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

APPLICATION OF CIMAREX ENERGY CO. FOR A NON-STANDARD OIL SPACING AND PRORATION UNIT AND COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

Case No. 14,046

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Cimarex Energy Co.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1210.

James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of February, 2008 by James Bruce.

My Commission Expires: 3/14/09

Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 3

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

December 17, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the W½SW¼ of Section 6, Township 15 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 10, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, January 3, 2008 if you intend to participate in the hearing.

Please note that you are not being force pooled. The Oil Conservation Division has required Cimarex Energy Co. to notify all mineral interest owners and lessees of the non-standard unit portion of the application.

Very truly yours,

James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Marbob Energy P.O.
Box 227
Artesia, NM 88211

Marjorie Jena Schulte 541
Paulette Place La
Canada Flintridge, CA 91011-2372

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Monte Forest Byers Trust
P.O. Box 830308 Dallas,
TX 75283

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Edward Wesley Salem Trust P.O.
Box 830308 Dallas, TX
75284

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Golda Raechel Watkins Trust P.O.
Box 830308 Dallas, TX
75285

Olma Allen 427
War Eagle Way Nampa, ID
83686

Darlene Allen Smith
427 War Eagle Way Nampa,
ID 83687

Live Oak Mineral Partners P.O.
Box 341981 Austin, TX
78734

Scott Allen Cureton (Heir of Clay Cureton)
16536 Campesina Lane, Apt. 51 A
Huntington Beach, CA 92649

Paula Steele (Heir of Clay Crureton) 6582
Vanguard Avenue
Garden Grove, CA 92845

John Hufford 3310
Camarie Avenue
Midland, TX 79707

William Wallace Hufford, III
3501 Fairmont Drive
Odessa, TX 79762

Silverado Oil & Gas Corp. P.O.
Box 51338
Midland, TX 79710

Jackie Irene Thomas Walters 2401
Creekside Circle South
Irving, TX 75063

Clyde Parks Thomas P.O.
Box 8
Maryneal, TX 79535

George Allen Thomas 3601
FM 609
Roscoe, TX 79545

Marco B. Fox & Ruby O. Fox Trust
73896 Bramlet Lane
Wallowa, Oregon 97885

Muirfield Resources Company Attn:
Donna
P.O. Box 52586
Tulsa, OK 74152

Alton C. White, Jr. 3112
Above Stratford Place
Austin, TX 78746

James Reed McCrory
2100 Dietz Place, NW
Albuquerque, NM 87107

Western Commerce Bank , Trustee of the
W.T. Reed Trust Attn:
Rita Neal
P.O. Box 1627
Lovington, NM 88260

David J. Flackman
4600 Riverview Blvd.
Bradenton, FL 34209

Haaron, Inc. Attn:
Mae Ellis P.O.
Box 261313
Plano, TX 75026

Thomas W. Pettit 151
Trinity Road
Glen Ellen, CA 95442

Twila M. Goodding, Trustee of the Joseph E. and Twila M. Goodding Living Trust dated July 12, 1989 1009
Crestview Circle
Farmington, NM 87401

Shirley B. Wynn
P.O. Box 10505
Midland, TX 79702

Jane B. Ramsland Oil & Gas Partnership
P.O. Box 10505
Midland, TX 79702

Julie Ellen Barnes
P.O. Box 10505
Midland, TX 79702

Elaine Barnes
P.O. Box 10505
Midland, TX 79702

Christine Barnes Mallams
P.O. Box 10505
Midland, TX 79702

Laurie Barnes Barr
P.O. Box 10505
Midland, TX 79702

Steven C. Barnes
P.O. Box 10505
Midland, TX 79702

Herd Partners, Ltd.
P.O. Box 130
Midland, TX 79702

Waikiki Partners, L.P.
Attn: Shirley Choate
P.O. Box 2127
Midland, TX 79702

Marie R. Lawton
P.O. Box 523
Portville, NY 14770

Joan Sernak
29009 Elder Creek Ln.
East Highland, CA 92346

Nancy A. O'Connor
4310 Cannon Ridge
Fairfax, VA 22030

William W. Atwell
219 Broadway
San Antonio, TX 78205

Earlene Braue
2807 Teague Road, Apt. 1233
Houston, TX 77080

Greg Schulze 12
County Fair Trail
St. Peters, MO 63376

John Richard Schulze 249
Princeville Drive
Eagle Point, OR 97524

Jacquelyn R. Schulze 470
East 56th Avenue, Apt. C, Anchorage, AK 99518

Barbara Schulze 101
Manzeanita Way
Florence, OR 97439

G. Carmelle Hartin
14392 E. Evans Rd.
Rogue River, OR 97537

Pamela Hartin Crume
22932 Cheryl Dr.
Sedro Woolley, WA 98284-8680

Suzanne Hartin Phipps
12031 Jacqueline Dr.
Burlington, WA 98233-3645

Frederick D. Hartin, Jr.
3090 Ruby Dr.
Medford, OR 97504-3635

Mary Ann Haug
1200 Humboldt Street, Apt. 905
Denver, CO 80218

Kelly H. Baxter
P.O. Box 1649
Austin, TX 78767-1649

Anita McDonald
1301 Sunny Hill Court
Bettendorf, IA 51722

Heather Ann Chambers Chapman 1463
Kaylann Dr.
LeClaire, IA 52753

Monique Marie Carney
1301 Sunny Hill Court, Bettendorf, IA 51722

Anthony Kirk Marz McDonald 249
Beverly Rd.
West Palm Beach, FL 33405

Katherine Louise McDonald Wenig
1540 245th St.
Mount Pleasant, IA 52614

David Royce Chambers 314
Mantz Ave.
Audobon, IA 50025

M.B. White, Inc.
P.O. Box 54707
Oklahoma City, OK 73154

R.O. Wicker & Dorothy Wicker Trust
17555 Douglas Road
Chanute, KS 66720

Thelma Sundgen Trust
1045 E. Mentor Road
Mentor, KS 67416

Harriet Ridenour & Gerald Ridenour
1558 S. 1000 Rd.
Council Grove, KS 66846

Ruth Wicker 435
Crestview
Parsons, KS 67357

Teresa Patzke
8262 North Blaisdell Lake Road
Loretta, WI 54896

Heidi C. Rivera
530 E. Jemez
Hobbs, NM 88240

Brett C. Barton
2312 Coach Light Drive
Edmond, OK 73013

Roy G. Barton, III
1401 Sledge Drive
Lakeway, TX 78734

Aleita Boyles Pizzo 209
Edinborough
Euless, Texas 76039

Roy G. Barton, Jr., Trustee
1919 North Turner
Hobbs, New Mexico 88240

Oil and Gas Division
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, New Mexico 87504

