

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

**APPLICATION OF SYNERGY OPERATING,
LLC FOR COMPULSORY POOLING, SAN
JUAN COUNTY, NEW MEXICO.**

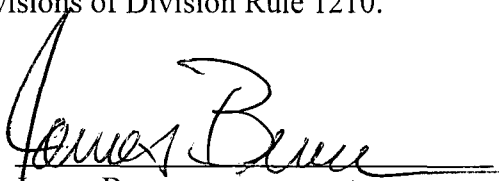
Case No. 14,174

AFFIDAVIT OF NOTICE

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

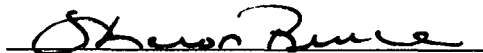
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Synergy Operating, LLC.
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 letter 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 19th day of August, 2008 by James Bruce.

My Commission Expires: 3/14/09


Notary Public

Oil Conservation Division
Case No. 14174
Exhibit No. 2

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

July 31, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

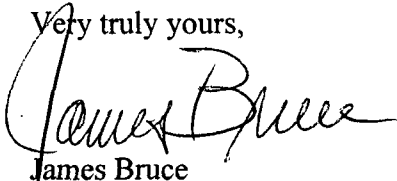
To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application, filed with New Mexico Oil Conservation Division by Synergy Operating, LLC, seeking compulsory pooling of the E $\frac{1}{2}$ of Section 7, Township 29 North, Range 13 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 21, 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, August 14, 2008 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Synergy Operating, LLC

EXHIBIT

A

EXHIBIT A

CITY OF FARMINGTON
800 Municipal Drive
Farmington, NM 87401

NM STATE HIGHWAY DEPT.
DEPARTMENT OF TRANSPORTATION
P.O. Box 1149
Santa Fe, NM 87504

A. LORRAINE POWERS TRUST
P.O. Box 2323
Farmington, NM 87499

JOHN LEE PRUITT
2714 West Apache Street
Farmington, NM 87401

AUBREY M. PRUITT
3839 Crocus Drive
Phoenix, AZ 85032

MARY ANN PARKER
5015 East Weldon Avenue
Phoenix, AZ 85018

CLARENCE GWYN PRUITT
2501 Glade Road
Farmington, NM 87401

DOVY ANN LEDFORD
P.O. Box 5302
Farmington, NM 87499

LARRY LEE PRUITT
900 West 30th Street.
Farmington, NM 87401

TIMOTHY RAY PRUITT
2415 Glade Road
Farmington, NM 87401

JAMES EDWARD PRUITT
6617 NW Melody Lane
Parkville, Missouri 64152

BARBARA A. KRONIG
1121 Acoma Place
Farmington, NM 87402

SANDRA SUE WITTEN
P.O. Box 593
Boise City, OK 73933

CHERYL NORDSTRUM
3613 North Dustin
Farmington, NM 87401

SANDRA KAY PRUITT
19016 North 71st Drive
Glendale, AZ 85308

LINDA GAY DUNCAN
7104 North 63rd Drive
Glendale, AZ 85301

CLAYTON INVESTMENT COMPANY
Suite 100
501 Airport Drive
Farmington, NM 87401

DELLE MARIE CASSELBERRY, TRUSTEE
921 Deer Trail
Farmington, NM 87401

JESS GARREN MARKLE
880 Deer Trail
Farmington, NM 87401

C. DENNIS and FRANCES R. BEASLEY
2410 Riverview Lane
Farmington, NM 87401

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

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

Sent To
 C. DENNIS and FRANCES R. BEASLEY
 2410 Riverview Lane
 Farmington, NM 87401
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 PS Form 3800, August 2005 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:
 C. DENNIS and FRANCES R. BEASLEY
 2410 Riverview Lane
 Farmington, NM 87401

2. Article Number
 (Transfer from service label)
 7006 3450 0001 4318 0145
 PS Form 3811, February 2004 Domestic Return Receipt 5-7 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
☐ Agent ☐ Addressee
 B. Received by (Printed Name) *DENNIS BEASLEY*
 C. Date of Delivery *2008 AUG 11*
 D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below:

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

PS Form 3800, August 2005 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:

JESS GARRIN MARKLE
 880 Deer Trail
 Farmington, NM 87401

2. Article Number
 (Transfer from service label)
 7006 3450 0001 4318 0152

PS Form 3811, February 2004 Domestic Return Receipt 5-7 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *JESS MARKLE* C. Date of Delivery *8-12*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

PS Form 3800, August 2005 See Reverse for Instructions

U.S. Postal ServiceTM
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Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 JESS GARRIN MARKLE
 880 Deer Trail
 Farmington, NM 87401
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 PS Form 3800, August 2005 See Reverse for Instructions

2570 87EH 1000 054E 9002

5470 87EH 1000 054E 9002

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

Sent to
 AUBREY M. PRUITT
 3839 Crocus Drive
 Phoenix, AZ 85032
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

0520 8714 7000 054E 9002

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:

SANDRA SUE WITTEN
 P.O. Box 593
 Boise City, OK 73933

2. Article Number

(Transfer from service label)

7006 3450 0001 4318 0275

PS Form 3811, February 2004

Domestic Return Receipt 3-P

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:

AUBREY M. PRUITT
 3839 Crocus Drive
 Phoenix, AZ 85032

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 3450 0001 4318 0350

PS Form 3811, February 2004

Domestic Return Receipt

3-P

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
Sandra Witten
- B. Received by (Printed Name)
Sandra Witten
- C. Date of Delivery
8-8-08
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent to

SANDRA SUE WITTEN
 P.O. Box 593
 Boise City, OK 73933

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

0520 8714 7000 054E 9002

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

Sent To
JAMES EDWARD PRUITT
6617 NW Melody Lane
Parkville, Missouri 64152
City, State, ZIP+4

Postmark Here

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:

JAMES EDWARD PRUITT
6617 NW Melody Lane
Parkville, Missouri 64152

2. Article Number

(Transfer from service label)

7006 3450 0001 4318 0299

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **James E. Pruitt** C. Date of Delivery

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

AUG 2 2008

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:

LINDA GAY DUNCAN
7104 North 63rd Drive
Glendale, AZ 85301

AUG 2 2008

Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 3450 0001 4318 0183

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	\$

Sent To

LINDA GAY DUNCAN
7104 North 63rd Drive
Glendale, AZ 85301

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)

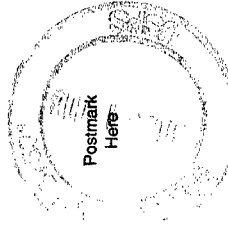
Total Postage & Fees \$

Sent To

DOVY ANN LEDFORD
P.O. Box 5302
Farmington, NM 87499

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



62ED 8TEH 1000 05HE 9002

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 LEE PRUITT
2714 West Apache Street
Farmington, NM 87401

2. Article Number
(Transfer from service label)

7006 3450 0001 4316 0367

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *John Lee Pruitt* C. Date of Delivery

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

If YES, enter delivery address below:

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

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

Domestic Return Receipt *S-P*

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:

DOVY ANN LEDFORD
P.O. Box 5302
Farmington, NM 87499

2. Article Number
(Transfer from service label)

7006 3450 0001 4316 0329

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *John Lee Pruitt* C. Date of Delivery

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

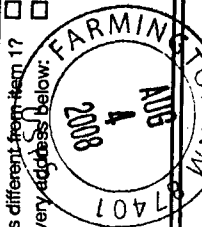
If YES, enter delivery address below:

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

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

Domestic Return Receipt *S-P*

102595-02-M-1540



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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

JOHN LEE PRUITT
2714 West Apache Street
Farmington, NM 87401

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

29ED 8TEH 1000 05HE 9002

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

Sent to
 Street, Apt. No.,
 or PO Box No. 19016 North 71st Drive
 City, State, Zip+4 Glendale, AZ 85308

