

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P. FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO.

Case No. 14,088

AFFIDAVIT REGARDING NOTICE

STATE OF OKLAHOMA )
) ss.
COUNTY OF OKLAHOMA )

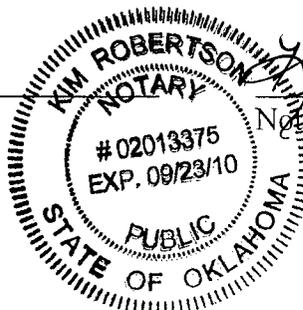
Norvella Adams, being duly sworn upon his oath, deposes and states:

- 1. I am over the age of eighteen, and have personal knowledge of the matters stated herein.
2. I am an Engineering Tech for Devon Energy Production Company, L.P.
3. Devon Energy Production Company, L.P. has conducted a diligent, good faith effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Devon Energy Production Company, L.P. has complied with the notice requirements of Division regulations.

[Handwritten signature]
08 Feb. 5

SUBSCRIBED AND SWORN TO before me this 5th day of February, 2008, by Norvella Adams.

My Commission Expires: 9-23-2010



[Handwritten signature: Kim Robertson]
Notary Public

Oil Conservation Division
Case No. 4
Exhibit No. 4



January 2, 2008

Re: Request for Exception to Rule 303-A  
Hondo 4 K #49 and Winfohr 4 Federal #2 Leases  
Red Lake; (Q-GB-SA) 51300  
Red Lake; Glorieta-Yeso 51120  
Section 4, Township 18 South, Range 27 East  
Eddy County, New Mexico

To: All Leasehold Owners

Devon Energy Production Company, L.P. has filed an application with the New Mexico Oil Conservation Division (copy enclosed) seeking an exception to NMAC 19.15.5.303.A to authorize the surface commingling of production from the Red Lake Queen-Grayburg-San Andres Pool and Red Lake Glorieta-Yeso Pool originating from its wells located on Federal Lease NM 7717, covering the NE/4SW/4 of Section 4, and Federal Lease LC 061783-A, covering the SE/4 of Section 4, in Township 18 South, Range 27 East, N.M.P.M. Applicant also seeks an exception to the metering requirements of NMAC 19.15.5.303.B(4)(a) to authorize the allocation of production from these diversely-owned wells on the basis of periodic well tests. All production from these wells is to be stored at the Windfohr "4" Tank Battery, located in the NE/4SE/4 of Section 4. This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 24, 2008 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in one of the leases, 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 latter date.

If you intend to appear at the hearing, you must notify the Division, in writing, by Thursday, January 17, 2008.

Sincerely,

Devon Energy Production Company, LP

Marcos Ortiz  
Operations Engineer

EXHIBIT A

**BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION**

**APPLICATION OF DEVON ENERGY  
PRODUCTION COMPANY, L.P. FOR  
LEASE COMMINGLING, EDDY  
COUNTY, NEW MEXICO.**

Case No. \_\_\_\_\_

**APPLICATION**

Devon Energy Production Company, L.P. applies for an exception to Division Rule 303 to permit lease commingling and an exception to metering requirements, and in support thereof, states:

1. Applicant is the operator of wells completed in the Red Lake Queen-Grayburg-San Andres Pool and the Red Lake Glorieta-Yeso Pool within (i) United States Oil and Gas Lease NM 7717, covering the NE $\frac{1}{4}$ SW $\frac{1}{4}$  of Section 4, and (ii) United States Oil and Gas Lease LC 061783-A, covering the SE $\frac{1}{4}$  of Section 4, in Township 18 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. A plat of the leases is attached as Exhibit A.

2. Applicant seeks approval to surface commingle Red Lake Queen-Grayburg-San Andres Pool and Red Lake Glorieta-Yeso Pool production from its wells located on the leases. A list of the wells involved in this application is attached as Exhibit B.

3. Applicant further seeks an exception to the metering requirements of NMAC 19.15.5.303.B(4)(a) to authorize the allocation of production from these diversely-owned wells on the basis of periodic well tests. All production from these wells is to be stored at the Windfohr "4" Tank Battery, located in the NE $\frac{1}{4}$ SE $\frac{1}{4}$  of Section 4. A schematic of the facilities is attached as Exhibit C.

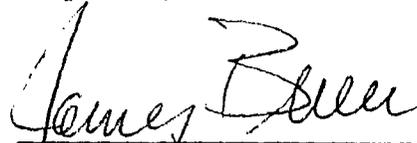
4. Royalty interest ownership under the subject leases is common, but overriding royalty interest and/or working interest ownership varies.

5. Notice of this application has been given to all interested parties, by certified mail.

6. The granting of this application will prevent waste and protect correlative rights.

**WHEREFORE**, applicant requests that, after notice and hearing, the Division enter its order approving the relief requested above.

