BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF EDGE PETROLEUM OPERATING COMPANY, INC. TO EXPAND THE HORIZONTAL LIMITS OF THE LOVINGTON-UPPER PENNSYLVANIAN POOL, OR IN THE ALTERNATIVE FOR APPROVAL OF A NON-STANDARD OIL SPACING AND PRORATION UNIT AND AN UNORTHODOX OIL WELL LOCATION IN THE NORTHEAST LOVINGTON-UPPER PENNSYLVANIAN POOL, LEA COUNTY, NEW MEXICO. **Case No. 14,259**

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 Edge Petroleum Operating Company, Inc., and have personal knowledge of the matters stated herein.

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 proper 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 Rules.

James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of December, 2008 by James Bruce.

My Commission Expires: 3/14/09

Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 6

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

November 26, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for pool expansion, *etc.*, filed with the New Mexico Oil Conservation Division by Edge Petroleum Operating Company, Inc., regarding the SW¼NW¼ of Section 25, Township 16 South, Range 36 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 18, 2008, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date. (The persons listed in Group I may be affected by both the non-standard unit and unorthodox location; the persons listed in Group II may be affected by the non-standard unit only; and the persons listed in Group III may be affected by the unorthodox location only.)

A party appearing in a Division case is required by Division Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, December 11, 2008. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce

Attorney for Edge Petroleum Operating Company, Inc.

EXHIBIT A

EXHIBIT A

Group I.

Trustee of the Amended and
Restated Trust Agreement
Dated June 17, 1999 (Anderson
Carter, Trustor)
c/o Anderson Carter, II
P.O. Box 7190
Ruidoso, NM 88355

Carter Family Minerals, LLC
P.O. Box 328
Ft. Sumner, NM 88119

Barry Coates Roberts and
George L. Stieren, Trustees
of the Coates Energy Trust
P.O. Box 90569
San Antonio, TX 78209

Trustee of the Jenny Roberts
Schimpff Trust UTA 12/22/89
P.O. Box 90569
San Antonio, TX 78209

Trustee of the Catherine G.
Roberts Trust UTA 12/22/89
P.O. Box 90569
San Antonio, TX 78209

Trustee of the Barry Coates
Roberts Trust UTA 12/22/89
P.O. Box 90569
San Antonio, TX 78209

Trustee of the Lisa Stieren
Hardeman Trust UTA 12/22/89
P.O. Box 90569
San Antonio, TX 78209

Trustee of the George L.
Stieren Trust UTA 12/22/89
P.O. Box 90569
San Antonio, TX 78209

Trustee of the Wendy Stieren
Wirth Trust UTA 12/22/89
P.O. Box 90569
San Antonio, TX 78209

Trustee of the Kelly Stieren
Daniell Trust UTA 12/22/89
P.O. Box 90569
San Antonio, TX 78209

Trustee of the Amy E. Stieren
Trust UTA 12/22/89
P.O. Box 90569
San Antonio, TX 78209

CRJ Resources, LLC
P.O. Box 1090
Roswell, NM 88202

LM Robinson, LLC
Roswell, NM 88202
P.O. Box 1090

Herring's Carter Minerals, LLC
P.O. Box 2036
Roswell, NM 88202

Marjory J. Dye Trust
6331-88th Street
Lubbock, TX 79424

Carter Legacy, LLC
Katherine D. Payton, Manager
5331 85th Street
Lubbock, TX 79424

Brian Murphy-Dye
6517 Louise Place, NE
Albuquerque, NM 87109

Harry J. Schaefer, Trustee
of the Mary E. Grisso Trust No. 1
2601 NW Expressway, Suite 610 E
Oklahoma City, OK 73112

Bank of America, Trustee
(f/b/o Maggie Grisso, Pauline
E. Martin, Wayne A. Grisso,
And D.H. Grisso) the Grisso
Family Trust
P.O. Box 830308
Dallas, TX 75283

Randy Geiselman (Sandra)
2700 Racquet Club Drive
Midland, TX 79705

Dorchester Minerals, LP
3838 Oak Lawn Ave., Suite 300
Dallas, TX 75219

Maecenas Minerals, LLP
P.O. Box 176
Abilene, TX 79604

Clarence L. Rash, Executor
of Estate of Myrtle Lee Malone,
1530 Warren Street
San Fernando, CA 91340

Theodora P. Reed, Successor
Trustee of the John
W. Pilant and Jean H. Pilant
Family Trust U/A 9/23/86
6612 Painted Desert Drive
Las Vegas, NV 89108-5718

Mercantile Trading Corp.
2200 Ross Ave, Suite 4900
Dallas, TX 75201

Edward Armstrong Elkan, Jr.
c/o Dottie McLaughlin
Wells Fargo Bank, N.A.
Suite 760
500 West Texas
Midland, Texas 79701

Harold Alston Elkan (Nancy)
3731 Shade Tree Terrace
Portage, MI 79024-1036

The Long Trusts
Larry Long, Trustee
P.O. Box 3096
Kilgore, TX 75663

Cathie Auvenshine aka
Cathie McCown
P.O. Box 658
Dripping Springs, TX 78620

Kenneth G. Cone
P.O. Box 11310
Midland, TX 79702

Annis Robert, Trustee
of the Vicki Jeanne Saari
Special Needs Trust
1230 S. 500 West, Apt. 11A
Bountiful, UT 84010

Group II.