Discovery Exploration
Suite 309
2922 Evergreen Parkway
Evergreen, Colorado 80439

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:

Pamela Hartin Crume
22932 Cheryl Dr.
Sedro Woolley, WA 98284-8680

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] 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 label) 7006 3450 0001 4317 2751

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

7006 3450 0001 4317 2782

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

Postmark Here
DEC 18 2007
SAN MATEO CA 94401
USPS

Sent To
Jacquelyn R. Schulze 470
East 56th Avenue, Apt. C, Anchorage, AK
99518

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

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2751

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

Postmark Here
DEC 18 2007
SAN MATEO CA 94401
USPS

Sent To
Pamela Hartin Crume
22932 Cheryl Dr.
Sedro Woolley, WA 98284-8680

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

PS Form 3800, August 2006 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:

Jacquelyn R. Schulze 470
East 56th Avenue, Apt. C, Anchorage, AK
99518

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] 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 label) 7006 3450 0001 4317 2782

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:

Laurie Barnes Barr
P.O. Box 10505
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane Ramsland ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANE RAMSLAND
C. Date of Delivery 12-21-07

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 (Transfer from service label) 7006 3450 0001 4317 3000

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7006 3450 0001 4317 3048

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
Nancy A. O'Connor
Street, Apt. No.; or PO Box No. 4310 Cannon Ridge
City, State, ZIP+4 Fairfax, VA 22030

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3000

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

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Sent To
Laurie Barnes Barr
Street, Apt. No.; or PO Box No. P.O. Box 10505
City, State, ZIP+4 Midland, TX 79702

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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:

Nancy A. O'Connor
4310 Cannon Ridge
Fairfax, VA 22030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy A O'Connor ☐ Agent ☑ Addressee

B. Received by (Printed Name) NANCY O'CONNOR
C. Date of Delivery 12-27-07

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 (Transfer from service label) 7006 3450 0001 4317 3048

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:

Live Oak Mineral Partners
Box 341961
78734
P.O.
Austin, TX

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Bond
☐ Agent
☐ Addressee

B. Received by (Printed Name) D. Bond
C. Date of Delivery

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

SANTA FE NM 87501 JAN 2 2008 USPS

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 3450 0001 4317 3161

PS For February 2004 Domestic Return Receipt 102595-02-M-1540

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
Bank of America, N.A. & Brian Kirk, Co-Trustees of The Golda Raechel Watkins Trust
Street, Apt. No.; or PO Box No. Box 830308
City, State, ZIP+4 75285
P.O. Dallas, TX

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7006 3450 0001 4317 3161

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

SANTA FE NM 87501 DEC 13 2007 Postmark Here

Sent To
Live Oak Mineral Partners
Box 341961
78734
P.O. Austin, TX
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3062

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:

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Golda Raechel Watkins Trust
Box 830308
75285
P.O.
Dallas, TX

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery DEC 24 2007

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 3450 0001 4317 3062

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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:

Katherine Louise McDonald Wenig
1540 245th St.
Mount Pleasant, IA 52614

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Katherine Wenig ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-31-07

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 (Transfer from service label) 7006 3450 0001 4317 2560

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

SANTA FE NM 87501 DEC 18 2007 USPS Postmark Here

7006 3450 0001 4317 2577

Sent To
Street, Apt. No.; or PO Box No. David Royce Chambers 314 Mantz Ave.
City, State, ZIP+4 Audobon, IA 50025

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

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7006 3450 0001 4317 2560

Sent To
Street, Apt. No.; or PO Box No. Katherine Louise McDonald Wenig 1540 245th St. Mount Pleasant, IA 52614
City, State, ZIP+4

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Royce Chambers 314
Mantz Ave.
Audobon, IA 50025

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x David R Chambers ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
David R Chambers 12/27/07

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 (Transfer from service label) 7006 3450 0001 4317 2577

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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:

Anita McDonald
1301 Sunny Hill Court
Bettendorf, IA 51722

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Anita McDonald
C. Date of Delivery 12/29/07

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 (Transfer from service label) 7006 3450 0001 4317 3185

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

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

SANTA FE NM 875
DEC 18 2007
Here
USPS

Sent To
Heather Ann Chambers Chapman 1463
Street, Apt. No.; or PO Box No. Kaylann Dr.
City, State, ZIP+4 LeClaire, IA 52753

7006 3450 0001 4317 2546

PS Form 3800, August 2006 See Reverse for Instructions

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

SANTA FE NM 875
Postmark
DEC 18 2007
USPS

Sent To
Anita McDonald
Street, Apt. No.; or PO Box No. 1301 Sunny Hill Court
City, State, ZIP+4 Bettendorf, IA 51722

7006 3450 0001 4317 3185

PS Form 3800, August 2006 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:

Heather Ann Chambers Chapman 1463
Kaylann Dr.
LeClaire, IA 52753

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Cassie Chambers
C. Date of Delivery 12/28

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 3450 0001 4317 2546

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:

Earlene Braue
2607 Teague Road, Apt. 1233
Houston, TX 77080

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Earlene Braue ☐ 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

DEC 28 2007

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 3450 0001 4317 2706

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

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OFFICIAL USE

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

SANTA ANA CA
DEC 10 2007
Postmark Here
USPS

Sent To
Marco B. Fox & Ruby O. Fox Trust
Street, Apt. No.; or PO Box No. 73896 Bramlet Lane
City, State, ZIP+4 Wallowa, Oregon 97885

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2805

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

SANTA ANA CA
DEC 10 2007
Postmark Here
USPS

Sent To
Earlene Braue
Street, Apt. No.; or PO Box No. 2607 Teague Road, Apt. 1233
City, State, ZIP+4 Houston, TX 77080