Respectfully submitted,



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James Bruce  
Post Office Box 1056  
Santa Fe, New Mexico 87504  
(505) 982-2043

Attorney for Devon Energy Production  
Company, L.P.

**SECTION PLAT**

Eddy County, State of New Mexico

Section 4 Township 18S Range 27E  
NORTH

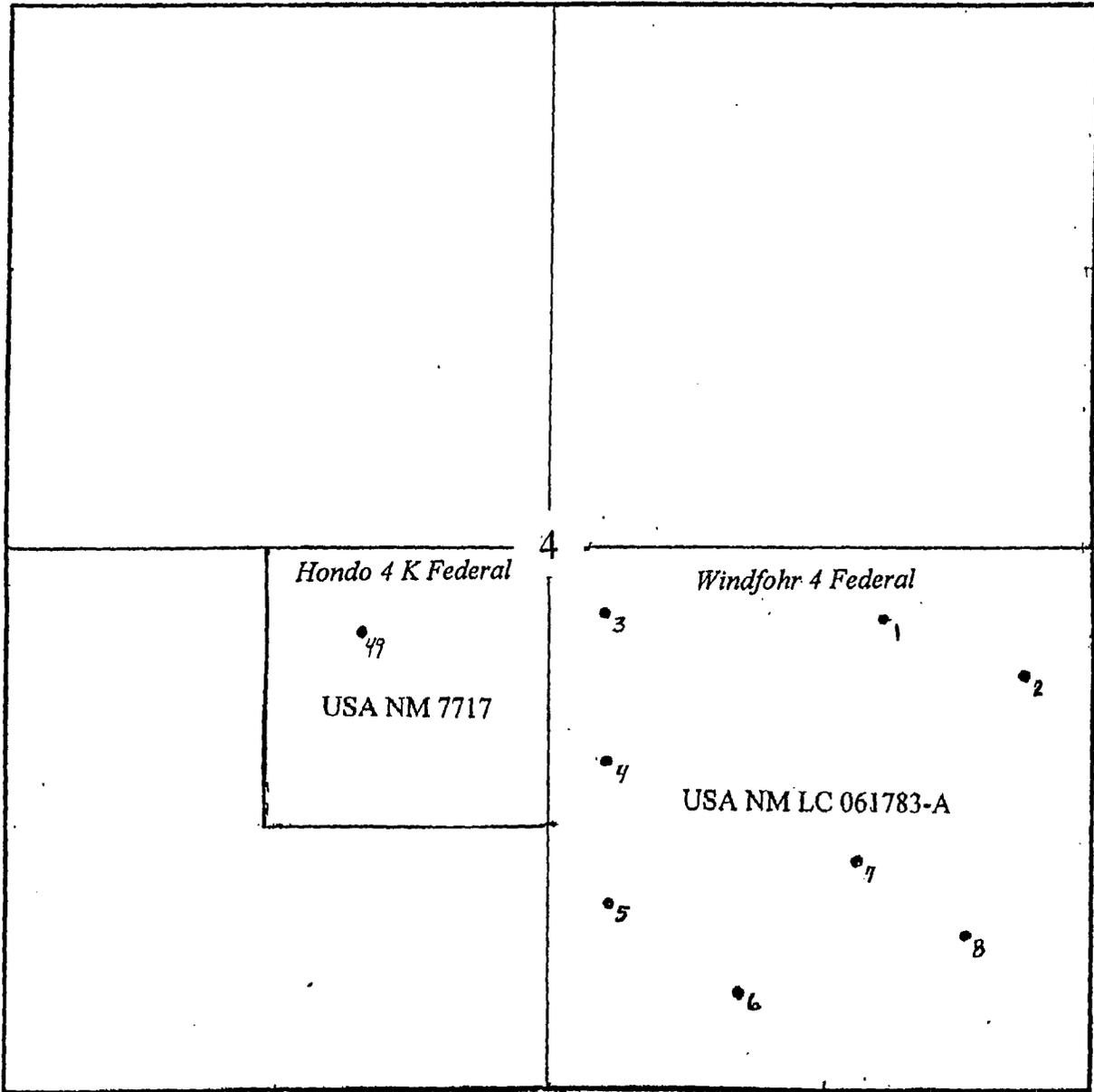


EXHIBIT A

**Devon Energy Production Company, LP**  
**Windfohr 4 Battery**  
**Section 4 – T18S – R27E. Unit I**  
**Federal Lease USA NM LC-061783-A**

Wells currently producing to the Windfohr 4 Battery:

Lease No. USA NM LC-061783-A

Lease Name: Windfohr 4 Federal

Well No.	UL	API No.	Formation / Pool Name
1	I	30-015-30467	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
2	I	30-015-30411	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
3	J	30-015-30468	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
4	J	30-015-30474	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
5	O	30-015-30415	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
6	O	30-015-30419	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
7	P	30-015-30460	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
8	P	30-015-30420	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso

Wells proposed to produce to the Windfohr 4 Battery:

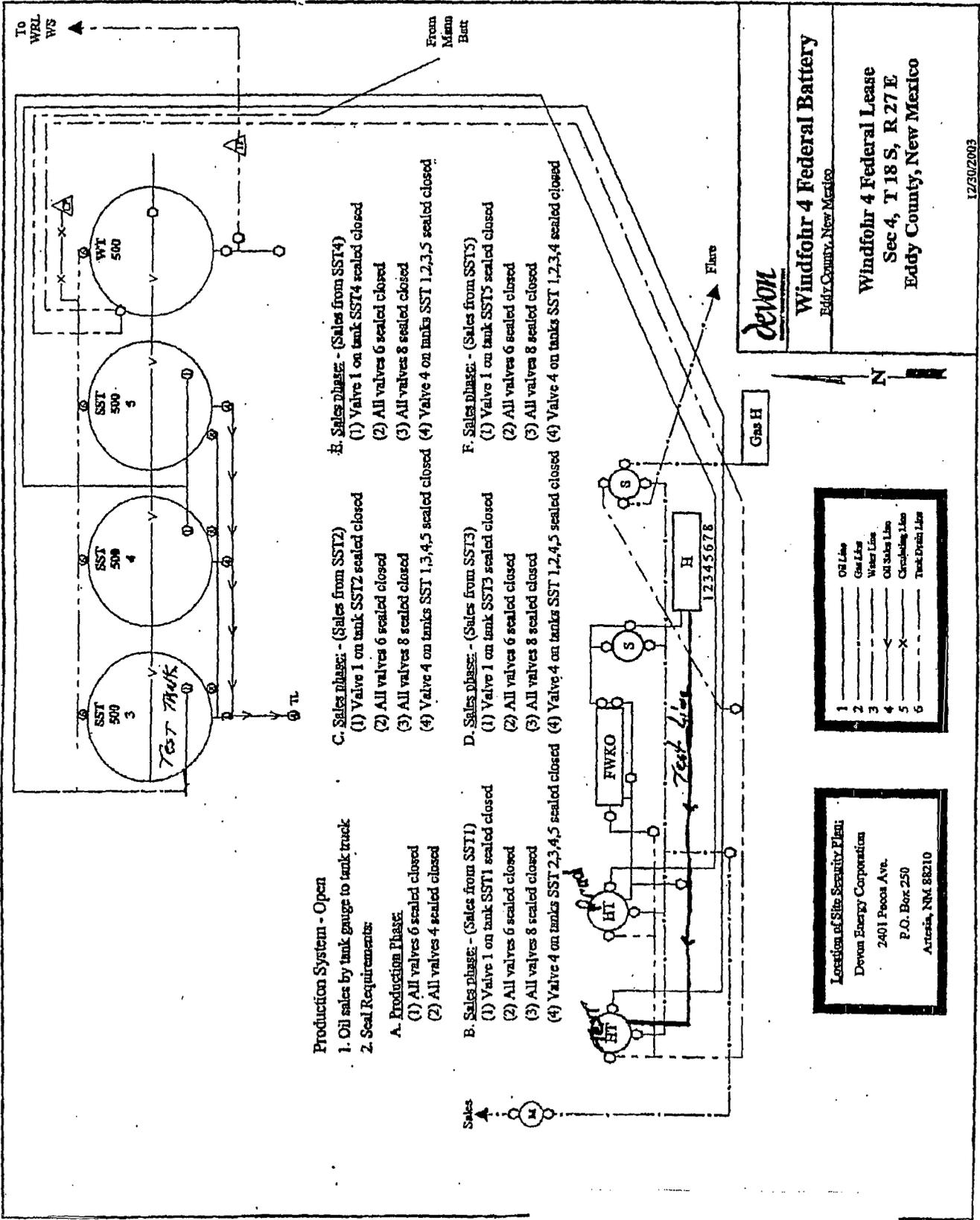
Lease No. USA NM 7717

Lease Name: Hondo 4 Federal

Well No.	UL	API No.	Formation / Pool Name
49	K	30-015-28286	Red Lake-Glorieta Yeso

EXHIBIT

**B**



**Production System - Open**

1. Oil sales by tank gauge to tank truck
2. Seal Requirements:

**A. Production Phase**

- (1) All valves 6 sealed closed
- (2) All valves 4 sealed closed

**C. Sales phase: - (Sales from SST2)**

- (1) Valve 1 on tank SST2 sealed closed
- (2) All valves 6 sealed closed
- (3) All valves 8 sealed closed
- (4) Valve 4 on tanks SST 1,3,4,5 sealed closed