Elizabeth Staggs Huckabay,
Co-Trustee of The Mary Kathryn
Grisso Rev. Trust U/A 6/7/96
4104 Ramsey Road
Yukon, OK 73099

Black Stone Minerals Co, LP
1001 Fannin, Suite 2020
Houston, TX 77002-6709

Carl A. Schellinger (Gloria)
P.O. Box 447
Roswell, NM 88202

Branex Resources, Inc.
P.O. Box 2990
Ruidoso, NM 88355

EMG Oil Properties, Inc.
1000 W. Fourth Street
Roswell, NM 88201

First Presbyterian Church
Foundation
400 W. 3rd
Roswell, NM 88202

PJC Limited Partnership
P.O. Box 1713
Roswell, NM 88202

S.P. Johnson, III and
Barbara Jo Johnson,
Co-Trustees of the S.P.
Johnson and Barbara Jo
Johnson Trust UTA 1/24/85
P.O. Box 1641
Roswell, NM 88202

James Reed McCrory
P.O. Box 25764
Albuquerque, NM 87125-0764

Western Commerce Bank, Trustee
Of the W.T. Reed Trust
P.O. Box 1627
Lovington, NM 88260-1627

Billy Glenn Spradlin
29 Rim Road
Kilgore, TX 75662

Western Commerce Bank, as
Agent for Klein Bank, Rita D.
Schenck and William Carl
Schenck Co-Trustees of
Trust A-2, Trust B,
Trust B-GST created under
Kirby D. Schenck and Rita
D. Schenck Rev. Trust d, 10/2/91
P.O. Box 1627
Lovington, NM 88260

Est. of Betty Sue Jones
6834 W. Leawood Dr.
Littleton, CO 80123

Arland Hamilton Bishop
2142 Huntington Drive
Grand Prairie, TX 75051

John Ray Bishop
1404 Avenue H
Lovington, NM 88260

Drew Edward Bishop
624 32nd Road
Clifton, CO 8152

Dale M. Sanders
P.O. Box 83
Las Cruces, NM 88004

Group III.

June D. Speight
P.O. Drawer 1687
Lovington, NM 88260

Bettye K. Logan
P.O. Box 1162
Tryson, NC 28782-1162

James L. Dow
4820 Cape Coral Street
Dallas, TX 75287

Est. of John G. Byers
c/o Barbara B. Van Tine, Executrix
1098 Mill Ridge
McClean, VA 22102

John G. Byers, Jr.
105 Lick Meadow Road
Bristol, TN 37620

Barbara B. Van Tine
1098 Mill Ridge
McLean, VA 22102-2145

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:

Randy Geiselman (Sandra)
2700 Racquet Club Drive
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Randy Geiselman ☐ Agent ☒ Addressee

B. Received by (Printed Name) R. GEISELMAN C. Date of Delivery 12-5

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) 7008 0500 0001 4522 6590

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

7008 0500 0001 4522 6613

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

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Sent To: Harry J. Schaefer, Trustee of the Mary E. Grisso Trust No. 1
Street, Apt. No.; or PO Box No.: 2601 NW Expressway, Suite 610 E
City, State, ZIP+4: Oklahoma City, OK 73112

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6590

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

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SANTA FE NM 87

Sent To: Randy Geiselman (Sandra)
Street, Apt. No.; or PO Box No.: 2700 Racquet Club Drive
City, State, ZIP+4: Midland, TX 79705

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:

Harry J. Schaefer, Trustee
of the Mary E. Grisso Trust No. 1
2601 NW Expressway, Suite 610 E
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-5

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) 7008 0500 0001 4522 6613

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7008 0500 0001 4522 6729

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

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Sent To: Dale M. Sanders
Street, Apt. No.; or PO Box No.: P.O. Box 83
City, State, ZIP+4: Las Cruces, NM 88004

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:

Maecenas Minerals, LLP
P.O. Box 176
Abilene, TX 79604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Kinard ☐ Agent ☐ Addressee

B. Received by (Printed Name) LINDA KINARD C. Date of Delivery 12-4

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)* 7008 0500 0001 4522 6576

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:

Dale M. Sanders
P.O. Box 83
Las Cruces, NM 88004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dale M. Sanders ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dale M. Sanders C. Date of Delivery 12-4-08

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

2. Article Number *(Transfer from service label)* 7008 0500 0001 4522 6729

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

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Sent To: Maecenas Minerals, LLP
Street, Apt. No.; or PO Box No.: P.O. Box 176
City, State, ZIP+4: Abilene, TX 79604

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7008 0500 0001 4522 6385

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Total Postage & Fees	$

Postmark: NOV 26 2008 SANTA FE NM 87501

Sent To: Western Commerce Bank, Trustee
Of the W.T. Reed Trust
P.O. Box 1627
Lovington, NM 88260-1627

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

City, State, ZIP+4

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SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Theodora P. Reed, Successor
Trustee of the John
W. Pilant and Jean H. Pilant
Family Trust U/A 9/23/88
6612 Painted Desert Drive
Las Vegas, NV 89108-5718

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Debra Montgomery ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
12-1

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) 7008 0500 0001 4522 6552

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SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Western Commerce Bank, Trustee
Of the W.T. Reed Trust
P.O. Box 1627
Lovington, NM 88260-1627

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

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

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

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

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

2. Article Number
(Transfer from service label) 7008 0500 0001 4522 6385

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

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Total Postage & Fees	$

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Sent To: Theodora P. Reed, Successor
Trustee of the John
W. Pilant and Jean H. Pilant
Family Trust U/A 9/23/88
6612 Painted Desert Drive
Las Vegas, NV 89108-5718

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

City, State, ZIP+4

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

Postmark Here

NOV 26 2008

NM 87

Sent To: PJC Limited Partnership
Street, Apt. No.; or PO Box No.: P.O. Box 1713
City, State, ZIP+4: Roswell, NM 88202

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6415

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Long Trusts
Larry Long, Trustee
P.O. Box 3096
Kilgore, TX 75663

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tina Balch ☐ Agent ☐ Addressee

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

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

DEC 02 2008 TX

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)* 7008 0500 0001 4522 6514

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:

PJC Limited Partnership
P.O. Box 1713
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tracy Thomps ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tracy Thompson — C. Date of Delivery 12-2-08

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)* 7008 0500 0001 4522 6415

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

Postmark Here

DEC 2 2008 NM 87

Sent To: The Long Trusts
Street, Apt. No.; or PO Box No.: Larry Long, Trustee P.O. Box 3096
City, State, ZIP+4: Kilgore, TX 75663

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6514

7008 0500 0001 4522 6705

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

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SANTA FE NM 87501 NOV 26 2008

