

1AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, KENNETH NORRIS

ADVERTISING MANAGER

of the Hobbs News-Sun, a news-
paper published at Hobbs, New
Mexico, do solemnly swear that
the clipping attached hereto was
published once a week in the reg-
ular and entire issue of said
paper, and not a supplement
thereof for a period

of 1

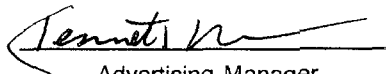
issue(s).

Beginning with the issue dated

December 22, 2006

and ending with the issue dated

December 22, 2006



Advertising Manager

Sworn and subscribed to before

this 27th day of

December 2006

Notary Public.

My Commission expires

February 07, 2009

(Seal)



OFFICIAL SEAL
DORA MONTZ
NOTARY PUBLIC
STATE OF NEW MEXICO

My Commission Expires: _____

This newspaper is duly qualified to
publish legal notices or advertise-
ments within the meaning of
Section 3, Chapter 167, Laws of
1937, and payment of fees for said

67101169000 02590590
GEOLEX, INC.
500 MARQUETTE AVE. NW, STE. 1350
ALBUQUERQUE, NM 87102

LEGAL NOTICE
December 22, 2006

Application of Versado Gas Processors, LLC operated
by Targa Resources, LLC for approval of an acid gas in-
jection well, Lea County, New Mexico. Applicant seeks
approval to utilize its proposed Versado AGI Well No. 1, to
be drilled 1200 feet from the West line and 2580 feet from
the South line of Section 27, Township 22 South, Range 37
East, NMPM, to inject up to 2500 barrels of acid gas per
day, at a maximum pressure of 2000 psi, into the San An-
dres Formation, at an approximate depth of 4500 feet to
5000 feet. This proposed well will replace Eunice Gas Plant
SWD Well No. 1 (API No. 30-025-21497) at this location.
Versado may be contacted through its representative, Mr.
Alberto Gutierrez, 500 Marquette Ave NW, Suite 1350, Al-
buquerque, New Mexico 87102 or (505) 842-8000. Inter-
ested parties must file objections or requests for hearing
with the Oil Conservation Division, 1220 South St. Francis
Dr., Santa Fe, New Mexico 87505, within 15 days.
#22910

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 13865 Exhibit No. 5
Submitted by:
TARGA RESOURCES, LLC
Hearing Date: February 1, 2007

CERTIFIED MAIL RECEIPTS FOR
LETTERS AND APPLICATION
MAILED TO OPERATORS/LESSEES
WITHIN REQUIRED NOTICE AREA

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Gins Holloway Skelly Pennose "A" Sand Unit 15 E. 5th Street #1000 Tulsa OK 74103</p> | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type DEC 22 2006</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number 7005 3110 0002 3141 8453</p> <p style="font-size: 0.8em;">(Transfer from service label)</p> | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Yale E. Key c/o Bob Patterson PO Box 99 Eunice NM 88231</p> | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type 12/27/06</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number 7005 3110 0002 3141 8477</p> <p style="font-size: 0.8em;">(Transfer from service label)</p> | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

CERTIFIED MAIL RECEIPTS FOR
LETTERS AND APPLICATION
MAILED TO OPERATORS/LESSEES
WITHIN REQUIRED NOTICE AREA

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|--|---|-----------------------------------|---------------------------------|
| <p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Blinabry Wells Lewis B. Burleson, Inc. PO Box 2479 Midland TX 79701</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; margin-left: 100px;">7005 3110 0002 3141 8460</p> | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 2px;">B. Received by (Printed Name) </td><td style="width: 50%; padding: 2px;">C. Date of Delivery 12-22-06</td></tr></table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | B. Received by (Printed Name) | C. Date of Delivery 12-22-06 |
| B. Received by (Printed Name) | C. Date of Delivery 12-22-06 | | |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|---|---|---|---------------------------------|
| <p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">ATTN. Danny Brock Langlie Matrix Pennrose Unit Legacy Reserve Operating, LP 303 W. Wall #1600 Midland TX 79701</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; margin-left: 100px;">7002 1000 0005 2953 9559</p> | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 2px;">B. Received by (Printed Name) A. JENKINS</td><td style="width: 50%; padding: 2px;">C. Date of Delivery 12-22-06</td></tr></table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | B. Received by (Printed Name) A. JENKINS | C. Date of Delivery 12-22-06 |
| B. Received by (Printed Name) A. JENKINS | C. Date of Delivery 12-22-06 | | |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL RECEIPTS FOR
NOTICE LETTERS SENT TO
SURFACE OWNERS WITHIN 1-MILE RADIUS
OF PROPOSED AGI WELL**