**E. Sales phase: - (Sales from SST4)**

- (1) Valve 1 on tank SST4 sealed closed
- (2) All valves 6 sealed closed
- (3) All valves 8 sealed closed
- (4) Valve 4 on tanks SST 1,2,3,5 sealed closed

**B. Sales phase: - (Sales from SST1)**

- (1) Valve 1 on tank SST1 sealed closed
- (2) All valves 6 sealed closed
- (3) All valves 8 sealed closed
- (4) Valve 4 on tanks SST 2,3,4,5 sealed closed

**D. Sales phase: - (Sales from SST3)**

- (1) Valve 1 on tank SST3 sealed closed
- (2) All valves 6 sealed closed
- (3) All valves 8 sealed closed
- (4) Valve 4 on tanks SST 1,2,4,5 sealed closed

**F. Sales phase: - (Sales from SST5)**

- (1) Valve 1 on tank SST5 sealed closed
- (2) All valves 6 sealed closed
- (3) All valves 8 sealed closed
- (4) Valve 4 on tanks SST 1,2,3,4 sealed closed

**Location of Site Security Plans:**  
 Devon Energy Corporation  
 2401 Pecos Ave.  
 P.O. Box 250  
 Artesia, NM 88210

1	Oil Line
2	Gas Line
3	Water Line
4	Oil Sales Line
5	Circulating Line
6	Tank Drain Line

**DEVON**  
**Windfohr 4 Federal Battery**  
 Eddy County, New Mexico

**Windfohr 4 Federal Lease**  
 Sec 4, T 18 S, R 27 E  
 Eddy County, New Mexico

12/30/2003

**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:

CONRAD G & ADA J KEYES

KEYE155 T803552027 1207 04 01/10/08

KEYES  
804 RALEIGH RD  
LAS CRUCES NM 89105-3764

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Conrad G. Keyes*  Agent  Addressee

B. Received by (Printed Name)

*Lybilla J Keyes* C. Date of Delivery *1/12/08*

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

Mail receipt for Merchandise

Yes

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1353

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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 W THORNE  
443 WELLINGTON AVE  
ROCHESTER NY 14619

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Deborah T. Leary*  Agent  Addressee

B. Received by (Printed Name)

*Deborah T. Leary* C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 9254

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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:

ZANAIDA RUTH GRIFFIN  
2808 ABINGDON PARKWAY  
BIRMINGHAM AL 35243

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Zanaida Ruth Griffin*  Agent  Addressee

B. Received by (Printed Name)

*ZANAIDA RUTH GRIFFIN* C. Date of Delivery *1-09-08*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1414

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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 M HENSON  
 C/O IRS LEVY PROCEEDS ACS SUPPORT - STOP 813G  
 PO BOX 145566  
 CINCINNATI OH 45250

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address

B. Received by (Printed Name) C. Date of Delivery  
 INTERNAL REVENUE SERVICE

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

JAN 09 2008

POSTMASTER DIRECTOR  
 COVINGTON, KY

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label)

7006 2760 0003 6281 1438

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**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:

WILLIAM RICHARD BALLARD  
 11651 CALLE JAVELINA  
 TUCSON AZ 85748

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address

B. Received by (Printed Name) C. Date of Delivery  
 Steve Ballard 1/9/08

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 2760 0003 6281 1334

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**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 T COPPEDGE  
 PO BOX 43  
 SPENCER IN 47460

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address

B. Received by (Printed Name) C. Date of Delivery  
 James T Coppedge 1-7-08

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 2760 0003 6281 1292

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**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:

SCOTT C HENSON  
3625 SPENCE RD  
LOOMIS CA 95650

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1421

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Scott C Henson* Agent Addressee

B. Received by (Printed Name)

SCOTT HENSON

C. Date of Delivery

1/10/08

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

3265 SPENCE RD

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RAMONA L CLARK  
1615 N W 101<sup>ST</sup> STREET  
CLIVE IA 50325

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1674

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Ramona L Clark* 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

JAN 12 2008

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SUSAN L PRICE  
1526 SW FREEMAN  
PORTLAND OR 97219

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8400

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Susan L Price* Agent Addressee

B. Received by (Printed Name)

SUSAN L PRICE

C. Date of Delivery

01/10/2008

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

**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:

FRANKLIN STUART GREENE  
 PO BOX 776  
 HURLEY NM 88043

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1599

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Frank Greene*  Agent  
 Addressee
- B. Received by (Printed Name)  
 Frank Greene
- C. Date of Delivery  
 1/11/08
- 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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT H ZIEGLER JR  
 PO BOX 8621  
 KETCHIKAN AK 99901

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1391

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ALERTA N KEYES, LIFE ESTATE  
 PO BOX 461  
 LA PLATA, NM 87418

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8356

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Martha A. Keyes*  Agent  
 Addressee
- B. Received by (Printed Name)  
 MARSHA A. KEYES
- C. Date of Delivery  
 1/5/08
- 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