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2706

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:

Marco B. Fox & Ruby O. Fox Trust
73896 Bramlet Lane
Wallowa, Oregon 97885

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ron Fox ☐ Agent ☒ Addressee

B. Received by (Printed Name) RON FOX | C. Date of Delivery 12-24-07

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 (Transfer from service label) 7006 3450 0001 4317 2805

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:

Suzanne Hartin Phipps
12031 Jacqueline Dr.
Burlington, WA 98233-3645

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) SUZANNE M. PHIPPS C. Date of Delivery 1/02/2008

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 3450 0001 4317 2744

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

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

Postmark Here
SANTA FE NM 875
DEC 13 2007
USPS

Sent To
Street, Apt. No.; or PO Box No.: G. Carmelle Hartin, 14392 E. Evans Rd.
City, State, ZIP+4: Rogue River, OR 97537

7006 3450 0001 4317 2768

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here
SANTA FE NM 875
DEC 13 2007
USPS

Sent To
Street, Apt. No.; or PO Box No.: Suzanne Hartin Phipps, 12031 Jacqueline Dr.
City, State, ZIP+4: Burlington, WA 98233-3645

7006 3450 0001 4317 2744

PS Form 3800, August 2006 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:

G. Carmelle Hartin
14392 E. Evans Rd.
Rogue River, OR 97537

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Genevieve Hartin C. Date of Delivery 12/28/07

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
444 S. Ivy
Medford, OR 97501

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 3450 0001 4317 2768

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:

Haaron, Inc.
Mae Ellis
Box 261313
Plano, TX 75026
Attn: P.O.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mae Ellis ☐ Agent ☐ Addressee

B. Received by (Printed Name) MAE ELLIS — 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 label) 7006 3450 0001 4317 2881

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

7006 3450 0001 4317 2713

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

DEC 19 2007 Postmark Here
USPS

Sent To
Kelly H. Baxter
Street, Apt. No.; or PO Box No. P.O. Box 1649
City, State, ZIP+4 Austin, TX 78767-1649

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2881

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

Postmark Here
USPS

Sent To
Haaron, Inc. Attn: P.O.
Street, Apt. No.; or PO Box No. Mae Ellis Box 261313
City, State, ZIP+4 Plano, TX 75026

PS Form 3800, August 2006 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:

Kelly H. Baxter
P.O. Box 1649
Austin, TX 78767-1649

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X c/o Kelly H Baxter ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dylan Staples c/o Kelly H Baxter — C. Date of Delivery 12-27-07

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 (Transfer from service label) 7006 3450 0001 4317 2713

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:

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Edward Wesley Salem Trust
Box 830308 P.O.
75284 Dallas, TX

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
DEC 24 2007

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 3450 0001 4317 3079

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

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
Marie R. Lawton
Street, Apt. No.; or PO Box No. P.O. Box 523
City, State, ZIP+4 Portville, NY 14770

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2997

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

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Sent To
Bank of America, N.A. & Brian Kirk, Co-Trustees of The Edward Wesley Salem Trust
Street, Apt. No.; or PO Box No. Box 830308
City, State, ZIP+4 75284 P.O. Dallas, TX

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3079

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:

Marie R. Lawton
P.O. Box 523
Portville, NY 14770

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Marie R. Lawton ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MARIE R. LAWTON 12/31/07

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 (Transfer from service label) 7006 3450 0001 4317 2997

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:

Darlene Allen Smith
427 War Eagle Way
ID 83687
Nampa,

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John W Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) John W Smith C. Date of Delivery DEC 24 2007

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 3450 0001 4317 3178

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

Postmark Here
DEC 18 2007
USPS

Sent To
Olma Allen
Street, Apt. No.; or PO Box No. War Eagle Way 427
City, State, ZIP+4 83686 Nampa, ID

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3055

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

Postmark Here
DEC 18 2007
USPS

Sent To
Darlene Allen Smith
Street, Apt. No.; or PO Box No. 427 War Eagle Way
City, State, ZIP+4 ID 83687 Nampa,

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3178

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:

Olma Allen
War Eagle Way 427
83686 Nampa, ID

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John W Smith ☐ Agent ☑ Addressee

B. Received by (Printed Name) John W Smith C. Date of Delivery DEC 24 2007

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 3450 0001 4317 3055

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:

Harriet Ridenour & Gerald Ridenour
1558 S. 1000 Rd.
Council Grove, KS 66846

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[signature] 12-26-07

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 (Transfer from service label) 7006 3450 0001 4317 2522

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

7006 3450 0001 4317 2584

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
M.B. White, Inc.
P.O. Box 54707
Oklahoma City, OK 73154

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

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2584

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
Harriet Ridenour & Gerald Ridenour
1558 S. 1000 Rd.
Council Grove, KS 66846

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

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2522

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:

M.B. White, Inc.
P.O. Box 54707
Oklahoma City, OK 73154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
BJ Brown

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

OKLAHOMA CITY OK DEC 27 2007 USPS

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 3450 0001 4317 2584

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:

Thelma Sundgen Trust
1045 E. Mentor Road
Mentor, KS 67416

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 12-24-07

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 (Transfer from service label) 7006 3450 0001 4317 2539

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
Greg Schutze 12
Street, Apt. No.; or PO Box No. County Fair Trail
City, State, ZIP+4 St. Peters, MO 63376

7006 3450 0001 4317 2515

PS Form 3800, August 2006 See Reverse for Instructions

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
Thelma Sundgen Trust
Street, Apt. No.; or PO Box No. 1045 E. Mentor Road
City, State, ZIP+4 Mentor, KS 67416

7006 3450 0001 4317 2539

PS Form 3800, August 2006 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:

Greg Schutze 12
County Fair Trail
St. Peters, MO 63376

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Greg Schutze C. Date of Delivery 12/26/07

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 (Transfer from service label) 7006 3450 0001 4317 2515

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:

Marbob Energy P.O.
Box 227
Artesia, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

