return Receipt C-17 102595-02-M-1540

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	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.88
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

Sent To
 Street, Apt. No., or PO Box No.
 Windlands Corporation
 P.O. Box 591
 Midland, Texas 79702
 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:

Toles-Com-Ltd., LLC
 P.O. Box 1300
 Roswell, New Mexico 88202

2. Article Number
 (Transfer from service label)

7006 0100 0005 5781 0178

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Myrtine Chance*
- B. Received by (Printed Name)
 R. Myrtine Chance
- C. Date of Delivery
 SEP 12 2006
- 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:

Windlands Corporation
 P.O. Box 591
 Midland, Texas 79702

2. Article Number
 (Transfer from service label)

7006 0100 0005 5781 0185

PS Form 3811, February 2004

Domestic Return Receipt C-1

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *W. D. W. Hamm, Jr.*
- B. Received by (Printed Name)
 W. D. W. HAMM, JR.
- C. Date of Delivery
 9/12/06
- 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

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	\$	\$0.50
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.88
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

Sent To
 Street, Apt. No., or PO Box No.

Toles-Com-Ltd., LLC
 P.O. Box 1300
 Roswell, New Mexico 88202

PS Form 3800, June 2002

See Reverse for Instructions

8210 1825 5000 0010 9002

5810 1825 5000 0010 9002

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	0500
Certified Fee		\$2.40	
Return Receipt Fee (Endorsement Required)		\$1.50	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

Sent To
Estate of Bruce and Mary Gentry
8204 Brentwood Ave.
Lubbock, Texas 79424-3422
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:

Louise A. Oswald, III, Trustee (Family Tr.)
P.O. Box 36157
Denver, Colorado 80236

2. Article Number
(Transfer from service label)
7006 0100 0005 5781 0116
PS Form 3811, February 2004

- 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:

Estate of Bruce and Mary Gentry
8204 Brentwood Ave.
Lubbock, Texas 79424-3422

2. Article Number
(Transfer from service label)
7006 0100 0005 5781 0260
PS Form 3811, February 2004 Domestic Return Receipt C-17 102595-02-M-1540

- COMPLETE THIS SECTION ON DELIVERY**
- A. Signature, ☒ Agent ☐ Addressee
B. Received by (Printed Name) B. Davis Gentry Date of Delivery 9/11/06
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

102595-02-M-1540

- COMPLETE THIS SECTION ON DELIVERY**
- A. Signature, ☒ Agent ☐ Addressee
B. Received by (Printed Name) Louise A. Oswald Date of Delivery 9/11/06
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

Article Number
(Transfer from service label)
7006 0100 0005 5781 0116
Domestic Return Receipt C-17 102595-02-M-1540

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	0500
Certified Fee		\$2.40	
Return Receipt Fee (Endorsement Required)		\$1.50	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

Sent To
Louise A. Oswald, III, Trustee (Family Tr.)
P.O. Box 36157
Denver, Colorado 80236
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
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

Sent To
 Street, Apt. N
 or PO Box No.
 City, State, Z

Don E. McInturff, Trustee (R. McI)
 P.O. Box 6618
 Lubbock, Texas 79493

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:

Don E. McInturff, Trustee (T. McI)
 P.O. Box 6618
 Lubbock, Texas 79493

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7006 0100 0005 5781 0239

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? 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

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:

Don E. McInturff, Trustee (T. McI)
 P.O. Box 6618
 Lubbock, Texas 79493

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

C-17

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? 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

7006 0100 0005 5781 0246

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
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

Sent To

Street, Apt. N
 or PO Box No.
 City, State, Z

Don E. McInturff, Trustee (R. McI)
 P.O. Box 6618
 Lubbock, Texas 79493

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

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

Sent To

Christa L. Leavell
P.O. Box 470
Robinson, Illinois 62454

Street, Apt.
or PO Box
City, State

PS Form 3811

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:

Christa L. Leavell
P.O. Box 470
Robinson, Illinois 62454

2. Article Number

(Transfer from service label)

7006 0100 0005 5781 0208

PS Form 3811, February 2004

Domestic Return Receipt

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:

Chatfield Company
P.O. Box 1903
Denver, Colorado 80201

2. Article Number

(Transfer from service label)

7006 0100 0005 5781 0338

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery ☒ Yes ☒ No
- D. Is delivery address different from item 1? ☒ Yes ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

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

Sent To

Chatfield Company
P.O. Box 1903
Denver, Colorado 80201

Street, Apt.
or PO Box
City, State

PS Form 3811

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:

Ann Walker and Keith F. Walker
Co-Trustees of the Ann Walker
Trust dated 10/26/94
P.O. Box 1169
Duncan, Oklahoma 73534

2. Article Number

(Transfer from service label)