**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 A RONCA-WASHBURN  
11805 LA CHARLES AVE NE  
ALBUQUERQUE NM 87111

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 9285

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jane Ronca Washburn*  Agent  
 Addressee

B. Received by (Printed Name)

JANE RONCA-WASHBURN - 8-08  C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

BALWICK LIMITED PARTNERSHIP  
PO BOX 2493  
MIDLAND TX 79702

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1407

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Alei Henderson*  Agent  
 Addressee

B. Received by (Printed Name)

Alei Henderson 1-14-08  C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

PATRICIA M MARSHALL  
9 SIERRA BLANCA CIRCLE  
ROSWELL NM 88201

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1483

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Patricia Marshall*  Agent  
 Addressee

B. Received by (Printed Name)

Patricia Marshall 1/11/08  C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Wm. [unclear]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>K. M. [unclear]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to:  OCCIDENTAL PERMIAN LTD PO BOX 100725 ATLANTA GA 30384		
2. Article Number (Transfer from service label) <b>7007 0710 0001 9808 8394</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>AMERICAN AUTOMATION</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to:  MINERALS MANAGEMENT SERVICES ROYALTY MANAGEMENT PROGRAM PO BOX 5810 DENVER CO 80217		
2. Article Number (Transfer from service label) <b>7006 2760 0003 6281 1445</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Patsy Greene</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>PATSY GREENE</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to:  CHARLES HENRY GREENE 840 CAMNO DEL REX LAS CRUCES NM 88001		
2. Article Number (Transfer from service label) <b>7006 2760 0003 6281 1490</b>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>E Hinson</i>	C. Date of Delivery <i>1-8-08</i>
1. Article Addressed to:  ERIC F HINSON 7714 LITCHFIELD LANE SPRING TX 77379	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7006 2760 0003 6281 1643	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>HENRY THORNE</i>	C. Date of Delivery <i>1-7-08</i>
1. Article Addressed to:  HENRY F THORNE PO BOX 36 LONG PINE NE 69217	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)	7006 2760 0003 6281 1360	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>HELEN MARIE WHITE</i>	C. Date of Delivery <i>JAN 08 2008</i>
1. Article Addressed to:  HELEN MARIE WHITE PO BOX 24492 CINCINNATI OH 45224	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7007 0710 0001 9808 8387	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

**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 T PRICE III  
 11947 MARBON MEADOWS DR  
 JACKSONVILLE FL 32223

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8332

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Mammoth King*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-7-08

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT K MEYER  
 PO BOX 57  
 ELK MOUNTAIN WY 82324

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1629

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Robert Meyer*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-7-08

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

**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:

VICKI L OWENS  
 PO BOX 696  
 EUNICE NM 88231

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1551

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Vicki Owens*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

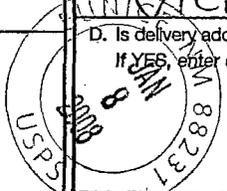
1-8-08

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



**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:

CHARLES M PIER  
4004 SANGUINET ST  
FORT WORTH, TX 76107

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8493

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *CM-Pier* Agent Addressee

B. Received by (Printed Name)

CHARLES PIER

C. Date of Delivery

1-8-08

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ANN Z BRADFORD LIVING TRUST  
UDO DECEMBER 5 2002  
1036 BELL STREET  
EDMONDS WA 98020

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8370

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *AB* Agent Addressee

B. Received by (Printed Name)

A Bradford

C. Date of Delivery

1-9-08

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SPIRAL INC  
PO BOX 1933  
ROSWELL NM 88202

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1322

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Anna M. Carreon* Agent Addressee

B. Received by (Printed Name)

Anna M. Carreon

C. Date of Delivery

1-8-07

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Dragon</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JTF</i> C. Date of Delivery <i>1-7-08</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>FAM TR OF JOHN OLAF LARSGAARD          AND SHARON LARUE LARSGAARD          7627 146<sup>TH</sup> AVE E          SUMNER WA 98390</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7006 2760 0003 6281 1544</b></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Tancy</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tancy</i> C. Date of Delivery <i>1-8-08</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>RONDAL T GETTYS          PO BOX 367          DECATUR TX 76234</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7006 2760 0003 6281 1667</b></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>James</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James McWhorter</i> C. Date of Delivery <i>1-9-08</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>MARY J MCWHORTER          769 CANYON ROAD          LOGAN UT 84321</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7007 0710 0001 9808 9315</b></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	

