

BEFORE THE OIL CONSERVATION DIVISION
NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT

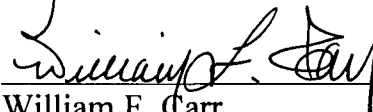
APPLICATION OF OXY USA WTP LIMITED
PARTNERSHIP FOR AUTHORIZATION TO
SIMULTANEOUSLY DEDICATE A STANDARD
SPACING AND PRORATION UNIT IN THE
WOLFCAMP FORMATION TO A HORIZONTAL
WELL AND TWO VERTICAL WELLS,
EDDY COUNTY, NEW MEXICO.

CASE NO. 13908

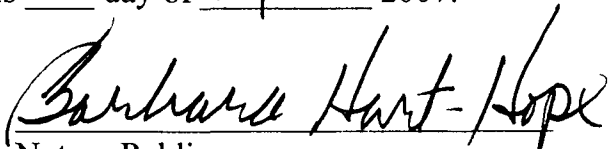
AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of OXY USA WTP Limited Partnership, the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.)


William F. Carr

SUBSCRIBED AND SWORN to before me this 30th day of March 2007.


Notary Public

My Commission Expires:

3/28/08

GOVERNMENT AC-4

BRUCE P. RIGGS TRUST
LESLIE RIGGS MILLS TRUSTEE
P. O. BOX 230430
ANCHORAGE, AK. 99523-0430

CHARLES L. HALL
P. O. BOX 10666
MIDLAND, TX. 79702-7666

DAVOIL, INC.
P. O. BOX 200292
DALLAS, TX. 75320-0292

DELMAR HUDSON LEWIS
LVG TRUST
BANK OF AMERICA, NA TTEE
P. O. DRAWER 840738
DALLAS, TX. 75284-0738

DEVON ENERGY
PRODUCTION CO LP
P. O. BOX 843559
DALLAS, TX. 75284-3559

EDWARD R HUDSON JR
616 TEXAS STREET
FT. WORTH, TX. 76102-4612

EDWARD R HUDSON TRUST
NOS 1 2 3
616 TEXAS STREET
FT. WORTH, TX. 76102-4612

EDWARD R. HUDSON
TRUST NO 4
MARY T. HUDSON ARD, TTEE
2222 W. 4TH ST. PH-5
FT. WORTH, TX. 76102

ELYSE S. PATTERSON TRUST B
UW EDWARD T MATHENEY, JR.
C/O BANK OF OKLAHOMA AGENT
P. O. BOX 1588
TULSA, OK. 74101-1588

ELYSE SAUNDERS
PATTERSON TRUSTS
INVESTMENT LLC
BANK OF OKLAHOMA AGENT
P. O. BOX 1588
TULSA, OK. 74101-1588

FIDELITY EXPLORATION &
PRODUCTION COMPANY
P. O. BOX 5602
BISMARCK, ND. 58506-5602

FIRST ROSWELL CO LTD
P. O. BOX 1797
ROSWELL, NM 88202-1797

GREAT WESTERN DRILLING CO.
P. O. BOX 1659
MIDLAND, TX. 79702

GULF COAST OIL & GAS CO
P. O. BOX 1684
MIDLAND, TX. 79702-1684

JAMES E. HALL
P. O. BOX 10666
MIDLAND, TX. 79702-7666

JOE B. SCHUTZ
P. O. BOX 973
SANTA FE, NM. 87504-0973

JOHN & HELEN FRANKOT TRUST
HELEN FRANKOT, TTEE
1940 VERBANIA DR.
LAS VEGAS, NV. 89134

JOHN & PATRICIA HALAGAN
REVOCABLE FAMILY TRUST
C/O R DANIEL
ISRAEL EDD
70 SHADOWPLAY
IRVINE, CA. 92620

JOHN LEWIS VICKERS
3110 GLENGOLD
FARMERS BRANCH, TX. 75234

JOSEPH L. DUNIGAN
TESTAMENTARY TRUST
THOMAS DUNIGAN TTEE
P. O. BOX 9846
SANTA FE, NM 87504

KATHRYN RAE BRANDENBURG
4243 TERRACE ST.
OAKLAND, CA. 94611

KERR-MCGEE CORP.
P. O. BOX 730245
DALLAS, TX. 75373-0245

LESLIE RIGGS MILLS TRUST
LESLIE RIGGS MILLS TTEE
P. O., BOX 230430
ANCHORAGE, AK. 99523-0430

LINDY'S LIVING TRUST
FRANCIS H. HUDSON, TTEE
6300 RIDGLEA PL, STE. 1005A
FT. WORTH, TX. 76116

MICHAEL SHEARN
P. O. BOX 10151
EL PASO, TX. 79995

MINERALS MANAGEMENT SERVICE
FEDERAL GOVERNMENT ROYALTY
BOXY 5810 TA
DENVER, CO 80217

OXY USA WTP LP
P. O. BOX 50250
MIDLAND, TX. 79710-0250

GOVERNMENT AC-4

PAUL SLAYTON
P. O. BOX 2035
ROSWELL, NM 88201

PENNNZENERGY EXPLORATION &
PRODUCTION LLC
NATIONS BANK LOCKBOX
P. O. BOX 277122
ATLANTA, GA. 630384-7122

RICHARD H. COATS
P. O. BOX 2412
MIDLAND, TX. 79706

ROBERT J KILLE
4815 TWIN POST RD
DALLAS, TX. 75244

ROY DUNN &
CONNIE DUNN
5511 N. DELNO
FRESNO, CA. 93711

RUBIE C. BELL
1331 THIRD ST.
NEW ORLEANS, LA. 70130

RUBIE CROSBY BELL FAMILY LTD
PARTNERSHIP #1
RUBIE C. BELL, MANAGING GEN PTN
1331 3RD. ST.
NEW ORLEANS, LA 70130-5743

SOUTHEAST ROYALTIES INC.
111 W. MERMOD
P. O. BOX 1658
CARLSBAD, NM 88221-1658

STANLEY W. CROSBY III
P. O. BOX 2346
ROSWELL, NM 88202-2346

SUE SAUNDERS GRAHAM
P. O. BOX 987
ROSWELL, NM 88201

SWINEHART 1973 FAMILY TRUST
JUDY SWINEHART & LESLIE A. MALLETT
SUCC CO-TRS
10713 S. LOGAN CANYON RD.
SOUTH JORDAN, UT. 84095