7006 0100 0005 5781 0307
PS Form 3811, February 2004

Domestic Return Receipt C-17

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Ann Walker ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Ann Walker C. Date of Delivery 9-12-06
- D. Is delivery address different from label? ☐ Yes ☐ No
If YES, enter delivery address below:

SEP 12 2006

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

U.S. Postal ServiceTM

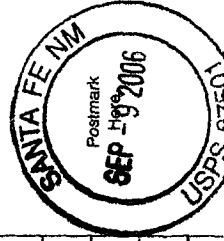
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent To
Street, Apt.
or PO Box
City, State,
PS Form 3811

Ann Walker and Keith F. Walker,
Co-Trustees of the Ann Walker
Trust dated 10/26/94
P.O. Box 1169
Duncan, Oklahoma 73534

7006 0100 0005 5781 0307

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:

Chalfant Properties, Inc.
 1502 N. Big Spring
 Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Kendra Sparks

B. Received by (Print Name) C. Date of Delivery
Kendra Sparks 9-11-06 *SP*

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

2. Article Number (Transfer from service label) **7006 0100 0005 5781 0345**

PS Form 3811, February 2004 Domestic Return Receipt **C-17** 102505-02-M-1540

Lessee of: Tidemark Corp.
 Windlands Corp.

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

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

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**

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

Chalfant Properties, Inc.
 1502 N. Big Spring
 Midland, Texas 79701

Stamp: **SEP 11 2006** (Circular postmark)
SEP 9 - 03 (Postmark)
09/09/2006 (Date)

5781 0345 0005 0000 0000 0000 0000 0000

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

NC 49-25-06



Rt # _____
Cant. Init. _____
Date _____

- ☐ Not Deliverable As Addressed
Unable To Forward
- ☐ Insufficient Address
- ☒ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Repetitive
- ☐ Box Closed - No Order

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

CERTIFIED MAIL

7006 0100 0005 5781 0291

U.S. POSTAGE
PAID
SANTA FE, NM
87504
SEP 15 06
AMOUNT

\$4.88
00015009-03

02459



UNITED STATES
POSTAL SERVICE

Name St
1st Notice 9/8
2nd Notice
Return

150-2917

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	\$	\$0.87	0500
Certified Fee		\$2.40	03
Return Receipt Fee (Endorsement Required)		\$1.85	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.12	09/15/2006

Postmark
Here

Sent To

Ronald C. Agel
105 Countryside Rd.
Newton, Massachusetts 02459

PS Form 3800, June 2002

See Reverse for Instructions

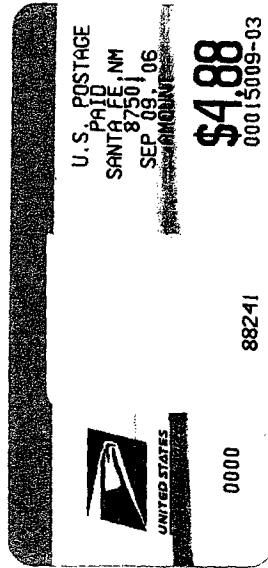
JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

9-14-06
1ST NOTICE
2ND NOTICE
RETURN

 **Not Deliverable as
Addressed - Unable
to Forward**

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

CERTIFIED MAIL™



9-11
NAME
Barmar, Inc.
P.O. Box 250
Hobbs, New Mexico 88241
1st Notice
2nd Notice
Return

7006 0100 0005 5781 0314

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

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

OFFICIAL USE

Postage	\$	\$0.61
Certified Fee		\$2.44
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.88

Barmar, Inc.

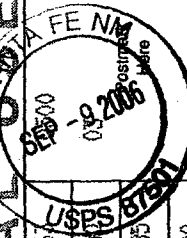
P.O. Box 250

Hobbs, New Mexico 88241

Sent To
Street
or PO
City, S
PS Fo

uctions

4720 7825 5000 0010 9002



JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

1ST NOTICE 09-25-06
2ND NOTICE _____
RETURN _____

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

CERTIFIED MAIL™

9/13/06

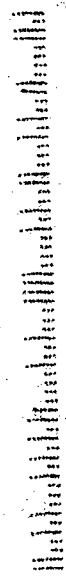
U.S. POSTAGE
PAID
SANTA FE, NM
87501
SEP 09 06
AMOUNT

\$4.88
00015009-03

95159

Bud and Mary Lou Flocchini
Family Partnership
P.O. Box 26158
San Jose, California 95159

RETURN TO
SANTA FE, NM 87501
MOVED ORDER
EXPIRED



95159 00015009-03

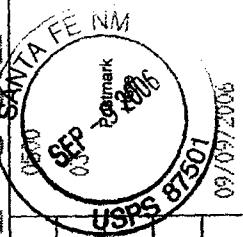
7006 0100 0005 5781 0321

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

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

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



Bud and Mary Lou Flocchini
Family Partnership
P.O. Box 26158
San Jose, California 95159