**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:

RICHARD K DAVIDSON  
 PO BOX 387  
 LA JARA CO 81140

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *[Signature]*  Addressee

B. Received by (Printed Name) *Richard K Davidson* C. Date of Delivery *1/7/08*

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 2760 0003 6281 1452**

**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:

MCWHORTER LIVING TRUST  
 6140 E VOLTAIRE  
 SCOTTSDALE AZ 85254

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *[Signature]*  Addressee

B. Received by (Printed Name) *RUTH A MCWHORTER* C. Date of Delivery *1/7/08*

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 2760 0003 6281 1537**

**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:

NOBLE ROYALTIES INC  
 PO BOX 660082  
 DALLAS TX 75266

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *[Signature]*  Addressee

B. Received by (Printed Name) *JAN 07 2008* C. Date of Delivery *07/2008*

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 2760 0003 6281 1612**

**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:

FIELD ROEBUCK  
6960 JOYCE WAY  
DALLAS TX 75225

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1513

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Field Roebuck* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery  
8 JAN 2004D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOHN E THORNE  
2756 TAMARACK DR  
ARNOLD MO 63010

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1315

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102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *John E Thorne* Agent Addressee

B. Received by (Printed Name)

John E Thorne

C. Date of Delivery

1-7-08

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ANNE BURNETT TANDY TEST TRUST  
BURNETT PLAZA STE 1500  
801 CHERRY ST UNIT 9  
FORTH WORTH TX 76102

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1506

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *M Everett* Agent Addressee

B. Received by (Printed Name)

M Everett

C. Date of Delivery

1-7-08

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NANCY BRUNDEN  
C/O 1<sup>ST</sup> NATIONAL BANK TRUST DEPT  
PO BOX AA  
ARTESIA NM 88211

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Phillip Lawson*  Agent  
 Addressee
- B. Received by (Printed Name) *Phillip Lawson* C. Date of Delivery *1-7-08*
- 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 Merchandis  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0003 6281 1568  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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:

YATES BROTHERS A PARTNERSHIP  
105 SOUTH 4<sup>TH</sup> ST  
ARTESIA NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Melissa Stewart*  Agent  
 Addressee
- B. Received by (Printed Name) *MELISSA STEWART* 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 Merchandis  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0003 6281 1384  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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:

LEISA G WAYLETT  
510 W WALNUT  
DECATUR TX 76234

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Leisa Waylett*  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery *1-5-8*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

2. Article Number 7006 2760 0003 6281 1650  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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:

ANNE VALIANT BURNETT WINDFOHR  
 1952 TRUST  
 BURNETT PLAZA STE 1500  
 801 CHERRY ST UNIT 9  
 FORTH WORTH TX 76102

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1605

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee

B. Received by (Printed Name)  
 M Everett

C. Date of Delivery

1-7-08

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**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:

ANN D ALLISON  
 PO BOX 64035  
 LUBBOCK TX 79464

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 9247

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee

B. Received by (Printed Name)  
 R Allison

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

BURNETT OIL CO., INC.  
 801 CHERRY STREET, SUITE 1500  
 FORTH WORTH TX 76102

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1469

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee

B. Received by (Printed Name)  
 M Everett

C. Date of Delivery

1-7-08

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

**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:

DAVIS  
 DAVID A COPPEDGE  
 466 GOODWIN DR  
 RICHARDSON TX 75081

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 9261

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*David Coppedge*  Agent  
 Addressee

B. Received by (Printed Name)

DAVID A. COPPEDGE

C. Date of Delivery

1-5-08

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

**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:

CHARLOTTE G MEADOR  
 PO BOX 395  
 DECATUR TX 76234

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8363

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Charlotte Meador*  Agent  
 Addressee

B. Received by (Printed Name)

Charlotte Meador

C. Date of Delivery

1-7-08

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

**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:

EDITH C WHEELER  
 PO BOX 64035  
 LUBBOCK TX 79464

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1346

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Edith Wheeler*  Agent  
 Addressee

B. Received by (Printed Name)

Edith Wheeler

C. Date of Delivery

JAN - 7 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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT WAYNE DELANCY  
1715 S GARY AVENUE  
TULSA OK 74104

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8349

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Cynthia Delancy*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  
1-4-08

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

**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:

RICHARD OSCAR GREENE  
5404 NOAH WAY  
SAN DIEGO CA 92117

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1582

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Richard O. Greene*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  
1-5-08

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

**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:

THUNDERBIRD OIL  
5349 AMESBURY DR # 711  
DALLAS TX 75206

2. Article Number

(Transfer from service label)

7006 2760 0003 6281 1636

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X John Tate*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOHN WIDNEY LODEWICK  
3305 WENTWOOD  
DALLAS TX 75225

2. Article Number  
(Transfer from service label)

7006 2760 0003 6281 1377

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *J. Lodewick*  Address
- B. Received by (Printed Name) C. Date of Delivery  
 1-5-08
- 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