PAGE 1

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Northern Natural Gas Co., Property Tax Dept., PO Box 3330 Omaha NE 68103</p> | <p>A. Signature X <i>DIANA GRUND</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Delivered</i> C. Date of Delivery <i>12-28-06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>98 031</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) 7005 1820 0008 1959 9570</p> | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Graham-Jenike Ranch, Ltd., c/o Geo. A. Graham, Jr. 4 Janene Jenike PO Box 1020 Afton NM 88210</p> | <p>A. Signature X <i>Jeanne Graham</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jeanne Graham</i> C. Date of Delivery <i>12-28-06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) 7005 1820 0008 1959 9594</p> | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

CERTIFIED MAIL RECEIPTS FOR
NOTICE LETTERS SENT TO
SURFACE OWNERS WITHIN 1-MILE RADIUS
OF PROPOSED AGI WELL

PAGE 1

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <i>David C Phillips</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| | | <p>B. Received by (Printed Name) <i>DAVID C PHILLIPS</i></p> | <p>C. Date of Delivery <i>2/24/00</i></p> |
| <p>1. Article Addressed to:</p> <p><i>Hains of Ross B. Glier</i> <i>c/o Rose Deanne Glier Phillips</i> <i>12803 Dove Drive</i> <i>Bulz TX 87610</i> <i>79610</i></p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number (Transfer from service label)</p> | | <p><i>7005 3110 0002 3141 4462</i></p> | |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|----------------------------|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| | | <p>B. Received by (Printed Name)</p> | <p>C. Date of Delivery</p> |
| <p>1. Article Addressed to:</p> <p><i>Dorothy Doyal, et al.</i> <i>c/o R.D. Sims</i> <i>PO Box 922</i> <i>Eunice NM 88231</i></p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number (Transfer from service label)</p> | | <p><i>7005 3110 0002 3141 9436</i></p> | |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL RECEIPTS FOR
NOTICE LETTERS SENT TO
SURFACE OWNERS WITHIN 1-MILE RADIUS
OF PROPOSED AGI WELL

PAGE 2

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none">■ 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. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">N. m. State Land Office 310 Old Santa Fe Trail PO Box 1148 Santa Fe NM 87504-1148</p> | <p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) 7005 3110 0002 3141 8507</p> | |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none">■ 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. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Irvin Boyd PO Box 121 Eunice NM 88231</p> | <p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) 7005 3110 0002 3141 8545</p> | |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL RECEIPTS FOR
NOTICE LETTERS SENT TO
SURFACE OWNERS WITHIN 1-MILE RADIUS
OF PROPOSED AGI WELL
PAGE 2

7005 3110 0002 3141 8514


| | | |
|---|---------|------------------|
| U.S. Postal Service | | |
| CERTIFIED MAIL RECEIPT | | |
| (Domestic Mail Only. No Insurance Coverage Provided) | | |
| Official delivery information version available at www.usps.com | | |
| EUNICE NM 88231 | | |
| Postage | \$ 0.39 | 0129 |
| Certified Fee | \$2.40 | 10 |
| Return Receipt Fee (Endorsement Required) | \$1.85 | Postmark Here |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | 12/20/2006 |
| Total Postage & Fees | \$ 4.64 | 12/20/2006 |
| Sent To <u>Jay D. Martin</u> | | |
| Street, Apt. No., or PO Box No. <u>PO Box 416</u> | | |
| City, State, ZIP+4 <u>Eunice NM 88231</u> | | |
| PS Form 3811, August 2002 See reverse for instructions | | |

DID NOT RECEIVE RETURN
RECEIPT ON THIS LETTER
SENT TO JAY MARTIN.