THE KUNKEL TRUST
ROBERT PAUL KUNKEL TTEE
P. O. 6901
DENVER, CO. 80206

THE RICHARD A HALL
TRUST F0442200
FROST NATIONAL BANK TTEE
P. O. BOX 1600
SAN ANTONIO, TX. 78296-1600

THE RIGGS-MILLS LTD PTNSP
R-M MANAGEMENT LLC
GENERAL PARTNER
P. O. BOX 727
CEDAREDGE, CO 81413-0727

THE TOLES CO.
P. O. DRAWER 1300
ROSWELL, NM 88202-1300

THOMAS HALAGAN
6035 N. MARKS AVE.
FRESNO, CA. 93711

UMC PETROLEUM CORP.
REVENUE
P. O. BOX 4970
HOUSTON, TX. 77210-4970

W T PROBANT
415 W. WALL ST., STE. 2206
MIDLAND, TX. 79701-4442

WA & ER HUDSON INC. AGENT
616 TEXAS ST.
FT. WORTH, TX. 76102-4612

WILLS ROYALTY INC.
P. O. BOX 1658
CARLSBAD, NM 88221-1658

YELLOW RIBBON INC.
P. O. BOX 6901
DENVER, CO. 80206



March 29, 2007

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: Application of OXY USA WPT, Limited Partnership, for authorization to simultaneously dedicate a standard spacing and proration unit in the Wolfcamp formation to a horizontal well and two vertical wells, Eddy County, New Mexico.

Gentlemen:

This letter is to advise you that OXY USA WTP, Limited Partnership has filed the enclosed application with the New Mexico Oil Conservation Division seeking authorization to dedicate a standard 320-acre spacing and proration unit comprised of the S/2 of Section 15, Township 20 South, Range 28 East, NMPM, Eddy County, New Mexico in the Wolfcamp formation, North Burton Flat-Wolfcamp Gas Pool, to the following three wells:

1. The Government AC Com Well No. 1 (API No. 30-015-21432) drilled as a vertical well located 660 feet from the South Line and 1980 feet from the West Line of said Section 15;
2. The Government AA Com Well No. 2 (API No. 30-015-33283) that has been drilled as a dual lateral horizontal wellbore (directional well) from a surface location 190 feet from the North line and 350 feet from the West line of Section 23 to a bottom hole location 675 feet from the North Line and 261 feet from the East Line of Section 15 and a second lateral with a bottom hole location 678 feet from the South Line and 237 feet from the West line of Section 23; and
3. The Government AC Com Well No. 4 (API No. 30-015-32655) drilled as a vertical well located 660 feet from the South and East Lines of Section 15.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on April 26, 2007 at the Oil Conservation Division's Santa Fe office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

HOLLAND & HART

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; 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 identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

A handwritten signature in cursive script, appearing to read "William F. Carr".

William F. Carr

ATTORNEY FOR OXY USA WTP, LP

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

IN THE MATTER OF THE APPLICATION OF OXY USA WPT, LIMITED PARTNERSHIP, FOR AUTHORIZATION TO SIMULTANEOUSLY DEDICATE A STANDARD SPACING AND PRORATION UNIT IN THE WOLFCAMP FORMATION TO A HORIZONTAL WELL AND TWO VERTICAL WELLS, EDDY COUNTY, NEW MEXICO.

CASE NO. _____

MAR 27 PM 12 14

APPLICATION

OXY USA WTP, Limited Partnership ("OXY"), through its undersigned attorneys, hereby makes application to the New Mexico Oil Conservation Division for an order authorizing the simultaneous dedication of a horizontal well (directional well) and two vertical wells on standard 320-acre spacing and proration units in the North Burton Flats-Wolfcamp Gas Pool, and in support of this application states:

1. OXY is the operator of a standard gas spacing unit comprised of the S/2 of Section 15, Township 20 South, Range 28 East, NMPM, Eddy County, New Mexico.
2. This spacing unit is dedicated to the Government AC Com Well No. 1 (API No. 30-015-21432) located 660 feet from the South Line and 1980 feet from the West Line of said Section 15 and completed in the Wolfcamp formation, North Burton Flat-Wolfcamp Gas Pool.
3. The S/2 of Section 15 is also included in the project area for the Government AA Com Well No. 2 (API No. 30-015-33283) that has been drilled as a dual lateral horizontal wellbore (directional well) in the North Burton Flat-Wolfcamp Gas Pool from a surface location 190 feet from the North line and 350 feet from the West line of Section 23, to a bottom hole location 675 feet from the North Line and 261 feet from the East Line of Section 15 and a second lateral with a bottom hole location 678 feet from the South Line and 237 feet from the West line

of Section 23, both in Township 20 South, Range 28 East, NMPM, Eddy County New Mexico.

4. The two wells currently producing from the S/2 of Section 15 (the Government AC Com Well No. 1 and Government AA Com Well No. 2) are not effectively and efficiently draining the Wolfcamp reserves from this spacing unit.

5. OXY also is the operator of the Government AC Com Well No. 4 (API No. 30-015-32655), located 660 feet from the South and East Lines (Unit P) of Section 15, Township 20 South, Range 28 East, NMPM, Eddy County, New Mexico. This well was drilled to and has produced from the Morrow formation. Oxy now desires to recompleate this well to the Wolfcamp formation.

6. On recompletion of the Government AC Com Well No. 4 to the Wolfcamp formation, there will be three Wolfcamp wells on the spacing unit comprised of the S/2 of Said Section 15.

7. The simultaneous dedication of the S/2 of Section 15 to the following three wells will afford operators in the pool the opportunity to efficiently produce the Wolfcamp formation under this spacing unit thereby and protecting their correlative rights:

Government AC Com Well No. 1 (API No. 30-015-21432)

Government AA Com Well No. 2 (API No. 30-015-33283)

Government AC Com Well No. 4 (API No. 30-015-32655)

The correlative rights of no other owner in this reservoir will be adversely affected.

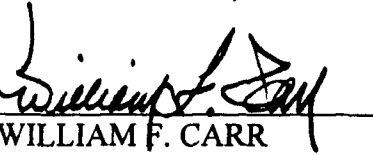
8. The approval of this application will result in the efficient recovery of hydrocarbons from the North Burton Flat-Wolfcamp Gas Pool thereby preventing waste and will otherwise be in the best interest of conservation.