Sent To
Street, Apt.
or PO Box
City, State

PS Form 3800, June 2006

7006 0100 0005 5781 0321

JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

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

CERTIFIED MAIL™



U.S. POSTAGE
PAID
SANTA FE, NM
87501
SEP 09 106
AMOUNT

\$4.88

00015009-03

80202

SEP 20 2006

1ST NOTICE
9-26
10-12
TURN

u/c

M. W. Oil Investment Co., Inc.
518 17th Street, Suite 540
Denver, Colorado 80202

ANK



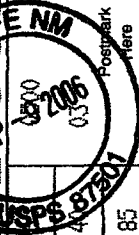
0 873 0 80055

7006 0100 0005 5781 0130

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

For delivery information visit our web site at usps.com

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**



Postage	\$	\$0.00
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88

09/09/2006

Sent To
Street
or PO
City, St.

M. W. Oil Investment Co., Inc.
518 17th Street, Suite 540
Denver, Colorado 80202

PS Form 3800, June 2002

See Reverse for Instructions

JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

12592

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

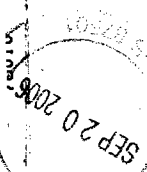
CERTIFIED MAIL

NAME
1st Notice
2nd Notice 9-22
Return 10-10
SEP 11 2006



U.S. POSTAGE
PAID
SANTA FE, NM
SEP 09, 2006
AMOUNT

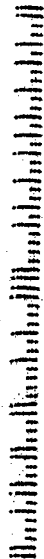
\$4.88
00015009-03



ANK

Elizabeth Brown Bennett
P.O. Box 1054
Arlington, Texas 76010

10-10-06



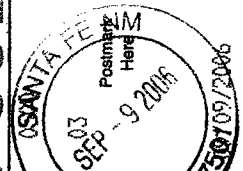
7006 0100 0005 5781 0253

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
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.88



Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip

Elizabeth Brown Bennett
P.O. Box 1054
Arlington, Texas 76010

PS Form 3800, June 2002

See Reverse for Instructions

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

Track & Confirm

Search Results

Label/Receipt Number: 7005 2570 0000 4604 5005

Status: Notice Left

We attempted to deliver your item at 2:34 pm on September 11, 2006 in DALLAS, TX 75204 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. No further information is available for this item.

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

Track & Confirm

Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)POSTAL INSPECTORS
Preserving the Trust[site map](#) [contact us](#) [government services](#) [jobs](#) [National & Premier Accounts](#)
Copyright © 1999-2004 USPS. All Rights Reserved. [Terms of Use](#) [Privacy Policy](#)

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
DALLAS TX 75204	
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
Postmark: SEP 11 2006 USPS 87501 09/09/2006	
Sent To: Larry Hunnicutt, Custodian for J. Hunnicutt 3110 Thoma Ave., Apt. 113 Dallas, Texas 75204	
PS Form 3800, June 2002 See Reverse for Instructions	

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)½
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

September 21, 2006

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 Cimarex Energy Co., regarding the N½ of Section 17, 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, October 12, 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 Thursday, September 21, 2006 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

Ann Childers
(address unknown)

Ann Walker and Keith F. Walker,
Co-Trustees of the Ann Walker
Trust dated 10/26/94
P.O. Box 1169
Duncan, Oklahoma 73534

Barmar, Inc.
P.O. Box 250
Hobbs, New Mexico 88241

Bud and Mary Lou Flocchini
Family Partnership
P.O. Box 26158
San Jose, California 95159

CarKel Energy, LLC
6814 NW 23rd
Bethany, Oklahoma 73008

Chatfield Company
P.O. Box 1903
Denver, Colorado 80201

Christa L. Leavell
P.O. Box 470
Robinson, Illinois 62454

Christa L. Leavell, Custodian for
Michelle C. Leavell
(address unknown)

Citade Oil and Gas Corporation
P.O. Box 3052
Denver, Colorado 80201

Dan Auld, Jr., ssp
P.O. Drawer 766
Leakey, Texas 78873

Dial C. West, Limited Partnership
P.O. Box 1169
Duncan, Oklahoma 73534

Don E. McInturff, Trustee of the
Russell N. McInturff Trust
P.O. Box 6618
Lubbock, Texas 79493

Don E. McInturff, Trustee of the
Terry G. McInturff Trust
P.O. Box 6618
Lubbock, Texas 79493

Elizabeth Brown Bennett
P.O. Box 1054
Arlington, Texas 76010

Enertree, LLC
3037 NW 63rd Suite 155W
Oklahoma City, Oklahoma 73116

Estate of Bruce and Mary Gentry
C/O Dave Gentry (son)
8204 Brentwood Ave.
Lubbock, Texas 79424-3422