**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:

CHESAPEAKE EXPLORATION LLC  
PO BOX 960161  
OKLAHOMA CITY, OK 73196

2. Article Number  
(Transfer from service label)

7007 0710 0001 9808 8417

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *Etolia Cunningham*  Address
- 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



7006 2760 0003 6281 1599

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



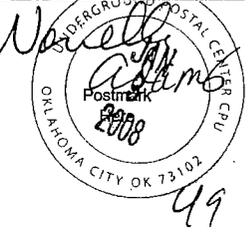
Sent To Noble Royalties Inc  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0003 6281 1575

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



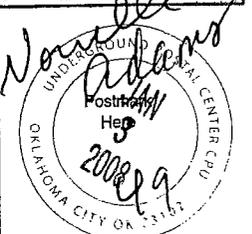
Sent To Richard Oscar Greene  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0003 6281 1575

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



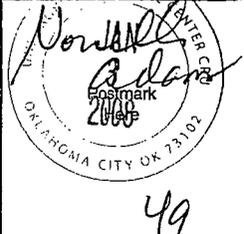
Sent To Nancy Brunder  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

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7006 2760 0003 6281 1599

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



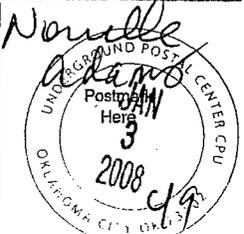
Sent To Franklin Stuart Greene  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

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7006 2760 0003 6281 1575

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



Sent To Arne Valiant Burnett Windfobn  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

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	\$	5.77



Sent To Martha M Byrd  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

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7007 0710 0001 9808 8370

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$5.77	49

Sent To Ann Z. Bradford Living Trust  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8355

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$5.77	49

Sent To Charlotte G Meador  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8356

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$5.77	49

Sent To Alerta N Keys Life Estate  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

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7007 0710 0001 9808 9261

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$5.77	49

Sent To David A. Coppedge  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8400

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$5.77	49

Sent To Susan S. Price  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0003 6281 1391

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$5.77	49

Sent To Robert H Ziegler Jr.  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

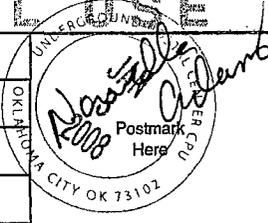
7006 2760 0003 6281 1407

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



Sent to Balwin Limited Proshy  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

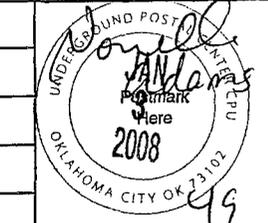
7006 2760 0003 6281 1537

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



Sent to McWhorter Living Trust  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

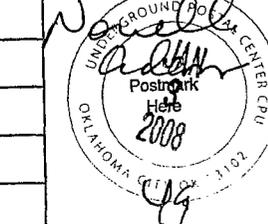
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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



Sent to Ralph Alexander Shuckler  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

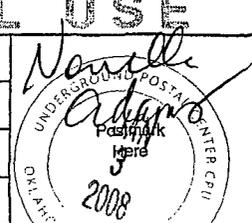
7006 2760 0003 6281 1517

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



Sent to Field Raebuck  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

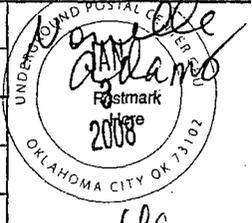
7006 2760 0003 6281 1627

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



Sent to Robert K Meyer  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

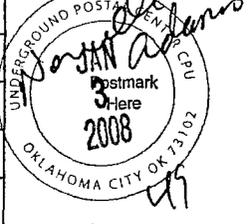
7006 2760 0003 6281 1417

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77



Sent to Zandaine Ruth Griffin  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0003 6281 1490

U.S. Postal Service™  
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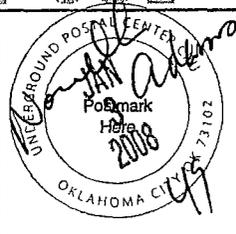
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Sent To: *Charles Henry Greene*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7007 0710 0001 9808 8417

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Sent To: *Chesapeake Exploration Inc*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7006 2760 0003 6281 1315

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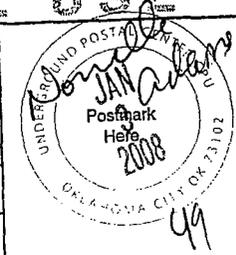
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Sent To: *John E Thorne*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7006 2760 0003 6281 1421

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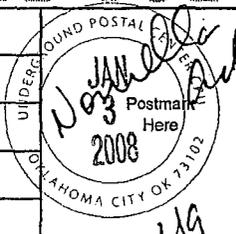
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Sent To: *Scott C Henson*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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7006 2760 0003 6281 1438