9. Notice of this application has been provided to affected owners in accordance with the rules of the Division.

WHEREFORE, OXY USA WTP, Limited Partnership, requests that this application be set for hearing before an Examiner of the Oil Conservation Division on April 26, 2007, and, after notice and hearing as required by law, the Division enter its order granting this application.

Respectfully submitted,

HOLLAND & HART, LLP

By: 

WILLIAM F. CARR

Post Office Box 2208

Santa Fe, New Mexico 87504-2208

ATTORNEYS FOR OXY USA WTP,
LIMITED PARTNERSHIP

7006 2760 0001 6391 4390

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 Street, Apt. No. **1331 THIRD ST.**
 or PO Box No. **NEW ORLEANS, LA. 70130**
 City, State, ZIP

Postmark
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 MAR 29 87501

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 Restricted Delivery Fee (Endorsement Required) \$ 5.36
 Total Postage & Fees \$

Sent to **RUBIE CROSBY BELL FAMILY LTD**
 Partnership #1
 Street, Apt. No. **RUBIE C. BELL, MANAGING GEN PTN**
 or PO Box No. **1331 3RD ST.**
 City, State, ZIP **NEW ORLEANS, LA 70130-5743**

Postmark
 MAR 29 2007
 MAR 29 87501

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1. Article Addressed to:

RUBIE C. BELL
1331 THIRD ST.
NEW ORLEANS, LA. 70130

2. Article Number:

7006 2760 0001 6391 4390

(Transfer from serial)

PS Form 3811, February 2004

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 4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

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1. Article Addressed to:

RUBIE CROSBY BELL FAMILY LTD
Partnership #1
RUBIE C. BELL, MANAGING GEN PTN
1331 3RD ST.
NEW ORLEANS, LA 70130-5743

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☒ Addressee
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3. Service Type

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☐ Registered ☒ Return Receipt for Merchandise
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Restricted Delivery Fee 185

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Sent to KATHRYN RAE BRANDENBURG

Street, Apt. No., or PO Box No. 4243 TERRACE ST.

City, State, Zip+4 OAKLAND, CA. 94611

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Restricted Delivery Fee 185

Total Postage & Fees \$ 5.36

Sent to RICHARD H. COATS

Street, Apt. No., or PO Box No. P. O. BOX 2412

City, State, Zip+4 MIDLAND, TX. 79706

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KATHRYN RAE BRANDENBURG
 4243 TERRACE ST.
 OAKLAND, CA. 94611

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- PS Form 3811, February 2004 Domestic Return Receipt
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- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Restricted Delivery? (Extra Fee) ☐ Yes
4. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:
- Signature: *Kathryn Rae Brandenburg*
- B. Received by (Printed Name): *Kathryn Rae Brandenburg*
- C. Date of Delivery: *4-3-07*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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RICHARD H. COATS
 P. O. BOX 2412
 MIDLAND, TX. 79706

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- PS Form 3811, February 2004 Domestic Return Receipt
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- ☒ Certified Mail
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- ☐ Insured Mail
- ☐ Restricted Delivery? (Extra Fee) ☐ Yes
4. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:
- Signature: *Richard H. Coats*
- B. Received by (Printed Name): *Richard H. Coats*
- C. Date of Delivery: *4-2-07*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

2. Article Number: 7006 2760 0001 6391 4369

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Total Postage: \$5.96

Sent to: STANLEY W. CROSBY III
P.O. BOX 2346
ROSWELL, NM 88202-2346

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DALLAS, TX 75320-0292

Postmark: 4/29/2007

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1. Article Addressed to:

STANLEY W. CROSBY III
P.O. BOX 2346
ROSWELL, NM 88202-2346

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: 4/29/07

D. Is delivery address different from item 1? ☐ Yes ☒ No

2. Article Number: 7006 2760 0001 6391 4420

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3. Service Type: ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise

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

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1. Article Addressed to:

DAVOIL, INC.
P.O. BOX 200292
DALLAS, TX 75320-0292

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: 4/29/07

D. Is delivery address different from item 1? ☐ Yes ☒ No

2. Article Number: 7006 2760 0001 6391 4093

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Domestic Return Receipt: ☐ Yes

3. Service Type: ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise

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

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Restricted Delivery Fee (Endorsement Required) 1.80

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Sent To
 DEVON ENERGY
 PRODUCTION CO LP
 P. O. BOX 843559
 DALLAS, TX. 75284-3559

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

Postmark Here
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 USPS 87504

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Restricted Delivery Fee (Endorsement Required) 1.80

Total Postage \$ 5.36

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 TESTAMENTARY TRUST
 THOMAS DUNIGAN TTEE
 P. O. BOX 9846
 SANTA FE, NM 87504

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

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

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1. Article Addressed to:

JOSEPH L. DUNIGAN
 TESTAMENTARY TRUST
 THOMAS DUNIGAN TTEE
 P. O. BOX 9846
 SANTA FE, NM 87504

2. Article Number

(Transfer from service label)

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

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

7006 2760 0001 6391 4383

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CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Wife of
 Certified Fee
 \$ 1.11
 Postage
 \$ 2.40
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 \$ 1.85
 Total Postage & Fees
 \$ 5.36

Postmark
 MAR 29 2007
 S 87601

Sent To
 ROY DUNN &
 CONNIE DUNN
 Street, Apt. No.: 5511 N. DELNO
 or PO Box No.
 City, State, ZIP+4
 FRESNO, CA. 93711

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:

ROY DUNN &
 CONNIE DUNN
 5511 N. DELNO
 FRESNO, CA. 93711

2. Article Number

Transfer from service

7006 2760 0001 6391 4383

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-04-15-40

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
 4-3-07
- 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:

FIDELITY EXPLORATION &
 PRODUCTION COMPANY
 P. O. BOX 5602
 BISMARCK, ND. 58506-5602

2. Article Number

Transfer from service (only)

7006 2760 0001 6391 4178

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-04-15-40

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
 4-3-07
- 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

7006 2760 0001 6391 4178

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

Wife of
 Certified Fee
 \$ 1.11
 Postage
 \$ 2.40
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 \$ 1.85
 Total Postage & Fees
 \$ 5.36

Postmark
 MAR 29 2007
 S 87601

Sent To
 FIDELITY EXPLORATION &
 PRODUCTION COMPANY
 P. O. BOX 5602
 City, State, ZIP+4
 BISMARCK, ND. 58506-5602

7006 2760 0001 6391 4185

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 \$ 1.11

Return Receipt Fee (Endorsement Required) 2.46

Restricted Delivery Fee (Endorsement Required) 1.45

Total Postage 5.36

Sent to FIRST ROSWELL CO LTD
P. O. BOX 1797
Street, Apt. No. ROSWELL, NM 88202-1797
City, State, ZIP

Postmark (Here)

PS Form 3811, February 2004

7006 2760 0001 6391 4239

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 \$ 1.11

Return Receipt Fee (Endorsement Required) 2.46

Restricted Delivery Fee (Endorsement Required) 1.85

Total Postage 5.36

Sent to JOHN & HELEN FRANKOT TRUST
HELEN FRANKOT, TTEE
Street, Apt. No. 1940 VERBANIA DR.
or PO Box No. LAS VEGAS, NV. 89134
City, State, ZIP

Postmark (Here)

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:

FIRST ROSWELL CO LTD
P. O. BOX 1797
ROSWELL, NM 88202-1797

2. Article Number 7006 2760 0001 6391 4185
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Ken Shaden ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ken Shaden 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

102586-02-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:

JOHN & HELEN FRANKOT TRUST
HELEN FRANKOT, TTEE
1940 VERBANIA DR.
LAS VEGAS, NV. 89134

2. Article Number 7006 2760 0001 6391 4239
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Heleen Frankot ☐ Agent ☐ Addressee

B. Received by (Printed Name) Heleen Frankot C. Date of Delivery 4/3/07

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

102586-02-M-1540

7006 2760 0001 6391 4437

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postmark
 MAR 29 2004
 HEIL
 403 8700

Return Receipt Fee (Endorsement Required) \$ 1.11
 Restricted Delivery Fee (Endorsement Required) 1.85
 Certified Fee 2.40
 Postage 5.136
 Total Postage 9.501

Sent To: SUE SAUNDERS GRAHAM
 P. O. BOX 987
 ROSWELL, NM 88201
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

7006 2760 0001 6391 4192

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

Postmark
 MAR 29 2004
 HEIL
 403 8700

Return Receipt Fee (Endorsement Required) \$ 1.11
 Restricted Delivery Fee (Endorsement Required) 1.85
 Certified Fee 2.40
 Postage 5.136
 Total Postage 9.501

Sent To: GREAT WESTERN DRILLING CO.
 P. O. BOX 1659
 MIDLAND, TX. 79702
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

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:

SUE SAUNDERS GRAHAM
 P. O. BOX 987
 ROSWELL, NM 88201

2. Article Number

(Transfer from service) 7006 2760 0001 6391 4437

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

- 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:

GREAT WESTERN DRILLING CO.
 P. O. BOX 1659
 MIDLAND, TX. 79702

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service) 7006 2760 0001 6391 4192

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 4208

U.S. Postal Service[®]
CERTIFIED MAIL[™] RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 1.11

Certified Fee \$ 2.40

Return Receipt Fee (Endorsement Required) \$ 1.86

Restricted Delivery Fee (Endorsement Required) \$ 5.36

Total Postage & Fees \$ 10.73

Postmark
MAR 29 2004
IRVINE, CA 92614

Sent to: **GULF COAST OIL & GAS CO**
 Street, Apt. No.: **P. O. BOX 1684**
 or PO Box No.: **MIDLAND, TX. 79702-1684**
 City, State, Zip+4: **MIDLAND, TX. 79702-1684**

7006 2760 0001 6391 4246

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 \$ 1.11

Certified Fee \$ 2.40

Return Receipt Fee (Endorsement Required) \$ 1.86

Restricted Delivery Fee (Endorsement Required) \$ 5.36

Total Postage & Fees \$ 10.73

Postmark
MAR 29 2004
IRVINE, CA 92614

Sent to: **JOHN & PAIRICIA HALAGAN**
 Street, Apt. No.: **REVOCABLE FAMILY TRUST**
 or PO Box No.: **C/O R DANIEL**
 City, State, Zip+4: **IRVINE, CA. 92620**

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:
GULF COAST OIL & GAS CO
P. O. BOX 1684
MIDLAND, TX. 79702-1684

2. Article Number
 (Transfer from service if)
7006 2760 0001 6391 4208

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) JOHN & PAIRICIA HALAGAN C. Date of Delivery 4-2-07

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JOHN HALAGAN C. Date of Delivery 4-2-07

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.

2. Article Number
 (Transfer from service)
7006 2760 0001 6391 4246

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 4499

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Postage \$ 1.11
 Certified Fee 240
 1.86
 5.36

Total Postage \$ 8

Sent To
 Street, Apt. No.,
 or PO Box No. THOMAS HALAGAN
 6035 N. MARKS AVE.
 City, State, ZIP+4 FRESNO, CA. 93711

Postmark
 MAR 29 2007
 POST OFFICE
 FRESNO, CA 93711

7006 2760 0001 6391 4086

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

Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Postage \$ 1.11
 Certified Fee 240
 1.86
 5.36

Total Postage \$ 8

Sent To
 Street, Apt. No.,
 or PO Box No. Charles L. Hall
 P. O. Box 10666
 City, State, ZIP+4 Midland, TX 79702-7686

Postmark
 MAR 29 2007
 POST OFFICE
 FRESNO, CA 93711

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 THE RICHARD A HALL
 TRUST F0442200
 FROST NATIONAL BANK TTEE
 P. O. BOX 1600
 SAN ANTONIO, TX. 78296-1600

2. Article Number 7006 2760 0001 6391 4468
 (Transfer from service) PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

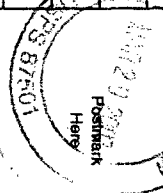
APR 26 2007

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	\$ 1.11
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	1.25
Total Postage	5.36



Sent To: JAMES E. HALL
 Street, Apt. No.: P. O. BOX 10666
 or PO Box No.: MIDLAND, TX. 79702-7666
 City, State, ZIP:

PS Form 3800, JAN 2007

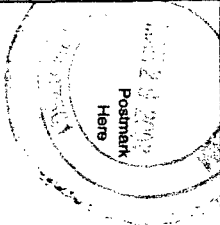
7006 2760 0001 6391 4215

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	\$ 1.11
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	1.85
Total Postage	5.36



Sent To: TRUST F0442200
 Street, Apt. No.: FROST NATIONAL BANK TTEE
 or PO Box No.: P. O. BOX 1600
 City, State, ZIP: SAN ANTONIO, TX. 78296-1600

PS Form 3800, JAN 2007

7006 2760 0001 6391 4468

Mail
 Returned

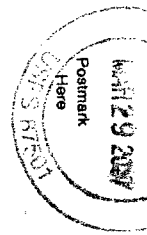
7006 2760 0001 6391 4123

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	\$ 1.11
Certified Fee	248
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.36



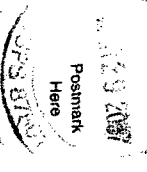
Sent to: **EDWARD R HUDSON JR**
 616 TEXAS STREET
 FT. WORTH, TX 76102-4612
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

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	\$ 1.11
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.36



Sent to: **EDWARD R HUDSON TRUST**
 NOS 123
 616 TEXAS STREET
 FT. WORTH, TX 76102-4612
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

7006 2760 0001 6391 4130

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:

EDWARD R HUDSON JR
 616 TEXAS STREET
 FT. WORTH, TX 76102-4612

2. Article Number

(Transfer from service label) **7006 2760 0001 6391 4123**

PS Form 3811, February 2004

Domestic Return Receipt

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:

EDWARD R HUDSON TRUST
 NOS 123
 616 TEXAS STREET
 FT. WORTH, TX 76102-4612

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Registered Agent ☐ Agent
- B. Received by (Printed Name) **Kristal Sandoval** C. Date of Delivery **4-3-07**
- 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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Registered Agent ☐ Agent
- B. Received by (Printed Name) **Kristal Sandoval** C. Date of Delivery **4-3-07**
- 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 2760 0001 6391 4130**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 4147

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 \$ 1.11
 Certified Fee 2.40
 Restricted Delivery Fee (Endorsement Required) 1.85

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees 5.36

Sent To EDWARD R. HUDSON
 TRUST NO 4

Street, Apt. No. or PO Box No. MARY T. HUDSON ARD, TTEE
2222 W. 4TH ST. PH-5
 City, State, ZIP+4 FT. WORTH, TX. 76102

Postmark Here

7006 2760 0001 6391 4529

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 \$ 1.11
 Certified Fee 2.40
 Restricted Delivery Fee (Endorsement Required) 1.85

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees 5.36

Sent To WA & ER HUDSON INC. AGENT
 616 TEXAS ST.
 FT. WORTH, TX. 76102-4612

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

Postmark Here

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:

EDWARD R. HUDSON
 TRUST NO 4
 MARY T. HUDSON ARD, TTEE
 2222 W. 4TH ST. PH-5
 FT. WORTH, TX. 76102

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Edw. Hudson ☐ Agent ☐ Addressee
- B. Received by (Printed Name) APR ☐ Date of Delivery 4/3/07
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. If YES, enter delivery address below:
- See letter

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 7006 2760 0001 6391 4147

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102985-02-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:

WA & ER HUDSON INC. AGENT
 616 TEXAS ST.
 FT. WORTH, TX. 76102-4612

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Robert Jackson ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Robert Jackson ☐ Date of Delivery 4-3-07
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. 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 7006 2760 0001 6391 4529

(Transfer from serv)

PS Form 3811, February 2004

Domestic Return Receipt

102985-02-M-1540

7006 2760 0001 6391 4284

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 \$ 1.11
 Certified Fee \$ 2.40
 Return Receipt Fee (Endorsement Required) \$ 1.85
 Restricted Delivery Fee (Endorsement Required) \$ 5.36
 Total Postage & Fees \$ 10.72

Sent To: KERR-MCGEE CORP.
 Street, Apt. No.: P.O. BOX 730245
 or PO Box No. DALLAS, TX. 75373-0245
 City, State, ZIP

Postmark Date: MAR 29 2004
 Postmark Time: 8:57 AM

7006 2760 0001 6391 4376

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 \$ 1.11
 Certified Fee \$ 2.40
 Return Receipt Fee (Endorsement Required) \$ 1.85
 Restricted Delivery Fee (Endorsement Required) \$ 5.36
 Total Postage & Fees \$ 10.72

Sent To: ROBERT J KILLE
 Street, Apt. No.: 4815 TWIN POST RD
 or PO Box No. DALLAS, TX. 75244
 City, State, ZIP: 75244

Postmark Date: MAR 29 2004
 Postmark Time: 8:57 AM

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:

KERR-MCGEE CORP.
 P.O. BOX 730245
 DALLAS, TX. 75373-0245

2. Article Number

7006 2760 0001 6391 4284

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? ☐ 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:

ROBERT J KILLE
 4815 TWIN POST RD
 DALLAS, TX. 75244

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
 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

7006 2760 0001 6391 4376

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 4451

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 MAIL

Postage \$ 1.11
 Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.56
 Restricted Delivery Fee (Endorsement Required) 5.96
 Total Postage & Fees \$ 11.03

Sent To
 THE KUNKEL TRUST
 ROBERT PAUL KUNKEL TTEE
 P. O. 6901
 DENVER, CO. 80206
 City, State, ZIP+4

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

Postmark Here
 MAR 29 2004
 USPS AT DENVER

7006 2760 0001 6391 4109

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 MAIL

Postage \$ 1.11
 Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.56
 Restricted Delivery Fee (Endorsement Required) 5.96
 Total Postage \$ 11.03

Sent To
 DELMAR HUDSON LEWIS
 LGV TRUST
 BANK OF AMERICA, NA TTEE
 P. O. DRAWER 840738
 DALLAS, TX. 75284-0738
 City, State, ZIP+4

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

Postmark Here
 MAR 29 2004
 USPS AT DENVER

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 THE KUNKEL TRUST
 ROBERT PAUL KUNKEL TTEE
 P. O. 6901
 DENVER, CO. 80206

2. Article Number
 (Transfer from service) 7006 2760 0001 6391 4451

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Delmar L. Lewis
 B. Received by (Printed Name)
 C. Date of Delivery
 4-4-04
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

102595-02-M-1640

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 DELMAR HUDSON LEWIS
 LGV TRUST
 BANK OF AMERICA, NA TTEE
 P. O. DRAWER 840738
 DALLAS, TX. 75284-0738

2. Article Number
 (Transfer from service) 7006 2760 0001 6391 4109

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

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

102595-02-M-1640

7006 2760 0001 6391 4307

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

Postmark Here **MAR 29 2007**

Return Receipt Fee (Endorsement Required) 1.11
 Restricted Delivery Fee (Endorsement Required) 1.86
 Total Postage 5.96

Sent To: **LINDY'S LIVING TRUST**
FRANCIS H. HUDSON, TTEE
6300 RIDGLEA PL, STE. 1005A
FT. WORTH, TX. 76116
 City, State, ZIP+4

7006 2760 0001 6391 4291

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

Postmark Here **MAR 29 2007**

Return Receipt Fee (Endorsement Required) 1.11
 Restricted Delivery Fee (Endorsement Required) 1.86
 Total Postage & Fee 5.96

Sent To: **LESLIE RIGGS MILLS TRUST**
LESLIE RIGGS MILLS TTEE
P. O., BOX 230430
ANCHORAGE, AK. 99523-0430
 Street, Apt. No., or PO Box No. City, State, ZIP+4

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:
LINDY'S LIVING TRUST
FRANCIS H. HUDSON, TTEE
6300 RIDGLEA PL, STE. 1005A
FT. WORTH, TX. 76116

2. Article Number **7006 2760 0001 6391 4307**
(Transfer from PS Form 3811, February 2004) Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent
 B. Received by (Printed Name) FRANCIS HUDSON ☐ Addressee
 C. Date of Delivery 4/3/07
 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

102565-02-00-1640

*MAILED
 returned*

7006 2760 0001 6391 4321

US Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

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

OFFICIAL USE

Postmark Here

Return Receipt Fee (Endorsement Required) \$ 1.11
 Restricted Delivery Fee (Endorsement Required) \$ 1.85
 Total Postage & Fees \$ 5.36

Sent to: MINERALS MANAGEMENT SERVICE
 FEDERAL GOVERNMENT ROYALTY
 BOX 5810 TA
 DENVER, CO 80217

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

PS Form 3811, 2004

7006 2760 0001 6391 4338

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

Postmark Here

Return Receipt Fee (Endorsement Required) \$ 1.11
 Restricted Delivery Fee (Endorsement Required) \$ 1.85
 Total Postage & Fees \$ 5.36

Sent to: OXY USA WTP LP
 P. O. BOX 50250
 MIDLAND, TX. 79710-0250

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

PS Form 3811, 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:

MINERALS MANAGEMENT SERVICE
 FEDERAL GOVERNMENT ROYALTY
 BOX 5810 TA
 DENVER, CO 80217

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- X

- B. Received by (Printed Name) ☐ Date of Delivery
- AMERICAN AUTOMATION? ☐ Yes ☐ No
- DELIVERING SOLUTIONS INC. ☐ Yes ☐ No
- Agent for: MINERAL MANAGEMENT SYSTEMS

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 7006 2760 0001 6391 4321

(Transfer from service) 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:

OXY USA WTP LP
 P. O. BOX 50250
 MIDLAND, TX. 79710-0250

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- X

- B. Received by (Printed Name) ☐ Date of Delivery
- AMERICAN AUTOMATION? ☐ Yes ☐ No
- DELIVERING SOLUTIONS INC. ☐ Yes ☐ No
- Agent for: MINERAL MANAGEMENT SYSTEMS

- 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

2. Article Number 7006 2760 0001 6391 4338

(Transfer from service) 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

Return Receipt Fee (Endorsement Required) 1.11

Restricted Delivery Fee (Endorsement Required) 2.40

Total Postage & Fees 1.55

Sent to ELYSE S. PATTERSON

Street, Apt. No. or PO Box No. C/O BANK OF OKLAHOMA AGENT

City, State, ZIP TULSA, OK 74101-1588

Postmark Here

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

Return Receipt Fee (Endorsement Required) 1.11

Restricted Delivery Fee (Endorsement Required) 2.40

Total Postage 1.55

Sent to PENNZENENERGY EXPLORATION & PRODUCTION LLC

Street, Apt. No. or PO Box No. P.O. BOX 277122

City, State, ZIP ATLANTA, GA 30384-7122

Postmark Here

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 ELYSE S. PATTERSON
 C/O BANK OF OKLAHOMA AGENT
 P.O. BOX 1588
 TULSA, OK 74101-1588

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]

B. Received by (Printed Name) ELYSE S. PATTERSON

C. Date of Delivery Feb 17 2004

D. Is delivery address different from item 1? ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 PENNZENENERGY EXPLORATION & PRODUCTION LLC
 NATIONS BANK LOCKBOX
 P.O. BOX 277122
 ATLANTA, GA 30384-7122

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]

B. Received by (Printed Name) PENNZENENERGY EXPLORATION & PRODUCTION LLC

C. Date of Delivery Feb 17 2004

D. Is delivery address different from item 1? ☐ Yes ☒ No

2. Article Number (Transfer from PS Form 3811, February 2004) 7006 2760 0001 6391 4352

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

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

7006 2760 0001 6391 4512

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

Sent To: **W T PROBANT**
Street, Apt. No., or PO Box No.: **415 W. WALL ST., STE. 2206**
City, State, ZIP: **MIDLAND, TX. 79701-4442**

Postage \$ **1.44**
Certified Fee \$ **2.40**
Return Receipt Fee (Endorsement Required) \$ **1.55**
Restricted Delivery Fee (Endorsement Required) \$ **5.36**

Total Postage \$ **10.75**

Postmark Here

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

Sent To: **W T PROBANT**
Street, Apt. No., or PO Box No.: **415 W. WALL ST., STE. 2206**
City, State, ZIP: **MIDLAND, TX. 79701-4442**

Postage \$ **1.44**
Certified Fee \$ **2.40**
Return Receipt Fee (Endorsement Required) \$ **1.55**
Restricted Delivery Fee (Endorsement Required) \$ **5.36**

Total Postage \$ **10.75**

Postmark Here

Sent To: **THE RIGGS-MILLS LTD PTNSP**
Street, Apt. No., or PO Box No.: **GENERAL PARTNER**
City, State, ZIP: **P. O. BOX 727 CEDAREDEGE, CO 81413-0727**

7006 2760 0001 6391 4475

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:
W T PROBANT
415 W. WALL ST., STE. 2206
MIDLAND, TX. 79701-4442

2. Article Number
(Transfer from service) **7006 2760 0001 6391 4512**
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** ☐ Agent
B. Received by (Printed Name) **[Signature]** ☐ Addressee
C. Date of Delivery **4/12**
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

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 RIGGS-MILLS LTD PTNSP
R-M MANAGEMENT LLC
GENERAL PARTNER
P. O. BOX 727
CEDAREDEGE, CO 81413-0727

2. Article Number
(Transfer from service) **7006 2760 0001 6391 4475**
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** ☐ Agent
B. Received by (Printed Name) **[Signature]** ☐ Addressee
C. Date of Delivery **4/12**
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 2760 0001 6391 4079

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

USPS Form 3811

Postmark Here

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

Sent To: Bruce P. Riggs Trust
 Leslie Riggs Mills Trustee
 P. O. Box 230430
 Anchorage, AK 99512-0430

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

Postage \$ 1.11
 Certified Fee 2.40
 Restricted Delivery Fee 1.85
 Total Postage & Fees \$ 5.36

7006 2760 0001 6391 4161

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

USPS Form 3811

Postmark Here

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

Sent To: PATTERSON TRUSTS
 INVESTMENT LLC
 BANK OF OKLAHOMA AGENT
 P. O. BOX 1588
 TULSA, OK. 74101-1588

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

Postage \$ 1.11
 Certified Fee 2.40
 Restricted Delivery Fee 1.85
 Total Postage & Fees \$ 5.36

MAIL
 Returned

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:

ELYSE SAUNDERS
 PATTERSON TRUSTS
 INVESTMENT LLC
 BANK OF OKLAHOMA AGENT
 P. O. BOX 1588
 TULSA, OK. 74101-1588

COMPLETE THIS SECTION ON DELIVERY

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

1095 74103

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 2760 0001 6391 4161

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 4222

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

WFE 004
 Postage \$ 1.11
 Certified Fee 246
 Return Receipt Fee (Endorsement Required) 186
 Restricted Delivery Fee (Endorsement Required) 596
 Total Postage & Fees \$ 1.11

Sent To: **JOE B. SCHUTZ**
 Street, Apt. No.: **P. O. BOX 973**
 or PO Box No.: **SANTA FE, NM. 87504-0973**
 City, State, ZIP+4:

Postmark: **MAR 23 2004**
 U.S. Here

7006 2760 0001 6391 4314

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

WFE 004
 Postage \$ 1.11
 Certified Fee 246
 Return Receipt Fee (Endorsement Required) 186
 Restricted Delivery Fee (Endorsement Required) 596
 Total Postage & Fees \$ 1.11

Sent To: **MICHAEL SHEARN**
 Street, Apt. No.: **P. O. BOX 10151**
 or PO Box No.: **EL PASO, TX. 79995**
 City, State, ZIP+4:

Postmark: **MAR 23 2004**
 U.S. Here

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:

JOE B. SCHUTZ
P. O. BOX 973
SANTA FE, NM. 87504-0973

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery **MAR 23 2004**
- 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) **7006 2760 0001 6391 4222**

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-04-1540

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:

MICHAEL SHEARN
P. O. BOX 10151
EL PASO, TX. 79995

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery **MAR 23 2004**
- 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) **7006 2760 0001 6391 4314**

PS Form 3811, February 2004

Domestic Return Receipt

365-02-04-1540

7006 2760 0001 6391 4345

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
WFO 084	Postage \$ 1.11
626 Certified Fee	240
Return Receipt Fee (Endorsement Required)	1.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage	5.36
Sent To: PAUL SLAYTON	
Street, Apt. No. P. O. BOX 2035	
or PO Box No. ROSWELL, NM 88201	
City, State, ZIP	
PS Form 3811, February 2004	

7006 2760 0001 6391 4413

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
WFO 084	Postage \$ 1.11
626 Certified Fee	240
Return Receipt Fee (Endorsement Required)	1.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage	5.36
Sent To: SOUTHEAST ROYALTIES INC.	
Street, Apt. No. 111 W. MERMOD	
or PO Box No. P. O. BOX 1658	
City, State, ZIP CARLSBAD, NM 88221-1658	
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:

PAUL SLAYTON
P. O. BOX 2035
ROSWELL, NM 88201

2. Article Number

(Transfer from service)

7006 2760 0001 6391 4345

PS Form 3811, February 2004

Domestic Return Receipt

102986-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

Box 2035

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:

SOUTHEAST ROYALTIES INC.
111 W. MERMOD
P. O. BOX 1658
CARLSBAD, NM 88221-1658

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

7006 2760 0001 6391 4413

PS Form 3811, February 2004

Domestic Return Receipt

102986-02-M-1540

7006 2760 0001 6391 4444

**US Postal Service®
CERTIFIED MAIL® RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL MAIL

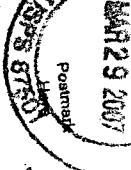
Postage \$ 1.11
Certified Fee \$ 2.40
Return Receipt Fee (Endorsement Required) \$ 1.50
Restricted Delivery Fee (Endorsement Required) \$ 5.96

Total Postage & SWINEHART 1973 FAMILY TRUST
JUDY SWINEHART & LESLIE A. MALLETT

Sent to SUCC CO-TRS

Street, Apt. No., 10713 S. LOGAN CANYON RD.
or PO Box No. SOUTH JORDAN, UT. 84095

City, State, ZIP+4



7006 2760 0001 6391 4482

**US Postal Service®
CERTIFIED MAIL® RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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

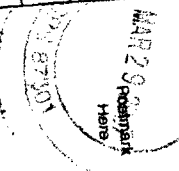
OFFICIAL MAIL

Postage \$ 1.11
Certified Fee \$ 2.40
Return Receipt Fee (Endorsement Required) \$ 1.50
Restricted Delivery Fee (Endorsement Required) \$ 5.96

Total Postage & THE TOLES CO.

Sent to P. O. DRAWER 1300

Street, Apt. No., ROSWELL, NM 88202-1300
or PO Box No.
City, State, ZIP+4



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:

SWINEHART 1973 FAMILY TRUST
JUDY SWINEHART & LESLIE A. MALLETT
SUCC CO-TRS
10713 S. LOGAN CANYON RD.
SOUTH JORDAN, UT. 84095

2. Article Number 7006 2760 0001 6391 4444
(Transfer from serv)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) LESLIE A. MALLETT C. Date of Delivery 2-3-07
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

COMPLETE THIS SECTION ON DELIVERY

- 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 TOLES CO.
P. O. DRAWER 1300
ROSWELL, NM 88202-1300

2. Article Number 7006 2760 0001 6391 4482
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

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

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) LESLIE A. MALLETT C. Date of Delivery 2-3-07
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:



102595-02-M-1540

7006 2760 0001 6391 4505

US 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 \$ 1.11
 Restricted Delivery Fee (Endorsement Required) 2.40
 Return Receipt Fee (Endorsement Required) 1.50
 Total Postage 5.36

Sent to: UMC PETROLEUM CORP.
 REVENUE
 P. O. BOX 4970
 HOUSTON, TX. 77210-4970

Postmark: Houston, TX 02/29/2004

7006 2760 0001 6391 4253

US 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 \$ 1.11
 Restricted Delivery Fee (Endorsement Required) 2.40
 Return Receipt Fee (Endorsement Required) 1.50
 Total Postage 5.36

Sent to: JOHN LEWIS VICKERS
 3110 GLENGOLD
 FARMERS BRANCH, TX. 75234

Postmark: Farmers Branch, TX 02/29/2004

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:

UMC PETROLEUM CORP.
 REVENUE
 P. O. BOX 4970
 HOUSTON, TX. 77210-4970

2. Article Number 7006 2760 0001 6391 4505
 (Transfer from 2)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John Lewis Vickers* ☐ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery

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

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

102596-02-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:

JOHN LEWIS VICKERS
 3110 GLENGOLD
 FARMERS BRANCH, TX. 75234

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John Lewis Vickers* ☐ Agent
 B. Received by (Printed Name) ☒ Addressee
John L. Vickers C. Date of Delivery *4/7/07*
 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 7006 2760 0001 6391 4253
 (Transfer from 2)

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1540

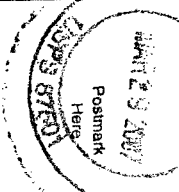
7006 2760 0001 6391 4536

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	\$ 1.11
Certified Fee	240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	\$ 5.36



Sent To
WILLS ROYALTY INC.
P. O. BOX 1658
CARLSBAD, NM 88221-1658
City, State, ZIP+4

PS Form 3811, February 2004

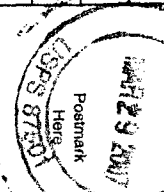
7006 2760 0001 6391 4543

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	\$ 1.11
Certified Fee	240
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	\$ 5.36



Sent To
YELLOW RIBBON INC.
P. O. BOX 6901
DENVER, CO. 80206
City, State, ZIP+4

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:

WILLS ROYALTY INC.
P. O. BOX 1658
CARLSBAD, NM 88221-1658

2. Article Number 7006 2760 0001 6391 4536
(Transfer from serv...)

PS Form 3811, February 2004 Domestic Return Receipt

102596-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

YELLOW RIBBON INC.
P. O. BOX 6901
DENVER, CO. 80206

2. Article Number 7006 2760 0001 6391 4543
(Transfer from serv...)

PS Form 3811, February 2004 Domestic Return Receipt

102596-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

CASE _____: Application of OXY USA WPT, Limited Partnership, for authorization to simultaneously dedicate a standard spacing and proration unit in the Wolfcamp formation to a horizontal well and two vertical wells, Eddy County, New Mexico. Applicant seeks authorization to dedicate a standard 320-acre spacing and proration unit comprised of the the S/2 of Section 15, Township 20 South, Range 28 East, NMPM, Eddy County, New Mexico in the Wolfcamp formation, North Burton Flat-Wolfcamp Gas Pool, to the following three wells:

1. The Government AC Com Well No. 1 (API No. 30-015-21432) drilled as a vertical well located 660 feet from the South Line and 1980 feet from the West Line of said Section 15;
2. The Government AA Com Well No. 2 (API No. 30-015-33283) that has been drilled as a dual lateral horizontal wellbore (directional well) from a surface location 190 feet from the North line and 350 feet from the West line of Section 23 to a bottom hole location 675 feet from the North Line and 261 feet from the East Line of Section 15 and a second lateral with a bottom hole location 678 feet from the South Line and 237 feet from the West line of Section 23; and
3. The Government AC Com Well No. 4 (API No. 30-015-32655) drilled as a vertical well located 660 feet from the South and East Lines of Section 15.

This acreage is located approximately 10 miles northeast of Carlsbad, New Mexico.

Affidavit of Publication

NO. 19664

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott being duly

sworn, says: That he is the Publisher of The

Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and county and state, and that the here to attached

Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for

1 Consecutive week/days on the same

day as follows:

First Publication April 1 2007

Second Publication

Third Publication

Fourth Publication

Fifth Publication

Subscribed and sworn to before me this

17th Day April 2007

Amanda K. Lamb
Notary Public, Eddy County, New Mexico

My Commission expires April 5, 2011

Copy of Publication:

NOTICE OF PUBLICATION STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on April 26, 2007, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by April 16, 2007. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian, whether or not so stated.)

CASE 13908:

Application of OXY USA WTP, Limited Partnership, for authorization to simultaneously dedicate a standard spacing and proration unit in the Wolfcamp formation to a horizon-

wells, Eddy County, New Mexico. Applicant seeks authorization to dedicate a standard 320-acre spacing and proration unit comprised of the S/2 of Section 15, Township 20 South, Range 28 East, NMPM, Eddy County, New Mexico in the Wolfcamp formation, North Burton Flat-Wolfcamp Gas Pool to the following three wells:

1. The Government AC Com Well No. 1 (API No. 30-015-21432) drilled as a vertical well located 660 feet from the South Line and 1980 feet from the West Line of said Section 15.

2. The Government AA Com Well No. 2 (API No. 30-015-33283) that has been drilled as a dual lateral horizontal wellbore (directional well) from a surface location 190 feet from the North line and 350 feet from the West line of Section 23 to a bottom hole location 675 feet from the North Line and 261 feet from the East Line of Section 15 and a second lateral with a bottom hole location 678 feet from the South Line and 237 feet from the West line of Section 23; and

3. The Government AC Com Well No. 4 (API No. 30-015-32655) drilled as a vertical well located 660 feet from the South and East Lines of Section 15.

This acreage is located approximately 10 miles northeast of Carlsbad, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 30th day of March 2007.

STATE OF NEW MEXICO

OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E.,
Director

Published in the Artesia Daily Press, Artesia, N.M. April 1, 2007.

Legal 19664