ARTESIA NM DEC 20 2007 USPS 88210

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 3450 0001 4317 3024

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

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
R.O. Wicker & Dorothy Wicker Trust
Street, Apt. No.; or PO Box No. 17555 Douglas Road
City, State, ZIP+4 Chanute, KS 66720

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2591

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
Marbob Energy P.O.
Street, Apt. No.; or PO Box No. Box 227
City, State, ZIP+4 Artesia, NM 88211

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3024

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.O. Wicker & Dorothy Wicker Trust
17555 Douglas Road
Chanute, KS 66720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Glenn Wicker C. Date of Delivery 12-26-07

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 (Transfer from service label) 7006 3450 0001 4317 2591

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:

Oil and Gas Division
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, New Mexico 87504

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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

SANTA FE NM DEC 20 2007 USPS

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 3450 0001 4317 2607

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

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

SANTA FE NM 87501 DEC 19 2007 Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Paula Steele (Heir of Clay Crureton) 6582 Vanguard Avenue
City, State, ZIP+4: Garden Grove, CA 92845

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2935

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

SANTA FE NM 87501 DEC 19 2007 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Oil and Gas Division Commissioner of Public Lands P.O. Box 1148
City, State, ZIP+4: Santa Fe, New Mexico 87504

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2607

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:

Paula Steele (Heir of Clay Crureton) 6582
Vanguard Avenue
Garden Grove, CA 92845

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Paula Steele ☐ Agent ☐ Addressee

B. Received by (Printed Name) Paula Steele C. Date of Delivery 12/24/07

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 (Transfer from service label) 7006 3450 0001 4317 2935

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:

Ruth Wicker 435
Crestview
Parsons, KS 67357

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Wicker ☒ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Wicker C. Date of Delivery 12-24-07

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

Same

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 3450 0001 4317 2638

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7006 3450 0001 4317 2614

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

DEC 26 2007 Postmark Here

Sent To
Teresa Patzke
Street, Apt. No.; or PO Box No. 8262 North Blaisdell Lake Road
City, State, ZIP+4 Loretta, WI 54896

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2638

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

Postmark Here

Sent To
Ruth Wicker 435
Street, Apt. No.; or PO Box No. Crestview
City, State, ZIP+4 Parsons, KS 67357

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2614

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:

Teresa Patzke
8262 North Blaisdell Lake Road
Loretta, WI 54896

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (Printed Name) Louis R PATZKE C. Date of Delivery 12-26-07

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 (Transfer from service label) 7006 3450 0001 4317 2614

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:

Shirley B. Wynn
P.O. Box 10505
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANE RAMSLAND
C. Date of Delivery 12-21-07

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 (Transfer from service label) 7006 3450 0001 4317 3130

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

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Sent To
Mary Ann Haug
Street, Apt. No.; or PO Box No. 1200 Humboldt Street, Apt. 905
City, State, ZIP+4 Denver, CO 80218

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2720

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

SANTA FE NM 87501 DEC 18 2007 USPS Postmark Here

Sent To
Shirley B. Wynn
Street, Apt. No.; or PO Box No. P.O. Box 10505
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3130

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 Ann Haug
1200 Humboldt Street, Apt. 905
Denver, CO 80218

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery DEC 20 2007

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 3450 0001 4317 2720

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:

Western Commerce Bank , Trustee of the
W.T. Reed Trust Attn:
Rita Neal
P.O. Box 1627
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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 label) 7006 3450 0001 4317 3116

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

7006 3450 0001 4317 3123

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

Postmark Here

Sent To
Jane B. Ramsland Oil & Gas Partnership
Street, Apt. No.; or PO Box No. P.O. Box 10505
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3116

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

Postmark Here

Sent To
Western Commerce Bank , Trustee of the
Street, Apt. No.; or PO Box No. W.T. Reed Trust Attn:
City, State, ZIP+4 Rita Neal
P.O. Box 1627
Lovington, NM 88260

PS Form 3800, August 2006 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:

Jane B. Ramsland Oil & Gas Partnership
P.O. Box 10505
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane Ramsland ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANE RAMSLAND C. Date of Delivery 12-21-07

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 (Transfer from service label) 7006 3450 0001 4317 3123

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:

Steven C. Barnes
P.O. Box 10505
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane Ramsland ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANE RAMSLAND
C. Date of Delivery 12-21-07

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 (Transfer from service label) 7006 3450 0001 4317 2904

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

7006 3450 0001 4317 2911

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

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Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Waikiki Partners, L.P.
Attn: Shirley Choate
P.O. Box 2127
Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2904

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

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Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Steven C. Barnes
P.O. Box 10505
Midland, TX 79702

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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:

Waikiki Partners, L.P.
Attn: Shirley Choate
P.O. Box 2127
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shirley Choate ☐ Agent ☐ Addressee

B. Received by (Printed Name) Shirley Choate
C. Date of Delivery 12-21-07

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 (Transfer from service label) 7006 3450 0001 4317 2911

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:

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Monte Forest Byers Trust
P.O. Box 830308
Dallas, TX 76283

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DEC 24 2007 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 label) 7006 3450 0001 4317 3086

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

7006 3450 0001 4317 3017

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

SANTA FE NM 87501 DEC 18 2007 USPS Postmark Here

Sent To
Christine Barnes Mallams
Street, Apt. No.; or PO Box No. P.O. Box 10505
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3086

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

SANTA FE NM 87501 DEC 18 2007 USPS Postmark Here

Sent To
Bank of America, N.A. & Brian Kirk, Co-Trustees of The Monte Forest Byers Trust
Street, Apt. No.; or PO Box No. P.O. Box 830308
City, State, ZIP+4 TX 75283 Dallas,

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3086

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:

Christine Barnes Mallams
P.O. Box 10505
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane Ramsland ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANE RAMSLAND C. Date of Delivery 12-31-07

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 (Transfer from service label) 7006 3450 0001 4317 3017

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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:

Clyde Parks Thomas P.O.
Box 8
Maryneal, TX 79535

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Clyde Parks Thomas ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Clyde Parks Thomas

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 3450 0001 4317 2843

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

SANTA FE NM 87501 DEC 10 2007 Postmark Here USPS

Sent To
Jackie Irene Thomas Walters 2401
Street, Apt. No.; or PO Box No. Creekside Circle South
City, State, ZIP+4 Irving, TX 75063