Sent To	Trustee of the Amended and Restated Trust Agreement Dated June 17, 1999 (Anderson Carter, Trustor)
Street, Apt. No., or PO Box No.	c/o Anderson Carter, II P.O. Box 7190
City, State, ZIP+4	Ruidoso, NM 88355

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

S.P. Johnson, III and Barbara Jo Johnson, Co-Trustees of the S.P. Johnson and Barbara Jo Johnson Trust UTA 1/24/85
P.O. Box 1641
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tracy Thompson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tracy Thompson C. Date of Delivery 12-2-08

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)* 7008 0500 0001 4522 6408

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

1. Article Addressed to:

Trustee of the Amended and Restated Trust Agreement Dated June 17, 1999 (Anderson Carter, Trustor)
c/o Anderson Carter, II
P.O. Box 7190
Ruidoso, NM 88355

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

HOLLYWOOD USPS 2008

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)* 7008 0500 0001 4522 6705

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

7008 0500 0001 4522 6408

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

Postmark Here
SANTA FE NM 87501 NOV 26 2008

Sent To	S.P. Johnson, III and Barbara Jo Johnson, Co-Trustees of the S.P. Johnson and Barbara Jo Johnson Trust UTA 1/24/85
Street, Apt. No., or PO Box No.	P.O. Box 1641
City, State, ZIP+4	Roswell, NM 88202

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:

Dorchester Minerals, LP
3838 Oak Lawn Ave., Suite 300
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) TK Boozer C. Date of Delivery 12-1-08

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) 7008 0500 0001 4522 6583

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

7008 0500 0001 4522 6279

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

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Sent To John G. Byers, Jr.
Street, Apt. No.; or PO Box No. 105 Lick Meadow Road
City, State, ZIP+4 Bristol, TN 37620

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6583

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

Postmark Here NOV 26 2008 NM 87501

Sent To Dorchester Minerals, LP
Street, Apt. No.; or PO Box No. 3838 Oak Lawn Ave., Suite 300
City, State, ZIP+4 Dallas, TX 75219

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John G. Byers, Jr.
105 Lick Meadow Road
Bristol, TN 37620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Ruth Johnson C. Date of Delivery DEC 3 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) 7008 0500 0001 4522 6279

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

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

Postmark Here

SANTA FE NM 87501 NOV 26 2008

7008 0500 0001 4522 6675

Sent To
Street, Apt. No.; or PO Box No. CRJ Resources, LLC
P.O. Box 1090
City, State, ZIP+4 Roswell, NM 88202

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:

Carter Family Minerals, LLC
P.O. Box 328
Ft Sumner, NM 88119

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beverly Carter ☐ 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

FT SUMNER NM 88119 DEC -3 2008 USPS

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

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

2. Article Number
(Transfer from service label) 7008 0500 0001 4522 6699

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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:

CRJ Resources, LLC
P.O. Box 1090
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
D. Golusky 12-3-08

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

ROSWELL NM 882 DEC 3 2008

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) 7008 0500 0001 4522 6675

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

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

Postmark Here

SANTA FE NM 87501 NOV 26 2008

7008 0500 0001 4522 6699

Sent To
Street, Apt. No.; or PO Box No. Carter Family Minerals, LLC
P.O. Box 328
City, State, ZIP+4 Ft Sumner, NM 88119

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6637

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

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Sent To	Carter Legacy, LLC Katherine D. Payton, Manager
Street, Apt. No.; or PO Box No.	5331 85th Street
City, State, ZIP+4	Lubbock, TX 79424

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

John Ray Bishop
1404 Avenue H
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bobbie Bishop* ☐ Agent ☐ Addressee

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

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

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

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

2. Article Number *(Transfer from service label)* 7008 0500 0001 4522 6330

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:

Carter Legacy, LLC
Katherine D. Payton, Manager
5331 85th Street
Lubbock, TX 79424

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Kathy Payton* ☐ 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

USPS DEC - 3 2008 SANTA FE NM 87501

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)* 7008 0500 0001 4522 6637

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

7008 0500 0001 4522 6330

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

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Sent To	John Ray Bishop
Street, Apt. No.; or PO Box No.	1404 Avenue H
City, State, ZIP+4	Lovington, NM 88260

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6712

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

SANTA FE NM
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DEC - 2 2008

Sent To: Edward Armstrong Elkan, Jr.
c/o Dottie McLaughlin
Wells Fargo Bank, N.A.
Street, Apt. No.; or PO Box No.: Suite 760
500 West Texas
City, State, ZIP+4: Midland, Texas 79701

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:

~~Elizabeth Staggs Huckabay~~, Co-Trustee of The Mary Kathryn Grisso Rev. Trust U/A 6/7/96
4104 Ramsey Road
Yukon, OK 73099

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elizabeth Huckabay ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-8-08

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

2. Article Number (Transfer from service label) 7008 0500 0001 4522 6477

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:

Edward Armstrong Elkan, Jr.
c/o Dottie McLaughlin
Wells Fargo Bank, N.A.
Suite 760
500 West Texas
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name) Lou Ann Adams C. Date of Delivery 12-8

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 (Transfer from service label) 7008 0500 0001 4522 6712