| SENDER COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>1. Article Addressed to:</p> <p><u>Monish Resources, Inc.</u> <u>PO Box 5562</u> <u>Midland TX 79704</u></p> | | <p>A. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>T. Reed</u> C. Date of Delivery <u>12-28-06</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p><u>7005 1820 0008 1959 9556</u></p> | | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

CERTIFIED MAIL RECEIPTS FOR
NOTICE LETTERS SENT TO
SURFACE OWNERS WITHIN 1-MILE RADIUS
OF PROPOSED AGI WELL

PAGE 3

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none">■ 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. | <div style="border-bottom: 1px solid black; margin-bottom: 5px;">A. Signature <div style="display: flex; justify-content: space-between;"><div style="flex: 1;"></div><div style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div></div></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="flex: 1;">B. Received by (Printed Name) <div style="border-bottom: 1px solid black; width: 100%;">Ed Johnston</div></div><div style="flex: 1;">C. Date of Delivery <div style="border-bottom: 1px solid black; width: 100%;">12-22-06</div></div></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">3. Service Type <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</div><div><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</div></div></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</div> |
| 1. Article Addressed to: Wm. E. Johnston PO Box 152 Monument NM 88265 | |
| 2. Article Number (Transfer from service label) | 7005 3110 0002 3141 8538 |

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

ה'תש"ח

Marquette Ave. NW, Ste. 1350
 Albuquerque, NM 87102

7005 3110 0002 3141 8491

Wesley A. Able & Ina M. Able, H/W
PO Box 197
Caballo NM 87931

NIXIE 871 1 10 01/01/67
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87102533425 *0968-05877-20-47

சென்னை

[illegible]

U.S. POSTAGE
PAID
ALBUQUERQUE, NM
87102
DEC 20, 06
AMOUNT

\$4.64
00056073-10

87931

ព្រឹត្តិបត្រ

CERTIFIED MAIL RECEIPTS FOR
NOTICE LETTERS SENT TO
SURFACE OWNERS WITHIN 1-MILE RADIUS
OF PROPOSED AGI WELL

PAGE 3

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 Millard Deck
c/o Harding & Carbone, Inc.
3903 Bellshire Blvd.
Houston TX 77025

2. Article Number

(Transfer from service label)

7005 3110 0002 3141 8484

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-27-06

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

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 I. Bissey
1048 Marion Richards Rd.
Roswell NM 88201

2. Article Number

(Transfer from service label)

7002 1000 0005 2953 9542

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-28-06

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

CERTIFIED MAIL RECEIPTS FOR
NOTICE LETTERS SENT TO
SURFACE OWNERS WITHIN 1-MILE RADIUS
OF PROPOSED AGI WELL
PAGE 4

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|---|--|---|--|
| <ul style="list-style-type: none">■ 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. <p>1. Article Addressed to:</p> <p style="font-family: cursive; font-size: 1.2em;">Versado Gas Processors, LLC c/o K.E. Andrews & Co., PO Box 870849 Mesquite TX 75187</p> | <p>A. Signature Sandra Lorton <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 2px;">B. Received by (Printed Name) Sandra Lorton</td><td style="width: 50%; padding: 2px;">C. Date of Delivery 12/22/04</td></tr></table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | B. Received by (Printed Name) Sandra Lorton | C. Date of Delivery 12/22/04 |
| B. Received by (Printed Name) Sandra Lorton | C. Date of Delivery 12/22/04 | | |
| <p>2. Article Number (Transfer from service label) 7005 1820 0008 1959 9587</p> | | | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | | | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|--|--|-------------------------------|---------------------|
| <ul style="list-style-type: none">■ 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. <p>1. Article Addressed to:</p> <p style="font-family: cursive; font-size: 1.2em;">Chloe S. Sims PO Box 922 Eunice NM 88231</p> | <p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 2px;">B. Received by (Printed Name)</td><td style="width: 50%; padding: 2px;">C. Date of Delivery</td></tr></table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | B. Received by (Printed Name) | C. Date of Delivery |
| B. Received by (Printed Name) | C. Date of Delivery | | |
| <p>2. Article Number (Transfer from service label) 7005 1820 0008 1959 9563</p> | | | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | | | |