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

APPLICATION OF PARALLEL PETROLEUM CORPORATION FOR COMPULSORY POOLING CHAVES COUNTY, NEW MEXICO.

CASE NO. 13963
and
CASE NO. 13964

CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

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

W. Thomas Kellahin, being first duly sworn, hereby certifies that he is an attorney for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on July 23, 2007, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing (attached as Exhibit "A") and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case set for August 23, 2007 to the parties shown in the attached Exhibit "B" and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 21st day of August 2007, by W. Thomas Kellahin

Lynda Kellahin, Notary Public
My Commission Expires: June 18, 2008

OFFICIAL SEAL
Lynda Kellahin
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 6/18/08

Before the Oil Conservation Division
Exhibit No. 15
Parallel Petroleum Corp
OCD CASE 13963-13964
Hearing: August 23, 2007

KELLAHIN & KELLAHIN
Attorney at Law

W. THOMAS KELLAHIN
706 GONZALES ROAD
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285
FACSIMILE 505-982-2047
TKELLAHIN@COMCAST.NET

July 12, 2007

CERTIFICATE MAIL-RETURN RECEIPT REQUESTED
NOTICE OF THE HEARING OF THE FOLLOWING
NEW MEXICO OIL CONSERVATION DIVISION CASE:

Re: ***Application of Parallel Petroleum Corporation for Compulsory Pooling Chaves County, New Mexico***

On behalf of Parallel Petroleum Corporation, please find enclosed our application for an compulsory pooling for N/2 of Section 8, T15S, R25E, Eddy County, NM to be dedicate to its Giacomo 1525-8 Federal Com Well No. 1 which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for at 8:15 am on August 9, 2007. The hearing will be held at the Division hearing room located at 1220 South St. Francis Drive, Santa Fe, New Mexico.

You are not required to attend this hearing, but as an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Rule 1208.B, parties appearing in cases are required to file a Pre-Hearing Statement with the Division not later than 5:00 pm on Thursday, August 2, 2007, with a copy delivered to the undersigned. This statement must include: a summary of your position, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and the identification of any procedural matters that are to be resolved prior to the hearing. In addition, the Division will impose a 200% risk charge unless you declare in this Pre-Hearing Statement that you intend to oppose it. Please note that the burden of proof as to this issue will be yours. If you have any questions about this case you may contact Michael M. Gray at 432-684-3727.

Very truly yours,

W. Thomas Kellahin

KELLAHIN & KELLAHIN
Attorney at Law

W. THOMAS KELLAHIN
706 GONZALES ROAD
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285
FACSIMILE 505-982-2047
TKELLAHIN@COMCAST.NET

July 12, 2007

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You are not required to attend this hearing, but as an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

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Very truly yours,

W. Thomas Kellahin

The Heirs of Delia Hill

Ms. Wanda Bass
724 S.W. 14th
Pendleton, OR 97801

Kathy Evon Brock
14760 Pheasant Hill Lane
McMinnivlle, OR 97128

Faye Burchette
612 hack Lambert Dr., Apt. E
Sweetwater, TX 79556

Mary Lee Davis
#4 Aspen PI.
Roswell, NM 88203

Sharon Deardorff
16791 Alexandra Way
Grass Valley, CA 95949

Joyce Fansler
PO Box 712
Florence, AZ 85232

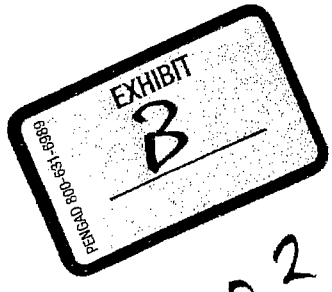
Lloyd Earl Hatch
913 Agate Rd.
Roswell, NM 88201

Ernie Mearl Hill
1208 S. Gary
Monohans, TX 79756

Jerry Lee Hill
920 Blunk Street
Palmer, AK 99645

Ms. Kathryn Hill
811 N. Klevin St.
Anchorage, AK 99508-1441

Charles William Ingersoll
1301 N.E. Hwy 99W #286
McMinnville, OR 97128



R. Matthew Bristol, Esq.
Attorney at Law
P. O. Box 2929
Roswell, NM 88202-2929

Mark Allen Ingersoll
62 Dogwood Dr.
Camdenton, MO 65020

Steven Daniel Ingersoll
Southern Michigan Correctional Facility #5 39774
4010 Cooper Street
Jackson, MI 49201-7552

Mearline Janssen
242 Wood Hollow Rd.
Taylorville, NC 28681

Janette Lauwerys
14760 Pheasant Hill Lane
McMinnville, OR 97128

Delia Hill-Moder
8301 Antelope Lane
Flagstaff, AZ 86004

Rebecca Lynn Muma
3673 Twin Lakes Rd., NE
Mancelona, MI 49659

Mrs. Opal Norris
212 Chactaw Rd.
Hagerman, NM 88232

Mr. Ernest Smith
C/o Mr. Lloyd Hatch
913 Agate Rd.
Roswell, NM 88201

Verna May Spanol
2 822 River Rd. S #C
Salem, OR 97302

ENDER: 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.

. Article Addressed to:

Charles William Ingersoll
1301 N.E. Hwy 99W #286
McMinnville, OR 97128

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7/26/07

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

. Article Number (Transfer from service label) 7005 1820 0003 8431 8583

S 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:

Janette Lauwerys
14760 Pheasant Hill Lane
McMinnville, OR 97128

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bill Brock ☑ Agent ☐ Addres

B. Received by (Printed Name) Bill Brock C. Date of Deliv 7-26

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

PPC. 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8743

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City, Stat

Charles William Ingersoll
1301 N.E. Hwy 99W #286
McMinnville, OR 97128

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City, Stat

Janette Lauwerys
14760 Pheasant Hill Lane
McMinnville, OR 97128

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- 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:

Jerry Lee Hill
920 Blunk Street
Palmer, AK 99645

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JUL 25 2007

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7005 1820 0003 8431 8569

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- 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:

Ms. Kathryn Hill
811 N. Klevin St.
Anchorage, AK 99508-1441

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathryn L Hill ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
7/25/07 7/25/07

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7005 1820 0003 8431 8552

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Sent To
Jerry Lee Hill
Street, Ap
or PO Box
920 Blunk Street
City, State
Palmer, AK 99645

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Sent To
Ms. Kathryn Hill
Street, Apt. N
or PO Box No
811 N. Klevin St.
City, State, Zi
Anchorage, AK 99508-1441

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ENDER: 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:

Mark Allen Ingersoll
62 Dogwood Dr.
Camdenton, MO 65020

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karoline Dodd ☐ Agent ☐ Addressee

B. Received by (Printed Name) Karoline Dodd C. Date of Delivery 7-26-08

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

PPc 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8705

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Total Po	

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Street, Ap or PO Box
City, State

Janette Lauwerys
14760 Pheasant Hill Lane
McMinnville, OR 97128

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7005 1820 0003 8431 8743

Domestic Return Receipt 102595-02-M-15

SECTION ON DELIVERY

Brock ☐ Agent ☐ Address

ted Name) C. Date of Deliv 7-26

different from item 1? ☐ Yes
ery address below: ☒ No

☐ Express Mail
☐ Return Receipt for Merchandi
☐ C.O.D.

(Extra Fee) ☐ Yes

3 8431 8743

7005 1820 0003 8431 8705

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Restricted Delivery Fee (Endorsement Required)	
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Sent To
Street, Ap or PO Box
City, State

Mark Allen Ingersoll
62 Dogwood Dr.
Camdenton, MO 65020

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7005 1820 0003 8431 8606

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Total Po	

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Sent To
Street, Ap or PO Box
City, State

Kathy Evon Brock
14760 Pheasant Hill Lane
McMinnivlle, OR 97128

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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 Lee Davis
#4 Aspen PI.
Roswell, NM 88203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Terry Davis ☐ Agent ☐ Addressee

B. Received by (Printed Name) Terry L Davis C. Date of Delivery 9/26/07

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8637

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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:

Ms. Wanda Bass
724 S.W. 14th
Pendleton, OR 97801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cheryl Bass ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-27-07

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8620

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Total Pos

Postmark Here

Sent To
Mary Lee Davis
Street, Apt. or PO Box
#4 Aspen PI.
City, State.
Roswell, NM 88203

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8431 8620

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Postmark Here

Sent To
Ms. Wanda Bass
Street, Ap
724 S.W. 14th
or PO Bo
City, Stat
Pendleton, OR 97801

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- 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:

Ernie Mearl Hill
1208 S. Gary
Monohans, TX 79756

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ernie Hill ☐ Agent ☐ Addressee

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

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8644

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- 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:

Faye Burchette
612 hack Lambert Dr., Apt. E
Sweetwater, TX 79556

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sean Burchett ☐ Agent ☐ Addressee

B. Received by (Printed Name) SEAN BURCHETT C. Date of Delivery 07-25

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8590

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

7005 1820 0003 8431 8644

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Sent To Ernie Mearl Hill
Street, A 1208 S. Gary
or PO Bc
City, Stat Monohans, TX 79756

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Sent To Faye Burchette
Street, Apt. or PO Box 612 hack Lambert Dr., Apt. E
City, State, Sweetwater, TX 79556

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- 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:

Delia Hill-Moder
8301 Antelope Lane
Flagstaff, AZ 86004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Delia Hill-Moder ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/30

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8729

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:

Sharon Deardorff
16791 Alexandra Way
Grass Valley, CA 95949

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharon Deardorff ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sharon Deardorff C. Date of Delivery 7/30

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8651

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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Street, Ap or PO Bo
City, State

Delia Hill-Moder
8301 Antelope Lane
Flagstaff, AZ 86004

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Street, Apt or PO Box
City, State,

Sharon Deardorff
16791 Alexandra Way
Grass Valley, CA 95949

PS Form 3800, June 2002 See Reverse for Instructions

ENDER: 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.

. Article Addressed to:

Lloyd Earl Hatch
913 Agate Rd.
Roswell, NM 882[illegible]

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 7/25

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

P0C 2

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

. Article Number
(Transfer from service label) 7005 1820 0003 8431 8576

S 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:

Mr. Ernest Smith
C/o Mr. Lloyd Hatch
913 Agate Rd.
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addres

B. Received by *(Printed Name)* | C. Date of Deliv 7/2[illegible]

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

P PC 2

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 1820 0003 8431 8682

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

7005 1820 0003 8431 8576

U.S. Postal Service™
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OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postag

Postmark Here

Sent To
Lloyd Earl Hatch
913 Agate Rd.
Roswell, NM 882[illegible]
Street, Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8431 8682

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent T
Mr. Ernest Smith
C/o Mr. Lloyd Hatch
913 Agate Rd.
Roswell, NM 88201
Street, or PO
City, S

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.

. Article Addressed to:

Mrs. Opal Norris
212 Chactaw Rd.
Hagerman, NM 88232

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Opal Norris ☐ Agent ☐ Addressee

B. Received by (Printed Name) OPAL NORRIS
C. Date of Delivery 7-26-07

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

. Article Number (Transfer from service label) 7005 1820 0003 8431 8699

S 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:

R. Matthew Bristol, Esq.
Attorney at Law
P. O. Box 2929
Roswell, NM 88202-2929

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addre

B. Received by (Printed Name) C. Date of Deli 7/25/07

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

PPC-2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8736

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

7005 1820 0003 8431 8699

U.S. Postal Service™
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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Pos

Postmark Here

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

Mrs. Opal Norris
212 Chactaw Rd.
Hagerman, NM 88232

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8431 8736

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 $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Pc

Postmark Here

Sent To
Street, Ap or PO Bo
City, Stat

R. Matthew Bristol, Esq.
Attorney at Law
P. O. Box 2929
Roswell, NM 88202-2929

PS Form 3800, June 2002 See Reverse for Instructions

ENDER: 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.

. Article Addressed to:

Verna May Spanol
2 822 River Rd. S #C
Salem, OR 97302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) VERNA SPANIOL | C. Date of Delivery 7/30

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

PPC-2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

. Article Number (Transfer from service label) 7005 1820 0003 8431 8668

S 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:

Mearline Janssen
242 Wood Hollow Rd.
Taylorville, NC 28681

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addres

B. Received by (Printed Name) Mearline Janssen | C. Date of Deli 7/27/

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

PPC 2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8675

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

7005 1820 0003 8431 8668

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Post

Postmark Here

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

Verna May Spanol
2 822 River Rd. S #C
Salem, OR 97302

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8431 8675

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 $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total F

Postmark Here

Sent To
Street, A
or PO B
City, Sta

Mearline Janssen
242 Wood Hollow Rd.
Taylorville, NC 28681

PS Form 3800, June 2002 See Reverse for Instructions

ENDER: 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.

. Article Addressed to:

Joyce Fansler
PO Box 712
Florence, AZ 85232

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joyce A. Fansler ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
JOYCE A. FANSLER 8-11-20

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

PPC2

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

. Article Number
(Transfer from service label) 7005 1820 0003 8431 8613

S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 1820 0003 8431 8613

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Post

Postmark Here

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

Joyce Fansler
PO Box 712
Florence, AZ 85232

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:

Joyce Fansler
PO Box 712
Florence, AZ 85232

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joyce A. Fansler ☐ Agent ☑ Addressee

B. Received by (Printed Name) JOYCE A. FANSLER C. Date of Delivery JUL 26 20

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

PPC2

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8613

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

United States Postal Service
Sorry We Missed You! We Tried to Deliver for You

Today's Date JUL 26 2007

Sender's Name

Item is at:
___ Post Office *(See back)*

Available for Pick-up After
Date: Time:

We will redeliver or you or your agent can pick up. See reverse.

☐ **If checked, you or your agent must be present at time of delivery to sign for item**

___ Letter
X Large envelope, magazine, catalog, etc.
___ Parcel
___ Restricted Delivery
___ Perishable Item
___ Other:

For Delivery: *(Enter total number of items delivered by service type)*

For Notice Left: *(Check applicable item)*

___ Express Mail *(We will attempt to deliver on the next delivery day unless you instruct the post office to hold it.)*
X Certified
___ Recorded Delivery
___ Firm Bill
___ Registered
___ Insured
___ Return Receipt for Merchandise
___ Delivery Confirmation
___ Signature Confirmation

Article Number(s)
7005 1820 0003 8431 8750

Notice Left Section

Customer Name and Address
Southern Mich Corr F
4010 Cooper ST-

Article Requiring Payment ☐ Postage Due ☐ COD ☐ Customs
Amount Due $

☐ **Final Notice:** Article will be returned to sender on

Delivered By and Date

PS Form **3849,** November 1999 **Delivery Notice/Reminder/Recei**

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Post

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

Joyce Fansler
PO Box 712
Florence, AZ 85232

7005 1820 0003 8431 8613

PS Form 3800, June 2002 See Reverse for Instructions

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Pos

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

Steven Daniel Ingersoll
Southern Michigan Correc
4010 Cooper Street
Jackson, MI 49201-7552

7005 1820 0003 8431 8750

PS Form 3800, June 2002 See Reverse for Instructions