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

7008 0500 0001 4522 6477

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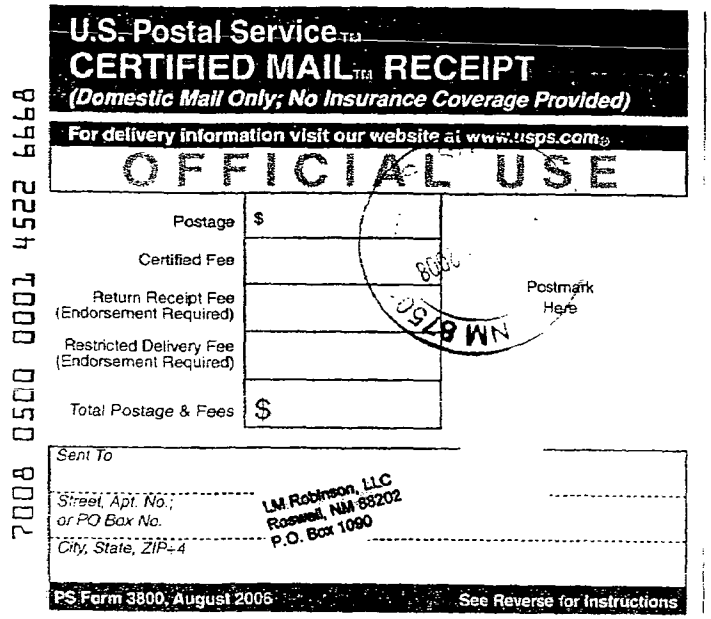
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501
NOV 26 2008
Postmark Here

Sent To: ~~Elizabeth Staggs Huckabay~~, Co-Trustee of The Mary Kathryn Grisso Rev. Trust U/A 6/7/96
Street, Apt. No.; or PO Box No.: 4104 Ramsey Road
City, State, ZIP+4: Yukon, OK 73099

PS Form 3800, August 2006 — See Reverse for Instructions



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

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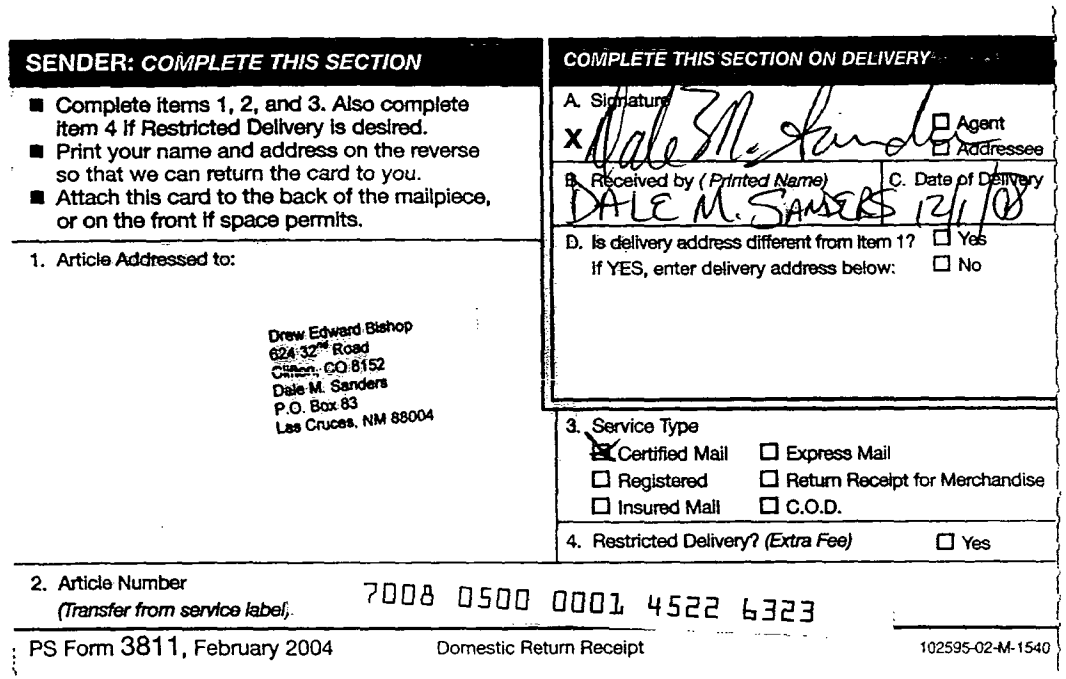
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

LM Robinson, LLC
Roswell, NM 88202
P.O. Box 1090

7008 0500 0001 4522 6668

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:

Drew Edward Bishop
624 32nd Road
Clifton, CO 8152
Dale M. Sanders
P.O. Box 83
Las Cruces, NM 88004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dale M. Sanders ☐ Agent ☐ Addressee

B. Received by (Printed Name) DALE M. SANDERS C. Date of Delivery 12/1/08

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) 7008 0500 0001 4522 6323

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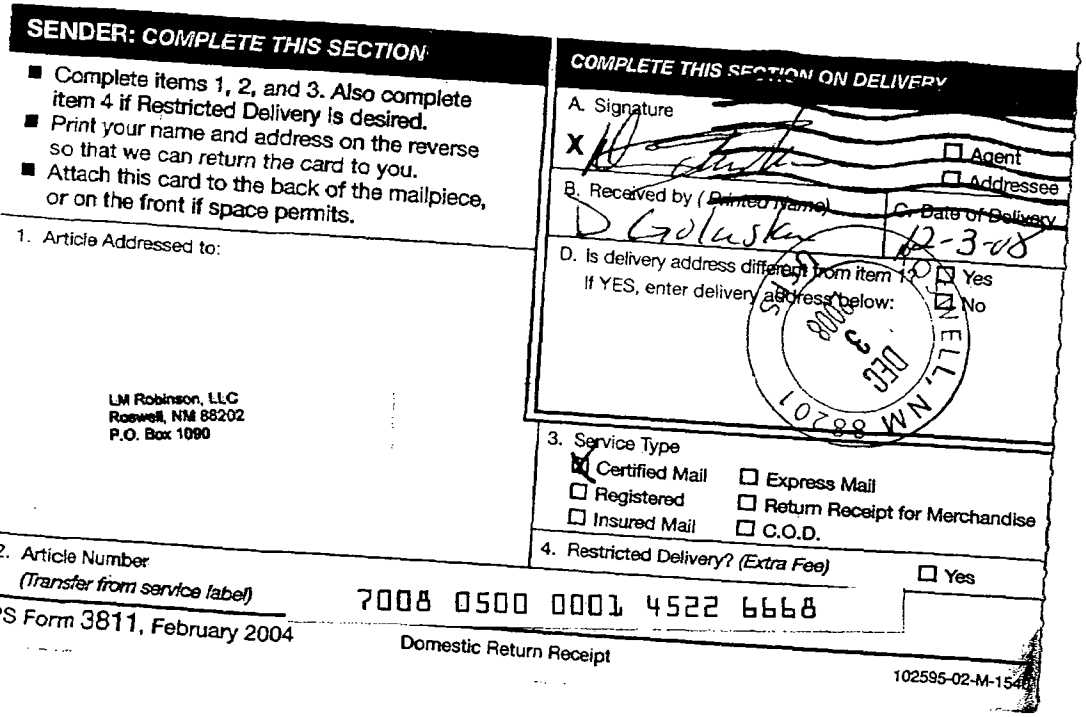


SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LM Robinson, LLC
Roswell, NM 88202
P.O. Box 1090

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) D Golinsky C. Date of Delivery 12-3-08

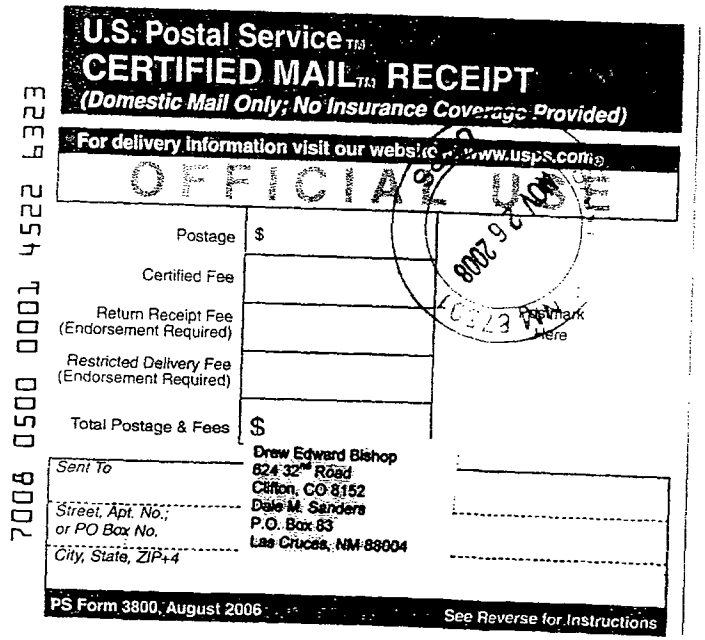
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7008 0500 0001 4522 6668

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



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

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

Drew Edward Bishop
624 32nd Road
Clifton, CO 8152
Dale M. Sanders
P.O. Box 83
Las Cruces, NM 88004

7008 0500 0001 4522 6323

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6286

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

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USPS SANTA FE NM 87501 NOV 26 2008

Sent To: Est. of John G. Byers, deceased
c/o Barbara B. Van Tine, Executrix
Street, Apt. No., or PO Box No.: 1098 Mill Ridge
City, State, ZIP+4: McLean, VA 22102

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:

Barbara B. Van Tine,
1098 Mill Ridge
McLean, VA 22102-2145

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

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

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

2. Article Number *(Transfer from service label)* 7008 0500 0001 4522 6255

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:

Est. of John G. Byers, deceased
c/o Barbara B. Van Tine, Executrix
1098 Mill Ridge
McLean, VA 22102

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

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

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

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

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

2. Article Number *(Transfer from service label)* 7008 0500 0001 4522 6286

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

7008 0500 0001 4522 6255

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

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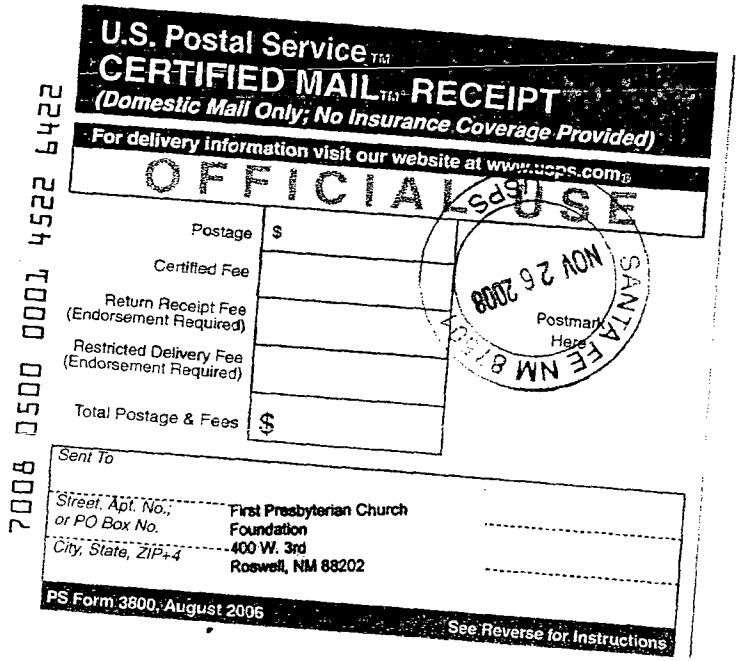
USPS SANTA FE NM 87501 NOV 26 2008

Sent To: Barbara B. Van Tine,
1098 Mill Ridge
McLean, VA 22102-2145
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:

PS Form 3800, August 2006 — See Reverse for Instructions



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Total Postage & Fees $

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NOV 26 2008
SANTA FE NM 87504

7008 0500 0001 4522 6422

Sent To
Street, Apt. No.; or PO Box No. First Presbyterian Church Foundation 400 W. 3rd
City, State, ZIP+4 Roswell, NM 88202

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:

EMG Oil Properties, Inc.
1000 W. Fourth Street
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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) 7008 0500 0001 4522 6439

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:

First Presbyterian Church
Foundation
400 W. 3rd
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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) 7008 0500 0001 4522 6422

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

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

Postmark Here
NOV 26 2008
SANTA FE NM 87504

7008 0500 0001 4522 6439

Sent To
Street, Apt. No.; or PO Box No. EMG Oil Properties, Inc. 1000 W. Fourth Street
City, State, ZIP+4 Roswell, NM 88201

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here: SANTA FE NM NOV 26 2008

Sent To
Barry Coates Roberts and George L. Stieren, Trustees of the Coates Energy Trust
Street, Apt. No., or PO Box No.: P.O. Box 90569
City, State, ZIP+4: San Antonio, TX 78209

7008 0500 0001 4522 6682

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:

Black Stone Minerals Co, LP
1001 Fannin, Suite 2020
Houston, TX 77002-6709

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 12-1-08

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)* 7008 0500 0001 4522 6460

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:

Barry Coates Roberts and
George L. Stieren, Trustees
of the Coates Energy Trust
P.O. Box 90569
San Antonio, TX 78209

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy Navey ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nancy Navey C. Date of Delivery 12-1-08

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)* 7008 0500 0001 4522 6682

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

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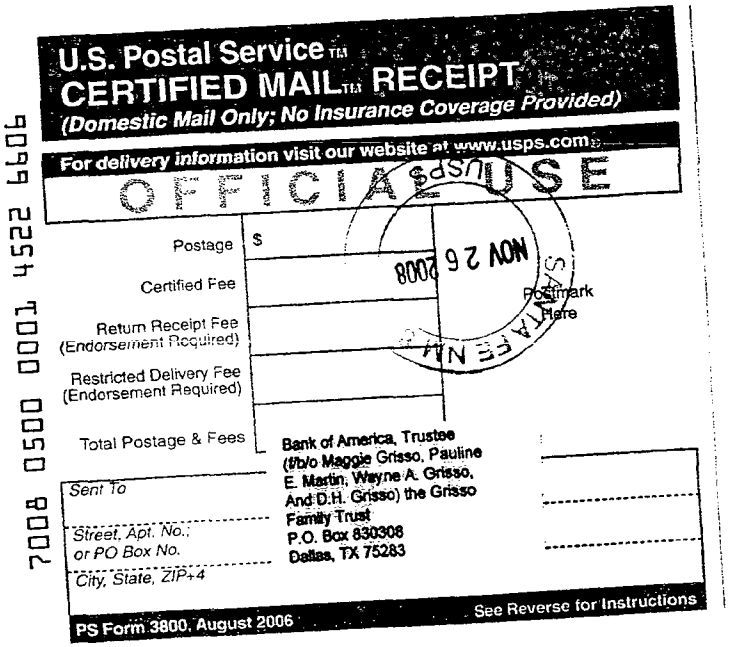
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: SANTA FE NM NOV 26 2008

Sent To
Black Stone Minerals Co, LP
Street, Apt. No., or PO Box No.: 1001 Fannin, Suite 2020
City, State, ZIP+4: Houston, TX 77002-6709

7008 0500 0001 4522 6460

PS Form 3800, August 2006 — See Reverse for Instructions



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

Postmark Here
NOV 26 2008
SANTA FE NM

7008 0500 0001 4522 6606

Sent To
Bank of America, Trustee (f/b/o Maggie Grisso, Pauline E. Martin, Wayne A. Grisso, And D.H. Grisso) the Grisso Family Trust
Street, Apt. No.; or PO Box No.
P.O. Box 830308
City, State, ZIP+4
Dallas, TX 75283

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:

Bettye K. Logan, widow
P.O. Box 1162
Tryson, NC 28782-1162

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 12/1/08

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)* 7008 0500 0001 4522 6309

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bank of America, Trustee (f/b/o Maggie Grisso, Pauline E. Martin, Wayne A. Grisso, And D.H. Grisso) the Grisso Family Trust
P.O. Box 830308
Dallas, TX 75283

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DEC 01 2008 | C. Date of Delivery

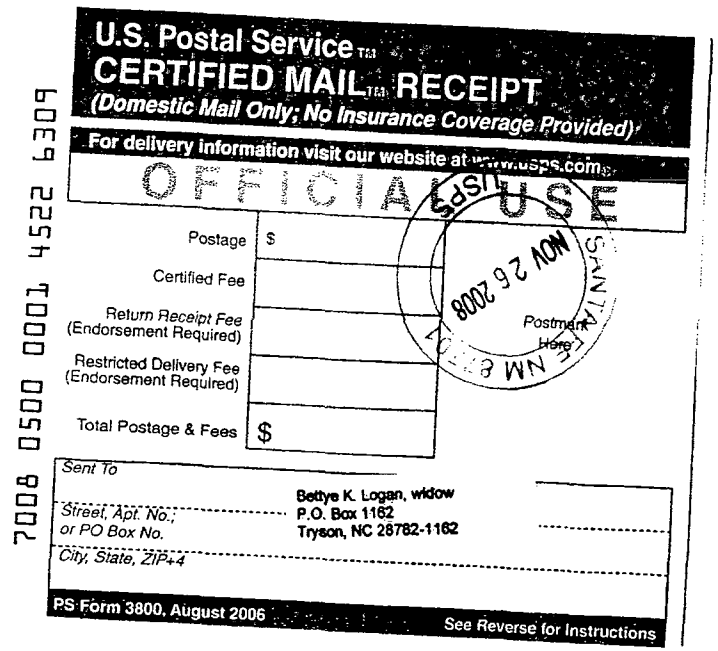
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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

2. Article Number *(Transfer from service label)* 7008 0500 0001 4522 6606

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



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

Postmark Here
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SANTA FE NM

7008 0500 0001 4522 6309

Sent To
Bettye K. Logan, widow
Street, Apt. No.; or PO Box No.
P.O. Box 1162
City, State, ZIP+4
Tryson, NC 28782-1162

PS Form 3800, August 2006 — See Reverse for Instructions

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

SANTA FE NM DEC - 8 2008 Postmark Here USPS 87501

Sent To: Drew Edward Bishop
Street, Apt. No.; or PO Box No.: 624 32nd Road
City, State, ZIP+4: Clifton, CO 8152

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6736

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:

Marjory J. Dye Trust
5331 85th Street
Lubbock, TX 79424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Katherine D Payton ☐ 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

LUBBOCK TX DEC 11 2008

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)* 7008 0500 0001 4522 6743

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:

Drew Edward Bishop
624 32nd Road
Clifton, CO 8152

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Angel Bishop ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANGEL BISHOP | C. Date of Delivery 12-4-08

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

2. Article Number *(Transfer from service label)* 7008 0500 0001 4522 6736

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

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

SANTA FE NM DEC - 8 2008 Postmark Here USPS 87501

Sent To: Marjory J. Dye Trust
Street, Apt. No.; or PO Box No.: 5331 85th Street
City, State, ZIP+4: Lubbock, TX 79424

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6743

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

Postmark Here: NOV 26 2008 SANTA FE NM 87501

Sent To
Herring's Carter Minerals, LLC
P.O. Box 2036
Roswell, NM 88202

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6651

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:

Brian Murphy-Dye
6517 Louise Place, NE
Albuquerque, NM 87109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 29 NOV 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) 7008 0500 0001 4522 6620

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:

Herring's Carter Minerals, LLC
P.O. Box 2036
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ann Herring ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANN HERRING C. Date of Delivery 12-1-08

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) 7008 0500 0001 4522 6651

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

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

Postmark Here: NOV 26 2008 SANTA FE NM 87501

Sent To
Brian Murphy-Dye
6517 Louise Place, NE
Albuquerque, NM 87109

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6620

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

Postmark Here
NOV 26 2008
SANTA FE NM 87501

Sent To: June D. Speight
Street, Apt. No.; or PO Box No.: P.O. Drawer 1687
City, State, ZIP+4: Lovington, NM 88260

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6316

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 L. Dow
4820 Cape Coral Street
Dallas, TX 75287

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. Dow ☒ Agent ☐ Addressee

B. Received by (Printed Name) K. Dow — C. Date of Delivery 11-28-08

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

Same

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

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

2. Article Number *(Transfer from service label)* 7008 0500 0001 4522 6293

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:

June D. Speight
P.O. Drawer 1687
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

NOV 28 2008
LOVINGTON NM 88260

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)* 7008 0500 0001 4522 6316

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

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

Postmark Here
NOV 26 2008
SANTA FE NM 87501

Sent To: James L. Dow
Street, Apt. No.; or PO Box No.: 4820 Cape Coral Street
City, State, ZIP+4: Dallas, TX 75287

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6293

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

Postmark Here

Sent To: Western Commerce Bank, as Agent for Klein Bank, Rita D. Schenck and William Carl Schenck Co-Trustees of Trust A-2, Trust B, Trust B-GST created under Kirby D. Schenck and Rita D. Schenck Rev. Trust 10/2/91

Street, Apt. No., or PO Box No.: P.O. Box 1627

City, State, ZIP+4: Lovington, NM 88260

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6361

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:

Est. of Betty Sue Jones
6834 W. Leawood Dr.
Littleton, CO 80123

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Buddy Jones ☐ Agent ☐ Addressee

B. Received by (Printed Name): Buddy Jones
C. Date of Delivery: 11/29/08

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

6384

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): 7008 0500 0001 4522 6354

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Western Commerce Bank, as Agent for Klein Bank, Rita D. Schenck and William Carl Schenck Co-Trustees of Trust A-2, Trust B, Trust B-GST created under Kirby D. Schenck and Rita D. Schenck Rev. Trust 10/2/91
P.O. Box 1627
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7008 0500 0001 4522 6361

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

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

Postmark Here: NOV 26 2008 NM 8750

Sent To: Est. of Betty Sue Jones
Street, Apt. No., or PO Box No.: 6834 W. Leawood Dr.
City, State, ZIP+4: Littleton, CO 80123

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6354

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

SANTA FE NM 87501 Postmark Here NOV 26 2008

Sent To: James Reed McCrory
Street, Apt. No.; or PO Box No.: P.O. Box 25764
City, State, ZIP+4: Albuquerque, NM 87125-0764

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6392

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:

Billy Glenn Spradlin
29 Rim Road
Kilgore, TX 75662

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
11/29/08

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) 7008 0500 0001 4522 6378

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James Reed McCrory
P.O. Box 25764
Albuquerque, NM 87125-0764

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JAMES REED MCCRORY | C. Date of Delivery 12-1-08

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

ALBUQUERQUE NM (505) 883-7777 DEC 1 2008 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 0500 0001 4522 6392

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

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

SANTA FE NM 87501 Postmark Here NOV 26 2008

Sent To: Billy Glenn Spradlin
Street, Apt. No.; or PO Box No.: 29 Rim Road
City, State, ZIP+4: Kilgore, TX 75662

PS Form 3800, August 2006 — See Reverse for Instructions

7008 0500 0001 4522 6378

7008 0500 0001 4522 6453

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

Postmark Here: SANTA FE NM 87501 NOV 26 2008

Sent To: Carl A. Schellinger (Gloria)
Street, Apt. No.; or PO Box No.: P.O. Box 447
City, State, ZIP+4: Roswell, NM 88202

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:

Branex Resources, Inc.
P.O. Box 2990
Ruidoso, NM 88355

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11/29/08

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)* 7008 0500 0001 4522 6446

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:

Carl A. Schellinger (Gloria)
P.O. Box 447
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pat Pruitt ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pat Pruitt C. Date of Delivery 12-1-08

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)* 7008 0500 0001 4522 6453

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

7008 0500 0001 4522 6446

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OFFICIAL USE

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

Postmark Here: SANTA FE NM 87501 NOV 26 2008

Sent To: Branex Resources, Inc.
Street, Apt. No.; or PO Box No.: P.O. Box 2990
City, State, ZIP+4: Ruidoso, NM 88355

PS Form 3800, August 2006 — See Reverse for Instructions

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

Postmark Here: SANTA FE NM 87501 NOV 26 2008

7008 0500 0001 4522 6538

Sent To

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

City, State, ZIP+4

Edward Armstrong Elkan, Jr.
c/o AIF Harold Alston Elkan
3731 Shade Tree Terrace
Portage, MI 79024-1036

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:

Cathie Auvenshine aka
Cathie McCown
P.O. Box 658
Dripping Springs, TX 78620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cathie M. Cown ☐ Agent ☑ Addressee

B. Received by (Printed Name): Cathie McCown
C. Date of Delivery: 12/1

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)* 7008 0500 0001 4522 6507

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:

Edward Armstrong Elkan, Jr.
c/o AIF Harold Alston Elkan
3731 Shade Tree Terrace
Portage, MI 79024-1036

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Harold Elkan ☐ Agent ☐ Addressee

B. Received by (Printed Name): Harold Elkan
C. Date of Delivery: 11-29-08

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)* 7008 0500 0001 4522 6538

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

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

Postmark Here: SANTA FE NM 87501 NOV 26 2008

7008 0500 0001 4522 6507

Sent To

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

City, State, ZIP+4

Cathie Auvenshine aka
Cathie McCown
P.O. Box 658
Dripping Springs, TX 78620

PS Form 3800, August 2006 — See Reverse for Instructions

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

Postmark Here

SANTA FE NM 87501 NOV 26 2008

7008 0500 0001 4522 6521

Sent To: Harold Alston Elkan (Nancy)
Street, Apt. No., or PO Box No.: 3731 Shade Tree Terrace
City, State, ZIP+4: Portage, MI 79024-1036

PS Form 3800, August 2006 — See Reverse for Instructions

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

Postmark Here

SANTA FE NM 87501 NOV 26 2008

7008 0500 0001 4530 1693

Sent To: Arland Hamilton Bishop
Street, Apt. No., or PO Box No.: 2142 Huntington Drive
City, State, ZIP+4: Grand Prairie, TX 75051

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:

Harold Alston Elkan (Nancy)
3731 Shade Tree Terrace
Portage, MI 79024-1036

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy Elkan ☐ Agent ☐ Addressee

B. Received by (Printed Name): Nancy Elkan
C. Date of Delivery: 11-29-08

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)* 7008 0500 0001 4522 6521

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

UNITED STATES POSTAL SERVICE®

Track & Confirm

Search Results

Label/Receipt Number: **7008 0500 0001 4522 6484**
Status: **Notice Left**

We attempted to deliver your item at 10:56 AM on December 1, 2008 in BOUNTIFUL, UT 84010 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.

Additional Details > *Return to USPS.com Home >*

Track & Confirm

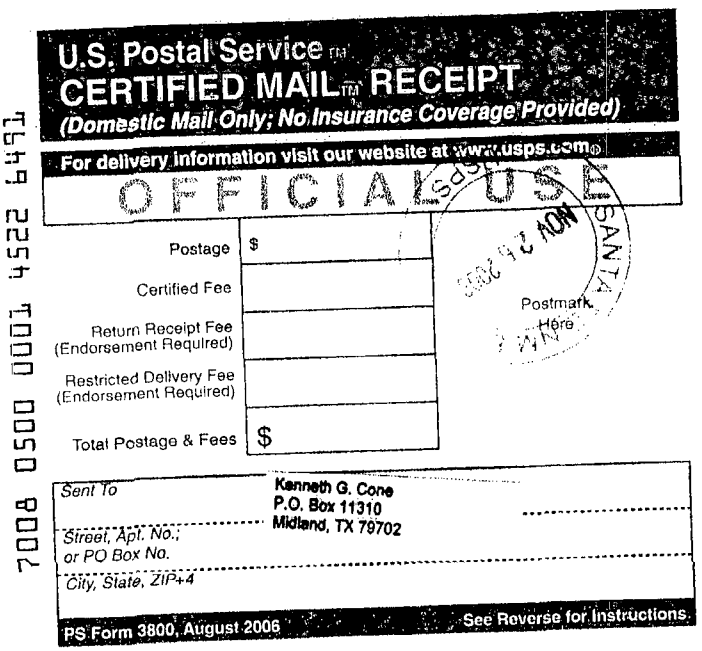
Enter Label/Receipt Number.

Go >

Notification Options

Track & Confirm by email

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



UNITED STATES POSTAL SERVICE

Track & Confirm

Search Results

Label/Receipt Number: **7008 0500 0001 4522 6491**
Status: **Notice Left**

We attempted to deliver your item at 3:31 PM on December 2, 2008 in MIDLAND, TX 79702 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.

Enter Label/Receipt Number.

Go >

Notification Options

Track & Confirm by email

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

7008 0500 0001 4522 6484

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

Postmark Here

NOV 26 2008 SANTA FE NM 87501

Sent To: Annis Robert, Trustee of The Vicki Jeanne Saari Special Needs Trust

Street, Apt. No.; or PO Box No.: 1230 S. 500 West, Apt. 11A

City, State, ZIP+4: Bountiful, UT 84010

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

SANTA FE NM 87501
JAN 26 2007
Postmark Here

Sent To
Mercantile Trading Corp.
Street, Apt. No.; or PO Box No. **2200 Ross Ave, Suite 4900**
City, State, ZIP+4 **Dallas, TX 75201**

PS Form 3800, August 2006 **See Reverse for Instructions**

7008 0500 0001 4522 6545

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OFFICIAL USE

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

Postmark Here

NOV 26 2008 SANTA FE NM 87504

7008 0500 0001 4522 6569

Sent To: Clarence L. Rash, Executor of Estate of Myrtle Lee Malone,

Street, Apt. No., or PO Box No.: 1530 Warren Street

City, State, ZIP+4: San Fernando, CA 91340

PS Form 3800, August 2006 — See Reverse for Instructions

CERTIFIED MAIL™

7008 0500 0001 4522 6569

1ST NOTICE 12-5

2ND NOTICE

RETURN

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

Clarence L. Rash, Executor
of Estate of Myrtle Lee Malone,
1530 Warren Street
San Fernando, CA 91340

ANF

NIXIE 913 5C 1 02 12/03/08

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0268-00310-26-43

913403987504@1056