Estate of Bruce and Mary Gentry
C/O Dave Gentry (son)
8204 Brentwood Ave.
Lubbock, Texas 79424-3422

Fall River Resources, Inc.
P.O. Box 13456
Denver, Colorado 80201

FFF, Inc.
P.O. Box 8687
Denver, Colorado 80201

Frank Dale
P.O. Box 1169
Duncan, Oklahoma 73534

H. W. Allen Company
P.O. Box 1169
Duncan, Oklahoma 73534

Harle, Inc.
22230 S.W. Taylors
Tualatin, Oregon 97062

Jonathan S. Roederick and wife,
Carol Roederick, as Joint Tenants
6154 W. 83rd Way
Arvada, Colorado 80003

Kalkman Habeck Company
P.O. Box 1169
Duncan, Oklahoma 73534

Larry Hunnicutt, Custodian for
Grady Paul Hunnicutt, ssp
3110 Thomas Ave., Apt. 113
Dallas, Texas 75204

Larry Hunnicutt, Custodian for
Justin Travis Hunnicutt, ssp
3110 Thoma Ave., Apt.. 113
Dallas, Texas 75204

LaWayne E. Jones
P.O. Box 1169
Duncan, Oklahoma 73534

Louise A. Oswald, III, Trustee of
the Oswald Family Trust dated
4/27/98
P.O. Box 36157
Denver, Colorado 80236

Lynne M. Baalman and Mark E.
Baalman, as Joint Tenants
4650 N. Flintwood Road
Parker, Colorado 80134

M. W. Oil Investment Co., Inc.
518 17th Street, Suite 540
Denver, Colorado 80202

Minnie Price Tomlinson, John
Clyde Tomlinson, Jr., and N. E.
Loomis, Trustees u/w/o J. Clyde
Tomlinson
P.O. Box 6260
Longview, Texas 75606
R. M. Williams and wife
Jacqueline Williams
5 Dovekie Court
Nantucket, Massachusetts 02554

Ronald C. Agel
105 Countryside Rd.
Newton, Massachusetts 02159

Shawn P. Hannifin and Frances
A. Hannifin as Joint Tenants
P.O. Box 8687
Denver, Colorado 80201

The Children's Medical
Foundation of Texas
1935 Motor St.
Dallas, Texas

Tidemark Corporation
6116 N. Central Expressway
Suite 722
Dallas, Texas 75206

Toles-Com-Ltd., LLC
P.O. Box 1300
Roswell, New Mexico 88202

Windlands Corporation
P.O. Box 591
Midland, Texas 79702

Wyotex Oil Company
P.O. Box 36157
Denver, Colorado 80236

2006 0100 0005 5708 2766

U.S. POST
CERTIFICATE
(Domestic Mail)
For delivery by
FIRST CLASS MAIL

PS Form 3811

Return Receipt
(Endorsement Required)
Restricted Delivery
(Endorsement Required)
Total Postage

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

PS Form 3800

SENDER: COMPLETE
Complete item
Item 4 if Restricted
Print your name
so that we can
Attach this certificate
or on the front

1. Article Address

2. Article Number
(Transfer from)

PS Form 3811

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
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

Sent To
Enerjee, LLC
3037 NW 63rd, Suite 155W
Oklahoma City, OK 73116
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:

Carkel Energy, LLC
8814 NW 23rd
Bethany, OK 73008

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7006 0100 0005 5708 2773

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
B. Miller

C. Date of Delivery
05/25/2006

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

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:

Enerjee, LLC
3037 NW 63rd, Suite 155W
Oklahoma City, OK 73116

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
B. Miller

C. Date of Delivery
05/25/2006

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

102595-02-M-1540

7006 0100 0005 5708 2766

C-17

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
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

Sent To
Carkel Energy, LLC
8814 NW 23rd
Bethany, OK 73008
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5708 2773

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:

*TWK Murree's Mgt.
 P.O. Box 1169
 Duncan, OK 73534*

2. Article Number
 (Transfer from service label) **7006 0100 0005 5708 2780**

PS Form 3811, February 2004 Domestic Return Receipt **C-17** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *Patricia Wilcox* C. Date of Delivery *02/16/04*

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

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	0615
Certified Fee		\$2.40	
Return Receipt Fee (Endorsement Required)		\$1.85	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$4.88	

Sent To *TWK Murree's Management*
 Street, Apt. No., or PO Box No. *P.O. Box 1169*
 City, State, ZIP+4[®] *Duncan, OK 73534*

PS Form 3800, June 2002 See Reverse for Instructions

Re: Dial C. West Ltd. Partnership
 Frank Dale
 H. W. Allen Co.
 Kalkman Habeck Co.
 LaWayne E. Jones