PS Form 3800, August 2005 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:
 SANDRA KAY PRUITT
 19016 North 71st Drive
 Glendale, AZ 85308

2. Article Number
 (Transfer from service label) 7006 3450 0001 4318 0282

PS Form 3811, February 2004 Domestic Return Receipt S-P

PS Form 3800, August 2005 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:
 BARBARA A. KRONIG
 1121 Acoma Place
 Farmington, NM 87402

2. Article Number
 (Transfer from service label) 7006 3450 0001 4318 0282

PS Form 3811, February 2004 Domestic Return Receipt S-P

PS Form 3800, August 2005 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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

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

2. Article Number
 (Transfer from service label) 7006 3450 0001 4318 0282

PS Form 3811, February 2004 Domestic Return Receipt S-P

PS Form 3800, August 2005 See Reverse for Instructions

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

Sent to
 Street, Apt. No.,
 or PO Box No. 1121 Acoma Place
 City, State, Zip+4 Farmington, NM 87402

PS Form 3800, August 2005 See Reverse for Instructions

PS Form 3811, February 2004 Domestic Return Receipt S-P

PS Form 3800, August 2005 See Reverse for Instructions

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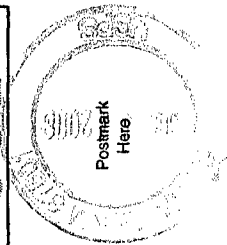
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
CLAYTON INVESTMENT COMPANY
 Street, Apt. No., Suite 100
 or PO Box No. 501 Airport Drive
 City, State, ZIP+4 Farmington, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions



9270 8764 7000 054E 9002

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:

DELLE MARIE CASSELBERRY, TRUSTEE
 921 Deer Trail
 Farmington, NM 87401

2. Article Number

(Transfer from service lab)

7006 3450 0001 4318 0169

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:

CLAYTON INVESTMENT COMPANY
 Suite 100
 501 Airport Drive
 Farmington, NM 87401

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 lab)

7006 3450 0001 4318 0176

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery **8/2**

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)

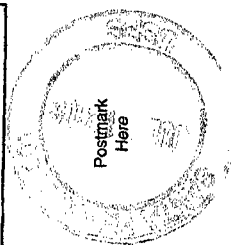
☐ Yes

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

Sent To
DELLE MARIE CASSELBERRY, TRUSTEE
 921 Deer Trail
 Farmington, NM 87401

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

PS Form 3800, August 2006 See Reverse for Instructions



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7007 3020 0001 2489 2753

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

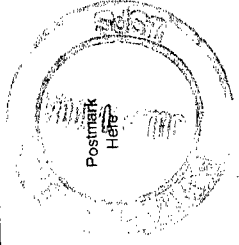
OFFICIAL USE

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

Sent To **CHERYL NORDSTRUM**
3613 North Dustin
Farmington, NM 87401

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:

CHERYL NORDSTRUM
3613 North Dustin
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) *CHERYL NORDSTRUM* C. Date of Delivery *8-2-05*

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

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

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

2. Article Number (Transfer from service label) **7007 3020 0001 2489 2753**

Domestic Return Receipt *S-P*

PS Form 3811, February 2004 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:

LARRY LEE PRUITT
900 West 30th Street
Farmington, NM 87401

2. Article Number (Transfer from service label) **7006 3450 0001 4318 0312**

PS Form 3811, February 2004 Domestic Return Receipt *S-P*

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

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

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

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

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

7006 3450 0001 4318 0312

Domestic Return Receipt *S-P* 102595-02-M-1540

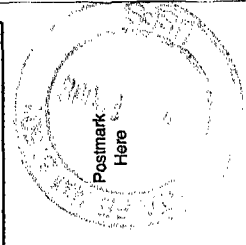
U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To **LARRY LEE PRUITT**
900 West 30th Street
Farmington, NM 87401

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



PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

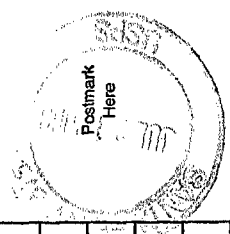
For delivery information, visit our website at www.usps.com[®]

OFFICIAL USE

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

Sent to
CITY OF FARMINGTON
800 Municipal Drive
Farmington, NM 87401
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions



7006 3450 0001 4318 0398

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:

CITY OF FARMINGTON
800 Municipal Drive
Farmington, NM 87401

2. Article Number
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Timothy R. Pruitt*
B. Received by (Printed Name) *Timothy R. Pruitt*
C. Date of Delivery *08/04/08*

D. Is delivery address different from item 1? ☐ Yes
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)

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:

TIMOTHY RAY PRUITT
2415 Glade Road
Farmington, NM 87401

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Margery Pruitt*
B. Received by (Printed Name) *Margery Pruitt*
C. Date of Delivery *8/2*

D. Is delivery address different from item 1? ☐ Yes
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)

PS Form 3811, February 2004 Domestic Return Receipt

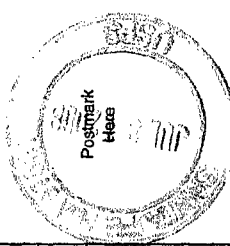
102595-02-M-1540

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OFFICIAL USE

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



Sent to
TIMOTHY RAY PRUITT
2415 Glade Road
Farmington, NM 87401
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4318 0398

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OFFICIAL USE

Postmark Here

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

Sent To
A. LORRAINE POWERS TRUST
 P.O. Box 2323
 Farmington, NM 87499
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

42ED 8TEH T000 05HE 9002

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:

A. LORRAINE POWERS TRUST
 P.O. Box 2323
 Farmington, NM 87499

2. Article Number
(Transfer from service label) **7006 3450 0001 4318 0374**

PS Form 3811, February 2004 Domestic Return Receipt **S-P**

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **x Lorraine Powers** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Lorraine Powers** C. Date of Delivery **8-15**

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

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

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

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:

CLARENCE OWYN PRUITT
 2501 Glade Road
 Farmington, NM 87401

2. Article Number
(Transfer from service label) **7006 3450 0001 4318 0336**

PS Form 3811, February 2004 Domestic Return Receipt **S-P**

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **x Margaret Pruitt** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Margaret Pruitt** C. Date of Delivery **8/2**

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

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

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

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Postmark Here

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

Sent To
CLARENCE OWYN PRUITT
 2501 Glade Road
 Farmington, NM 87401
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

9EED 8TEH T000 05HE 9002


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Track & Confirm

Search Results

Label/Receipt Number: 7006 3450 0001 4318 0381
Status: **Delivered**

Your item was delivered at 7:16 AM on August 1, 2008 in SANTA FE, NM 87504.

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)
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[Return to USPS.com Home >](#)

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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No FEAR Act EEO Data

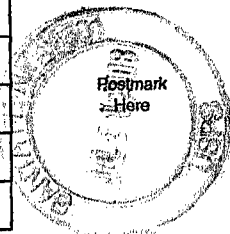
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
	
Sent To	NM STATE HIGHWAY DEPT.
Street, Apt. No., or PO Box No.	DEPARTMENT OF TRANSPORTATION P.O. Box 1149
City, State, ZIP+4	Santa Fe, NM 87504
PS Form 3800, August 2006	
See Reverse for Instructions	


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Track & Confirm

Search Results

Label/Receipt Number: **7006 3450 0001 4318 0343**
 Status: **Notice Left**

We attempted to deliver your item at 4:15 PM on August 2, 2008 in PHOENIX, AZ 85018 and a notice was left. It can be redelivered or picked up at the Post Office. If the item is unclaimed, it will be returned to the sender. Information, if available, is updated every evening. Please check again later.

Track & Confirm

Enter Label/Receipt Number.

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Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to MARY ANN PARKER 5015 East Weldon Avenue Phoenix, AZ 85018	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006	