7006 3450 0001 4317 2836

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

SANTA FE NM 87501 DEC 10 2007 Postmark Here USPS

Sent To
Clyde Parks Thomas P.O.
Street, Apt. No.; or PO Box No. Box 8
City, State, ZIP+4 Maryneal, TX 79535

7006 3450 0001 4317 2843

PS Form 3800, August 2006 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:

Jackie Irene Thomas Walters 2401
Creekside Circle South
Irving, TX 75063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jackie Walters ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Jackie Walters 12/11/07

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 (Transfer from service label) 7006 3450 0001 4317 2836

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:

Muirfield Resources Company Attn:
Donna
P.O. Box 52586
Tulsa, OK 74152

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

TULSA OK 74152 DEC 21 2007 USPS

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 3450 0001 4317 2812

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

7006 3450 0001 4317 2850

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

SANTA FE NM 87501 DEC 18 2007 Postmark Here USPS

Sent To
George Allen Thomas 3601
Street, Apt. No.; or PO Box No. FM 609
City, State, ZIP+4 Roscoe, TX 79545

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2812

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

ROSCOE TX 79545 DEC 18 2007 Postmark Here USPS

Sent To
Muirfield Resources Company Attn:
Street, Apt. No.; or PO Box No. Donna
City, State, ZIP+4 P.O. Box 52586
Tulsa, OK 74152

PS Form 3800, August 2006 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:

George Allen Thomas 3601
FM 609
Roscoe, TX 79545

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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

ROSCOE TX 79545 DEC 21 2007

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 3450 0001 4317 2850

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:

Brett C. Barton
2312 Coach Light Drive
Edmond, OK 73013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cyndy Barton ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-20-07

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

EDMOND, OK 73013 DEC 20 2007 USPS

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 3450 0001 4317 2669

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

7006 3450 0001 4317 2652

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OFFICIAL USE

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

DEC 18 2007 Postmark Here USPS

Sent To
Heidi C. Rivera
Street, Apt. No.; or PO Box No. 530 E. Jemez
City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2669

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

Postmark Here DEC 18 2007 USPS

Sent To
Brett C. Barton
Street, Apt. No.; or PO Box No. 2312 Coach Light Drive
City, State, ZIP+4 Edmond, OK 73013

PS Form 3800, August 2006 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:

Heidi C. Rivera
530 E. Jemez
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-20-07

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 (Transfer from service label) 7006 3450 0001 4317 2652

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:

Roy G. Barton, Jr., Trustee
1919 North Turner
Hobbs, New Mexico 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brenda Stewart ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-20-07

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 (Transfer from service label) 7006 3450 0001 4317 2690

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

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

Postmark Here

Sent To: Roy G. Barton, III
Street, Apt. No.; or PO Box No.: 1401 Sledge Drive
City, State, ZIP+4: Lakeway, TX 78734

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2676

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OFFICIAL USE

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

Postmark Here

Sent To: Roy G. Barton, Jr., Trustee
Street, Apt. No.; or PO Box No.: 1919 North Turner
City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2690

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 G. Barton, III
1401 Sledge Drive
Lakeway, TX 78734

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Roy Barton C. Date of Delivery 1-30-08

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 3450 0001 4317 2676

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:

John Richard Schulze
Princeville Drive 249
Eagle Point, OR 97524

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) John Schulze | 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 label) 7006 3450 0001 4317 2799

PS Form 3811, February 2004 Don[illegible]ot 102595-02-M-1540

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

Postmark Here

Sent To
Street, Apt. No.; or PO Box No. Discovery Exploration
Suite 309
2922 Evergreen Parkway
City, State, ZIP+4 Evergreen, Colorado 80439

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2621

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OFFICIAL USE

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

Postmark Here

Sent To
Street, Apt. No.; or PO Box No. John Richard Schulze 249
Princeville Drive
City, State, ZIP+4 Eagle Point, OR 97524

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2799

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:

Discovery Exploration
Suite 309
2922 Evergreen Parkway
Evergreen, Colorado 80439

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] | C. Date of Delivery 12-21-01

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 3450 0001 4317 2621

PS Form 3811, February 2004 Domestic Re[illegible] 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:

Marjorie Jena Schulte 541
Paulette Place La
Canada Flintridge, CA 91011-2372

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marjorie Schulte ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARJORIE SCHULTE C. Date of Delivery 12-22-07

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 (Transfer from service label) 7006 3450 0001 4317 3093

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

7006 3450 0001 4317 2973

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SANTA FE NM 87501 DEC 18 2007 Postmark Here

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

Sent To
Elaine Barnes
P.O. Box 10505
Midland, TX 79702

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3093

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SANTA FE NM 87501 DEC 18 2007 Postmark Here

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

Sent To
Marjorie Jena Schulte 541
Paulette Place La
Canada Flintridge, CA 91011-2372

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 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:

Elaine Barnes
P.O. Box 10505
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane Ramsland ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANE RAMSLAND C. Date of Delivery 12-21-07

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 (Transfer from service label) 7006 3450 0001 4317 2973

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:

Frederick D. Hartin, Jr.
3090 Ruby Dr.
Medford, OR 97504-3635

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 12-22-07

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 (Transfer from service label) 7006 3450 0001 4317 2737

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

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

SANTA FE NM 87501 DEC 27 2007 Postmark Here USPS

Sent To
Barbara Schulze 101
Street, Apt. No.; or PO Box No. Manzeanita Way
City, State, ZIP+4 Florence, OR 97439

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2775

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

SANTA FE NM 87501 DEC 27 2007 Postmark Here USPS

Sent To
Frederick D. Hartin, Jr.
Street, Apt. No.; or PO Box No. 3090 Ruby Dr.
City, State, ZIP+4 Medford, OR 97504-3635

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2737

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:

Barbara Schulze 101
Manzeanita Way
Florence, OR 97439

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Schulze ☐ 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 label) 7006 3450 0001 4317 2775

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:

Twila M. Goodding, Trustee of the Joseph E. and Twila M. Goodding Living Trust dated July 12, 1989 1009
Crestview Circle
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) TWILA GOODDING
C. Date of Delivery 12-20-07