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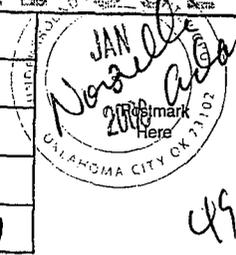
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Sent To: *Steven M Henson*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7006 2760 0003 6281 1483

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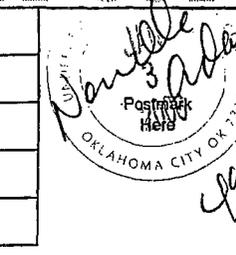
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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Sent To: *Patricia M Marshall*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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7006 2760 0003 6281 1506

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here  
 OKLAHOMA CITY OK 73102

49

Sent To *Anne Burnett Tandy Trust*

Street, Apt. No., or PO Box No. *Trust*

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0003 6281 1551

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here  
 OKLAHOMA CITY OK 73102

49

Sent To *Vicki L Owens*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0003 6281 1544

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

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 OKLAHOMA CITY OK 73102

49

Sent To *Fam Trof John Olaf Larsgaard*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0003 6281 1544

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

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49

Sent To *Eric F Hinson*

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

City, State, ZIP+4

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7006 2760 0003 6281 1651

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here  
 OKLAHOMA CITY OK 73102

49

Sent To *Leisa G Waylett*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0003 6281 1691

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here  
 OKLAHOMA CITY OK 73102

49

Sent To *Thunderbird Oil*

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

City, State, ZIP+4

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7006 2760 0003 6281 1339

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

Postmark Here  
 3  
 2008  
 49

Sent To William Richard Ballard  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

Postmark Here  
 JAN  
 3  
 2008

Sent To Robert Wayne Delaney  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

Postmark Here  
 JAN  
 3  
 2008  
 49

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

7006 2760 0003 6281 1322

7006 2760 0003 6281 1377

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

Postmark Here  
 3  
 2008  
 49

Sent To John Widney Rodewick  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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	\$5.77

Postmark Here  
 3  
 2008  
 49

Sent To David W. Thome  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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	\$5.77

Postmark Here  
 JAN  
 3  
 2008  
 49

Sent To Edith C Wheeler  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

7006 2760 0003 6281 1346

1445  
1829  
E000  
0922  
7007

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here 2008 49

Sent To Mms

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

1452  
1829  
E000  
0922  
7006

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here 2008 49

Sent To Richard K Davidson

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

1469  
1829  
E000  
0922  
7006

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here 2008 49

Sent To Burnett Oil Co Inc.

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

9247  
9808  
0001  
0710  
7007

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here 2008 49

Sent To Ann D Allison

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

1360  
1829  
E000  
0922  
7006

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here 2008 49

Sent To Henry F Thonne

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

1484  
1829  
E000  
0922  
7006

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

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Sent To Gates Bros A Partnership

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

City, State, ZIP+4

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7007 0710 0001 9808 9315

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To *Mary J McWhorter*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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7007 0710 0001 9808 9278

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To *Michael H. Moore*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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7006 2760 0003 6281 1292

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To *James Floppese*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 9285

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To *Jane A Korea - Washburn*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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7006 2760 0003 6281 1358

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To *Conrad G + Ada J Keyes*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 9292

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To *Laura Patricia Redewick*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

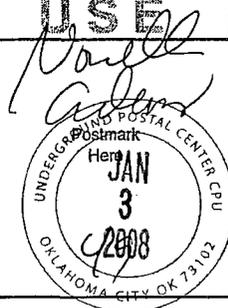
7006 2760 0003 6281 1674

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$5.77



Sent To Ramona L Clark  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

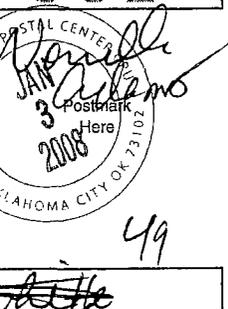
7007 0710 0001 9808 8325

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$5.77



Sent To Michelle Ruth ~~white~~ white  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

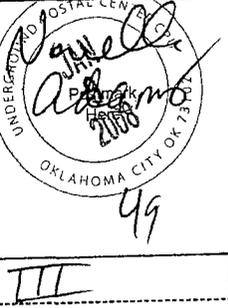
7007 0710 0001 9808 8332

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$5.77



Sent To John T Price III  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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7007 0710 0001 9808 8387

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$5.77



Sent To Helen Marie White  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8394

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$5.77



Sent To Occidental Permeo LTD  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

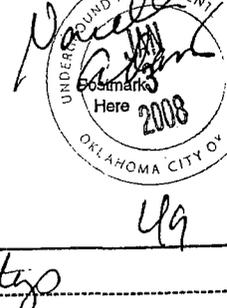
7006 2760 0003 6281 1674

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$5.77



Sent To Rondel T Bettys  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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