

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

**APPLICATION OF BP AMERICA PRODUCTION
COMPANY FOR COMPULSORY POOLING, LEA
COUNTY, NEW MEXICO.**

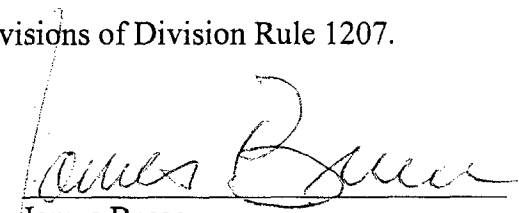
Case No. 13,805

AFFIDAVIT OF NOTICE

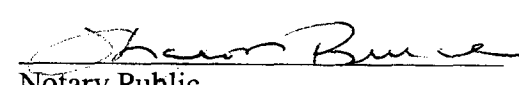
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

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 BP America Production Company, 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 29th day of November, 2006 by
James Bruce.


Notary Public

My Commission Expires: 3/14/09

Oil Conservation Division
Case No. 13,805
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)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

October 17, 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 BP America Production Company, regarding the W½ of Section 3, Township 18 South, Range 34 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 9, 2006, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As a record title 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, November 2, 2006 if you intend to participate in the hearing.

Very truly yours,


James Bruce
Attorney for BP America Production Company

EXHIBIT **A**

EXHIBIT A

Douglas L. Cone
2301 Quaker Avenue
Lubbock, Texas 79410

Mary Anne Todd
P.O. Box 2381
Wimberly, Texas 78676

Tom R. Cone
P.O. Box 778
Jay, Oklahoma 74346

Thomas E. Todd, Jr.
P.O. Box 338
Ruidoso, New Mexico 88345

Cathie Cone McCown
P.O. Box 658
Dripping Springs, Texas 78620

Virginia Todd
8523 Thackery Street, Apt. 3307
Dallas, Texas 75225

Clifford Cone
P.O. Drawer 1509
Lovington, New Mexico 88260

Margaret Todd Sherrill
4920 North Carriage Road
Hobbs, New Mexico 88240

Kenneth G. Cone
400 West Illinois
Midland, Texas 79701

Harry Todd, Jr.
1407 Tanglewood Drive
Dallas, Texas 75234

Dalport Oil Corporation
5646 Milton Street, No. 413
Dallas, Texas 75206

Raymond L. Todd
1107 Shawnee Trail
Carrollton, Texas 75006

Tommy L. Todd
6722 East Northwest Highway
Dallas, Texas 75231

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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 or P.O. Box _____
City, State _____
PS Form 3811, February 2004

Tom R. Cone
P.O. Box 778
Jay, Oklahoma 74346

Postmark Here
OCT 25 2006
SALEM, OR 97301

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:

Cathie Cone McCown
P.O. Box 658
Dripping Springs, Texas 78620

2. Article Number (Transfer from service label)
7006 0100 0005 5707 8820

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____
B. Received by (Printed Name) BILL McCOWN
C. Date of Delivery 10/23/06
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.

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:

Tom R. Cone
P.O. Box 778
Jay, Oklahoma 74346

2. Article Number (Transfer from service label)
7006 0100 0005 5707 8837

PS Form 3811, February 2004

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

Sent To: _____
Street or P.O. Box _____
City, State _____
PS Form 3811, February 2004

Tom R. Cone
P.O. Box 778
Jay, Oklahoma 74346

Postmark Here
OCT 25 2006
SALEM, OR 97301

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____
B. Received by (Printed Name) Tom Cone
C. Date of Delivery OCT 25 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

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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

Clifford Cone
P.O. Drawer 1509
Lovington, New Mexico 88260

Sent
Street
or PO Box
City, State
PS 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:

Douglas L. Cone
2301 Quaker Avenue
Lubbock, Texas 79410

2. Article Number
(Transfer from service label)

7006 0100 0005 5707 8844

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102595-02-M-1540

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?
If YES, enter delivery address below: ☐ 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 ☐ 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:

Clifford Cone
P.O. Drawer 1509
Lovington, New Mexico 88260

2. Article Number
(Transfer from service label)

7006 0100 0005 5707 8843

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)
C. Date of Delivery
- D. Is delivery address different from item 1?
If YES, enter delivery address below: ☐ 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 ☐ No

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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

Douglas L. Cone
2301 Quaker Avenue
Lubbock, Texas 79410

Sent To
Street
or PO Box
City, State

PS Form 3811, February 2004

102595-02-M-1540

CERTIFIED MAIL™

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

1ST NOTICE 11-06-06
2ND NOTICE _____
RETURN _____

7006 0100 0005 3001 0000

RETURN RECEIPT
REQUESTED

Kenneth G. Cone
400 West Illinois
Midland, Texas 79701

FIRST CLASS

1545/06/06

**INSUFFICIENT
ADDRESS**

U.S. POSTAGE
PAID
SANTA FE, NM
OCT 18, 2006
AMOUNT
\$4.88
00015009-03

UNITED STATES
POSTAL SERVICE

DLAND

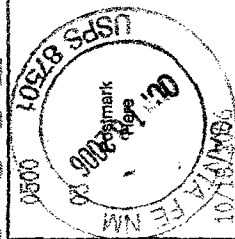
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Postage \$ \$0.63
Certified Fee \$2.40
Return Receipt Fee (Endorsement Required) \$1.85
Restricted Delivery Fee (Endorsement Required) \$0.00

Total \$4.88
Kenneth G. Cone
400 West Illinois
Midland, Texas 79701



Sent To
Street or PO
City, State
ZIP+4

7006 0100 0005 5207 8806


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Track & Confirm

Search Results

Label/Receipt Number: 7006 0100 0005 5707 8790
 Status: **Delivered**

Your item was delivered at 2:25 pm on October 20, 2006 in DALLAS, TX 75206.