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 (Transfer from service label) 7006 3450 0001 4317 3147

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

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OFFICIAL USE

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

Postmark Here

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

Julie Ellen Barnes
P.O. Box 10505
Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3109

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OFFICIAL USE

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

Postmark Here

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

Twila M. Goodding, Trustee of the Joseph E. and Twila M. Goodding Living Trust dated July 12, 1989 1009
Crestview Circle
Farmington, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3147

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:

Julie Ellen Barnes
P.O. Box 10505
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANE RAMSLAND
C. Date of Delivery 12-21-07

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 (Transfer from service label) 7006 3450 0001 4317 3109

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:

James Reed McCrory
2100 Dietz Place, NW
Albuquerque, NM 87107

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JAMES R. MCCRORY C. Date of Delivery 12/26/07

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 (Transfer from service label) 7006 3450 0001 4317 2874

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

7006 3450 0001 4317 2867

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SAN MARCOS TX DEC 18 2007 USPS

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

Postmark Here

Sent To
Alton C. White, Jr. 3112
Street, Apt. No.; or PO Box No. Above Stratford Place
City, State, ZIP+4 Austin, TX 78746

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2874

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SAN MARCOS TX DEC 18 2007 USPS

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

Postmark Here

Sent To
James Reed McCrory
Street, Apt. No.; or PO Box No. 2100 Dietz Place, NW
City, State, ZIP+4 Albuquerque, NM 87107

PS Form 3800, August 2006 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:

Alton C. White, Jr. 3112
Above Stratford Place
Austin, TX 78746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) ALTON C. WHITE, JR. C. Date of Delivery 12-26-07

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 (Transfer from service label) 7006 3450 0001 4317 2867

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:

Herd Partners, Ltd.
P.O. Box 130
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Burdett ☐ Agent ☐ Addressee

B. Received by (Printed Name) D Burdett C. Date of Delivery 12/21

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 3450 0001 4317 3031

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

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

Postmark Here
DEC 18 2007
USPS

Sent To
Herd Partners, Ltd.
Street, Apt. No.; or PO Box No. P.O. Box 130
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 3031

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

Postmark Here
DEC 18 2007
USPS

Sent To
David J. Flackman
Street, Apt. No.; or PO Box No. 4600 Riverview Blvd.
City, State, ZIP+4 Bradenton, FL 34209

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4317 2898

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:

David J. Flackman
4600 Riverview Blvd.
Bradenton, FL 34209

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) D. Flackman C. Date of Delivery 12-24-07

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 (Transfer from service label) 7006 3450 0001 4317 2898

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

7006 3450 0001 4317 2980

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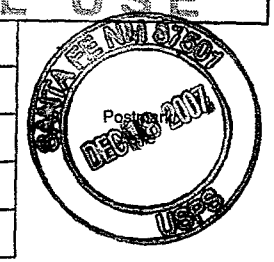
For delivery information visit our website at www.usps.com®

OFFICIAL USE

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



Sent To
Joan Semak
Street, Apt. No.; or PO Box No. 29009 Elder Creek Ln.
City, State, ZIP+4 East Highland, CA 92346

PS Form 3800, August 2006 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:

Joan Semak
29009 Elder Creek Ln.
East Highland, CA 92346

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joan Semak ☐ Agent ☑ Addressee

B. Received by (Printed Name) Joan Semak C. Date of Delivery 12-24

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 3450 0001 4317 2980

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

U.S. Postal Service™

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OFFICIAL USE

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

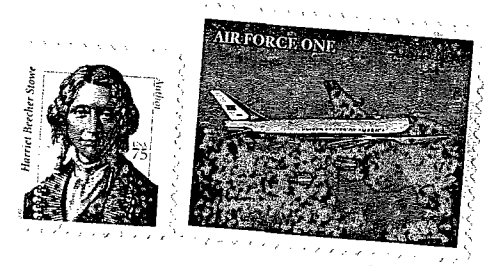
DEC 13 2007 Postmark Here

Sent To: William W. Atwell
Street, Apt. No.; or PO Box No.: 219 Broadway
City, State, ZIP+4: San Antonio, TX 78205

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4317 2966

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504



1ST NOTICE 1-4
2ND NOTICE 1-9
RETURN 1-19

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

CERTIFIED MAIL

7006 3450 0001 4317 2966

William W. Atwell
219 Broadway
San Antonio, TX 78205

ATWE219 X 782 N5E 1 906C 25 12/27/07
FORWARD TIME EXP RTN TO SEND
:ATWELL PROPERTIES
970 ISOM RD
SAN ANTONIO TX 78216-4135

RETURN TO SENDER

7006 3450 0001 4316 9126

U.S. Postal Service™
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OFFICIAL USE

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

SANTA FE, NM 87501 DEC 18 2007 Postmark Here USPS

Sent To: Anthony Kirk Marz McDonald 249
Street, Apt. No.; or PO Box No.: Beverly Rd.
City, State, ZIP+4: West Palm Beach, FL 33405

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

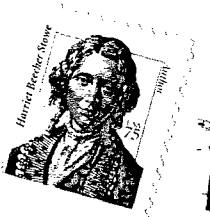
1ST NOTICE 1-10
2ND NOTICE
RETURN

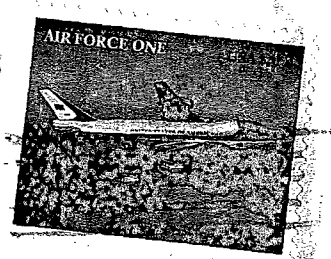
Attempted To Deliver
PERSON CHECKED
☑ Moved, Left No Address
☐ Unable To Forward
☐ Attempted - Not Known
☐ Refused
☐ Unclaimed
☐ No Such Number
☐ No Such Street
☐ Insufficient Address
Rt.
Init.

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

7006 3450 0001 4316 9126

03405$4730 0005
87504@1056





Anthony Kirk Marz McDonald 249

NIXIE 334 5C 1 76 01/05/08
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *1687-07605-05-23

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OFFICIAL USE

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

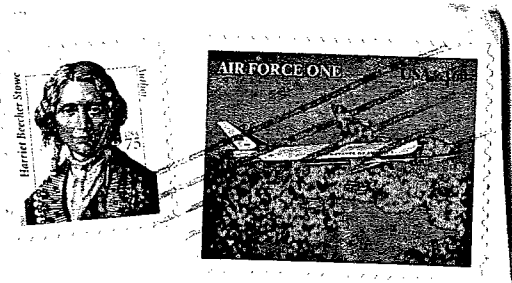
DEC 20 2007
Here
USPS

7006 3450 0001 4317 2959

Sent To
William Wallace Hufford, III
Street, Apt. No.; or PO Box No. 3501 Fairmont Drive
City, State, ZIP+4 Odessa, TX 79762

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504



NAME Sandy
1st Notice 12-20
2nd Notice 12-27
Return 1-4

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

1ST NOTICE 1-18
2ND NOTICE 1-23
RETURN 2-2

7006 3450 0001 4317 2959

7139-01 C061
87504@1056

William Wallace Hufford, III
3501 Fairmont Drive
Odessa, TX 79762

NIXIE 799 5C 1 75 01/14/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *1110-01673-20-07

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OFFICIAL USE

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

SANTA FE NM 87501 DEC 19 2007 USPS Postmark Here

Sent To: Monique Marie Carney
Street, Apt. No., or PO Box No.: 1301 Sunny Hill Court, Bettendorf, IA 51722
City, State, ZIP+4:

PS Form 3800, August 2006 — See Reverse for Instructions

7006 3450 0001 4317 2553

ımes Bruce
.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 1-708
2ND NOTICE
RETURN

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

7006 3450 0001 4317 2553

87504@1056

Monique Marie Carney
1301 Su 524 5C 1 75 01/01/08
RETURN TO SENDER
DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *1567-03808-26-42

7006 3450 0001 4317 2683

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OFFICIAL USE

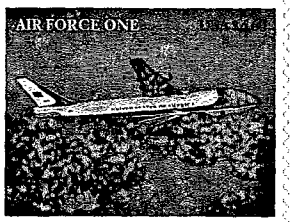
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

DEC 18 Postmark 2007 USPS

Sent To: Aleita Boyles Pizzo 209
Street, Apt. No.; or PO Box No.: Edinborough
City, State, ZIP+4: Euless, Texas 76039

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504



1ST NOTICE 1-4
2ND NOTICE 1-9
RETURN 1-19

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

CERTIFIED MAIL

7006 3450 0001 4317 2683

87504@1056

Aleita Boyles Pizzo 209
Edinborough

NIXIE 750 5C 1 23 12/27/07
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *2182-05560-27-06

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OFFICIAL USE

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

DEC 18 2007
Postmark
USPS

7006 3450 0001 4317 2829

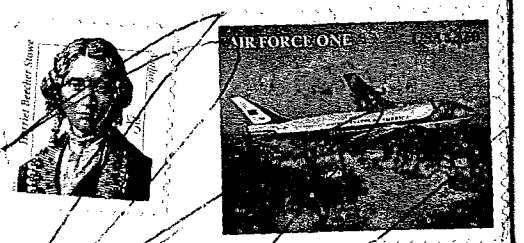
Sent To
Silverado Oil & Gas Corp.
Street, Apt. No.; or PO Box No. Box 51338
City, State, ZIP+4 Midland, TX 79710
P.O.

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 1-18
2ND NOTICE 1-23
RETURN 2-2

12-21-07



RETURNED TO SENDER
UNCLAIMED

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

7006 3450 0001 4317 2829

041338-38 B014
87504@1056

Silverado Oil & Gas Corp.
Box 51338
Midland, TX 79710

NIXIE 799 5E 1 75 01/15/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *1110-00987-20-07

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OFFICIAL USE

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

SANTA FE NM 87501
DEC 13 2007
Postmark Here
USPS

7006 3450 0001 4317 2928

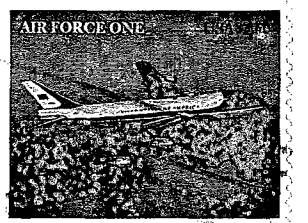
Sent To
Scott Allen Cureton (Heir of Clay Cureton)
Street, Apt. No.; or PO Box No. 16536 Campesina Lane, Apt. 51 A
City, State, ZIP+4 Huntington Beach, CA 92649

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 1-23
2ND NOTICE
RETURN

NAME
1st NOTICE 12-21
2nd NOTICE 1-2
RETURN 1-14



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

7006 3450 0001 4317 2928

Scott Allen Cureton (Heir of Clay Cureton)
16536 Campesina Lane, Apt. 51 A
Huntington Beach, CA 92649

UNCLAIMED

N/L 12/21/07

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OFFICIAL USE

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

DEC 18 2007 Here

USPS

7006 3450 0001 4317 2942

Sent To: John Hufford 3310
Street, Apt. No.; or PO Box No.: Camarie Avenue
City, State, ZIP+4: Midland, TX 79707

PS Form 3800, August 2006 — See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 12.26
2ND NOTICE
RETURN

CFS

HUFF310

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

7006 3450 0001 4317 2942

5701-10-C051
87504-1056

3310 John Hufford
Camarie Avenue
Midland TX 79707

X 799 N7E 1 A06C 75 12/24/07
FORWARD TIME EXP RTN TO SEND
HUFFORD
5519 SAN SABA AVE
MIDLAND TX 79707-5065

RETURN TO SENDER

7006 3450 0001 4317 3154

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OFFICIAL USE

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

Postmark Here

Sent To
Thomas W. Pettit
Street, Apt. No.; or PO Box No. Trinity Road 151
City, State, ZIP+4 Glen Ellen, CA 95442

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 12-31-07
2ND NOTICE 1-5
RETURN 1-15

12-21

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

CERTIFIED MAIL

7006 3450 0001 4317 3154

87504@1056

Thomas W. Pettit
151 Trinity Road

PETT151 X 949 N5E 1 906C 30 12/27/07
FORWARD TIME EXP RTN TO SEND
PETTIT
121 CORONADA CIR
SANTA BARBARA CA 93108-1924

RETURN TO SENDER

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

January 17, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the W½SW¼ of Section 6, Township 15 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 7, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, January 31, 2008 if you intend to participate in the hearing.