[Track & Confirm](#)

Enter Label/Receipt Number.

[Additional Details >](#)
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DALLAS, TX 75206	
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 or PO Box City, State	
Dalport Oil Corporation 5646 Milton Street, No. 413 Dallas, Texas 75206	
PS Form	10/18/2006


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Track & Confirm

Search Results

Label/Receipt Number: 7006 0100 0005 5708 9598
Status: **Delivered**

Your item was delivered at 10:57 am on October 20, 2006 in RUIDOSO, NM 88345.

Track & Confirm

Enter Label/Receipt Number.

[Additional Details >](#)
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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
7006 0100 0005 5708 9598 0506 NM SANTA FE NM Postmark Here Oct 19 2006 USPS 87501 10/18/2006	
Sent To	Thomas E. Todd, Jr.
Street, or PO	P.O. Box 338
City, &	Ruidoso, New Mexico 88345
PS Form	Instructions

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Postage	\$0.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total	\$4.88

Postmark
 OCT 18 2006
 SANTA FE NM

Sent to
 Street or P.O. Box
 City, State, ZIP+4[®]

Harry Todd, Jr.
 1407 Tanglewood Drive
 Dallas, Texas 75234

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:

Margaret Todd Sherrill
 4920 North Carriage Road
 Hobbs, New Mexico 88240

2. Article Number (Transfer from service label)
 7006 0100 0005 5708 9574

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Margaret Sherrill

B. Received by (Printed Name)
 Margaret Todd Sherrill

C. Date of Delivery
 10-17-06

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

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Postage	\$0.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total	\$4.88

Postmark
 OCT 18 2006
 SANTA FE NM

Sent to
 Street or P.O. Box
 City, State, ZIP+4[®]

Margaret Todd Sherrill
 4920 North Carriage Road
 Hobbs, New Mexico 88240

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:

Harry Todd, Jr.
 1407 Tanglewood Drive
 Dallas, Texas 75234

2. Article Number (Transfer from service label)
 7006 0100 0005 5708 9567

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Harry Todd

B. Received by (Printed Name)
 Harry Todd

C. Date of Delivery
 10-24-06

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

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Postage	\$	\$0.63
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total	\$	\$4.88

Virginia Todd
8523 Thackery Street, Apt. 3307
Dallas, Texas 75225

Sent _____
Street or P.O. Box _____
City, State, ZIP+4[®] _____
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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:

Mary Anne Todd
P.O. Box 2381
Wimberly, Texas 78676

2. Article Number
(Transfer from service label)

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:

Virginia Todd
8523 Thackery Street, Apt. 3307
Dallas, Texas 75225

3. Service Type
☒ Certified Mail
☐ Express Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

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

2. Article Number
(Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) _____ C. Date of Delivery 10/23

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

3. Service Type
☒ Certified Mail
☐ Express Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

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

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ANNE TODD C. Date of Delivery 10/18/2006
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 ☐ No

2. Article Number
(Transfer from service label)

Domestic Return Receipt

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Postage	\$	\$0.39
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total	\$	\$4.64

Mary Anne Todd
P.O. Box 2381
Wimberly, Texas 78676

Sent _____
Street or P.O. Box _____
City, State, ZIP+4[®] _____
PS Form 3811, February 2004

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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
Tommy L. Todd

6722 East Northwest Highway
Dallas, Texas 75231

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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:

Tommy L. Todd
6722 East Northwest Highway
Dallas, Texas 75231

2. Article Number

(Transfer from service label)

7006 0100 0005 5706 9611

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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:

Raymond L. Todd
1107 Shawnee Trail
Carrollton, Texas 75006

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery 10/20
- 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)

7006 0100 0005 5706 9611

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery 10-27-06
- 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

7006 0100 0005 5707 8783

Domestic Return Receipt

102505-02-M-1540

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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
Raymond L. Todd
1107 Shawnee Trail
Carrollton, Texas 75006

2. Article Number

(Transfer from service label)

7006 0100 0005 5707 8783

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Label/Receipt Number: 7006 0100 0005 5707 6819

Status: **Delivered**

Your item was delivered at 11:36 AM on November 17, 2006 in MIDLAND, TX 79701.

[Track & Confirm](#)

Enter Label/Receipt Number.

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

Notification Options

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OFFICIAL USE	
Postage	\$ 00.52
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.80
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 04.77

7006 0100 0005 5707 6819

Postmark Here
NOV 9 2006
SANTA FE NM

Sent To	
Street, Apt. No., or PO Box No.	Kenneth G. Cone P.O. Box 11310 Midland, Texas 79702
City, State, ZIP+4	

PS Form 3800, June 2002 See Reverse for Instructions