Please note that you are not being force pooled. The Oil Conservation Division has required Cimarex Energy Co. to notify all mineral interest owners and lessees of the non-standard unit portion of the application.

Very truly yours,

James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

Marbob Energy
P.O. Box 227
Artesia, NM 88211

Marjorie Jena Schulte
541 Paulette Place
La Canada Flintridge, CA 91011-2372

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Monte Forest Byers Trust
P.O. Box 830308
Dallas, TX 75283

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Edward Wesley Salem Trust
P.O. Box 830308
Dallas, TX 75284

Bank of America, N.A. & Brian Kirk, Co-Trustees of The Golda Raechel Watkins Trust
P.O. Box 830308
Dallas, TX 75285

Olma Allen
427 War Eagle Way
Nampa, ID 83686

Darlene Allen Smith
427 War Eagle Way
Nampa, ID 83687

Live Oak Mineral Partners
P.O. Box 341981
Austin, TX 78734

~~Scott~~ Allen Cureton (Heir of Clay Cureton)
16536 Campesina Lane, Apt. 51 A
Huntington Beach, CA 92649

Paula Steele (Heir of Clay Crureton)
6582 Vanguard Avenue
Garden Grove, CA 92845

John Hufford
~~Camarie Avenue~~ ~~9910~~ 5519 San Saba Ave
Midland, TX 79707

William Wallace Hufford, III
3501 Fairmont Drive
Odessa, TX 79762

Silverado Oil & Gas Corp.
P.O. Box 51338
Midland, TX 79710

Jackie Irene Thomas Walters
2401 Creekside Circle South
Irving, TX 75063

Clyde Parks Thomas
P.O. Box 8
Maryneal, TX 79535

George Allen Thomas
3601 FM 609
Roscoe, TX 79545

Marco B. Fox & Ruby O. Fox Trust
73896 Bramlet Lane
Wallowa, Oregon 97885

Muirfield Resources Company
Attn: Donna
P.O. Box 52586
Tulsa, OK 74152

Alton C. White, Jr.
3112 Above Stratford Place
Austin, TX 78746

James Reed McCrory
2100 Dietz Place, NW
Albuquerque, NM 87107

Western Commerce Bank , Trustee of the W.T. Reed Trust
Attn: Rita Neal
P.O. Box 1627
Lovington, NM 88260

David J. Flackman
4600 Riverview Blvd.
Bradenton, FL 34209

Haaron, Inc.
Attn: Mae Ellis
P.O. Box 261313
Plano, TX 75026

Thomas W. Pettit ~~151~~
~~Trinity Road~~ 121 Coranada Circle
~~Glen Ellen, CA 95442~~
Santa Barbara, CA 93108

Twila M. Goodding, Trustee of the Joseph E. and Twila M. Goodding Living Trust dated July 12, 1989 1009
Crestview Circle
Farmington, NM 87401

Shirley B. Wynn
P.O. Box 10505
Midland, TX 79702

Jane B. Ramsland Oil & Gas Partnership
P.O. Box 10505
Midland, TX 79702

Julie Ellen Barnes
P.O. Box 10505
Midland, TX 79702

Elaine Barnes
P.O. Box 10505
Midland, TX 79702

Christine Barnes Mallams
P.O. Box 10505
Midland, TX 79702

Laurie Barnes Barr
P.O. Box 10505
Midland, TX 79702

Steven C. Barnes
P.O. Box 10505
Midland, TX 79702

Herd Partners, Ltd.
P.O. Box 130
Midland, TX 79702

Waikiki Partners, L.P.
Attn: Shirley Choate
P.O. Box 2127
Midland, TX 79702

Marie R. Lawton
P.O. Box 523
Portville, NY 14770

Joan Sernak
29009 Elder Creek Ln.
East Highland, CA 92346

Nancy A. O'Connor
4310 Cannon Ridge
Fairfax, VA 22030

William W. Atwell
219 Broadway
San Antonio, TX 78205

Earlene Braue
2807 Teague Road, Apt. 1233
Houston, TX 77080

Greg Schulze 12
County Fair Trail
St. Peters, MO 63376

John Richard Schulze 249
Princeville Drive
Eagle Point, OR 97524

Jacquelyn R. Schulze 470
East 56th Avenue, Apt. C, Anchorage, AK 99518

Barbara Schulze 101
Manzeanita Way
Florence, OR 97439

G. Carmelle Hartin
14392 E. Evans Rd.
Rogue River, OR 97537

Pamela Hartin Crume
22932 Cheryl Dr.
Sedro Woolley, WA 98284-8680

Suzanne Hartin Phipps
12031 Jacqueline Dr.
Burlington, WA 98233-3645

Frederick D. Hartin, Jr.
3090 Ruby Dr.
Medford, OR 97504-3635

Mary Ann Haug
1200 Humboldt Street, Apt. 905
Denver, CO 80218

Kelly H. Baxter
P.O. Box 1649
Austin, TX 78767-1649

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:

Thomas W. Pettit
121 Granada Circle
Santa Barbara, CA
93108

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) PETTIT C. Date of Delivery 1-28-08

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 3450 0001 4317 3369

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

U.S. Postal Service™
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OFFICIAL USE

SANTA FE NEW MEXICO 501
JAN 17 2008 Postmark Here
USPS

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

7006 3450 0001 4317 3208

Sent To John Hufford
Street, Apt. No. or PO Box No. ~~Camarie Avenue~~ 5519 San Saba Ave
City, State, ZIP+4 Midland, TX 79707

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

SANTA FE NEW MEXICO
JAN 24 2008 Postmark Here
USPS

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

7006 3450 0001 4317 3369

Sent To Thomas W. Pettit
Street, Apt. No.; or PO Box No. 121 Granada Circle
City, State, ZIP+4 Santa Barbara, CA 93108

PS Form 3800, August 2006 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:

~~John Hufford~~
~~Camarie Avenue~~ 5519 San Saba Ave
Midland, TX 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Pam Hufford C. Date of Delivery 1-19-08

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 3450 0001 4317 3208

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