

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

**APPLICATION OF NADEL AND GUSSMAN  
PERMIAN, L.L.C. FOR COMPULSORY POOLING,  
CHAVES COUNTY, NEW MEXICO.**

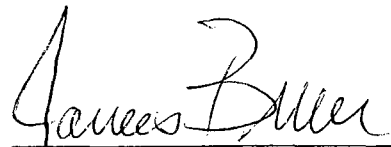
**Case No. 14,410**

**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 Nadel and Gussman Permian, L.L.C.
3. Nadel and Gussman Permian, L.L.C. 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.

  
\_\_\_\_\_  
James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of December, 2009 by  
James Bruce.

My Commission Expires: 3/14/13

  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
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](mailto:jamesbruc@aol.com)

November 24, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

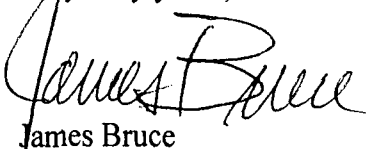
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding the S½ of Section 20, Township 8 South, Range 33 East, N.M.P.M., Chaves County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 17, 2009, 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.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, December 10, 2009. 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

Attorney for Nadel and Gussman Permian, L.L.C.

EXHIBIT

**A**

EXHIBIT A

Oil Joint Ventures II Partnership  
c/o Horkey Oil Company  
P.O. Box 2669  
Lubbock, Texas 79408

Oil Ventures II  
P.O. Box 2669  
Lubbock, Texas 79408

Tomahawk Investments, L.P.  
c/o Wells Fargo Bank, N.A.  
750 E. Mulberry Avenue  
San Antonio, Texas 78212

JPMorgan Chase Bank, Trustee of the  
W.J. Goldston Residuary Trust  
P.O. Box 2605  
Ft. Worth, Texas 76113

King Oil and Gas of Texas, L.P.  
Suite 305  
800 Bering  
Houston, Texas 77057

Megan Goldston, Trustee of the  
Bill Goldston Family Trust  
c/o Wells Fargo Bank, N.A.  
750 E. Mulberry Avenue  
San Antonio, Texas 78212

Goldstruck Investments, L.P.  
c/o Wells Fargo Bank, N.A.  
750 E. Mulberry Avenue  
San Antonio, Texas 78212

Trustee of the Jeanne Goldston  
Kies Special Trust  
c/o Wells Fargo Bank, N.A.  
750 E. Mulberry Avenue  
San Antonio, Texas 78212

Andrews Oil, L.P.  
1015 Bee Cave Woods Road  
Austin, Texas 78746

Orr Exploration, L.P.  
Suite A-101  
3660 Stoneridge Road  
Austin, Texas 78746

Polette Parker  
2315 Bobwhite Drive  
Odessa, Texas 79767

ENI Oil & Gas  
Suite 350  
1201 Louisiana  
Houston, Texas 77002

V.F. Neuhaus Properties, Inc.  
214 North 16th Street  
McAllen, Texas 78501

Rutter & Wilbanks Corp.  
P.O. Box 3186  
Midland, Texas 79702

Doug & Suzanne Laufer  
dba Principal Properties  
Suite 103  
Building II  
4425 South MOPAC  
Austin, Texas 78735

Nova Mud, Inc.  
P.O. Box 2703  
Hobbs, New Mexico 88241

Lindenmuth & Associates, Inc.  
Suite 200  
510 Hearn Street  
Austin, Texas 78703

Mayfield I, L.P.  
P.O. Box 570365  
Houston, Texas 77257

Charles Preston  
831 Boulevard of the Champions  
Shalimar, Florida 32579

Iris Goldston, L.P.  
P.O. Box 570365  
Houston, Texas 77257

Quanah Exploration L.P.  
P.O. Box 494  
Midland, Texas 79702

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**OFFICIAL USE**

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

Sent To Tomahawk Investments, L.P.  
 c/o Wells Fargo Bank, N.A.  
 Street, Apt. No.: 750 E. Mulberry Avenue  
 or PO Box No. San Antonio, Texas 78212  
 City, State, ZIP+4

Postmark NOV 2 2009  
 SANTA FE, NM 875

PS Form 3800, August 2006 See Reverse for Instructions

9902 67E2 0000 0E2E 8002

**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:

Tomahawk Investments, L.P.  
 c/o Wells Fargo Bank, N.A.  
 750 E. Mulberry Avenue  
 San Antonio, Texas 78212

2. Article Number (Transfer from service label) 7008 3230 0000 2319 2066

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
 PEGGY JONES 11/30/09

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Iris Goldston, L.P.  
 P.O. Box 570365  
 Houston, Texas 77257

2. Article Number (Transfer from service label) 7008 3230 0000 2319 1892

PS Form 3811, February 2004 Domestic Return Receipt

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

Sent To Iris Goldston, L.P.  
 Street, Apt. No.: P.O. Box 570365  
 or PO Box No. Houston, Texas 77257  
 City, State, ZIP+4

Postmark NOV 30 2009  
 SANTA FE MAIN POST OFFICE  
 SANTA FE, NM 875

PS Form 3800, August 2006 See Reverse for Instructions

2601 67E2 0000 0E2E 8002

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**OFFICIAL USE**

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

Sent To JPMorgan Chase Bank, Trustee of the  
 Street, Apt. No., W.J. Goldston Residuary Trust  
 or PO Box No. P.O. Box 2605  
 City, State, ZIP+4 Ft. Worth, Texas 76113

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:  
 King Oil and Gas of Texas, L.P.  
 Suite 305  
 800 Bering  
 Houston, Texas 77057

2. Article Number (Transfer from service label) 7008 3230 0000 2319 2059  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Carol Dehan ☐ Agent  
 B. Received by (Printed Name) Carol Dehan ☐ Addressee  
 C. Date of Delivery 11-30-09  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-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:  
 JPMorgan Chase Bank, Trustee of the  
 W.J. Goldston Residuary Trust  
 P.O. Box 2605  
 Ft. Worth, Texas 76113

2. Article Number (Transfer from service label) 7008 3230 0000 2319 2059  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Carol Dehan ☐ Agent  
 B. Received by (Printed Name) Carol Dehan ☐ Addressee  
 C. Date of Delivery NOV 30 2009  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

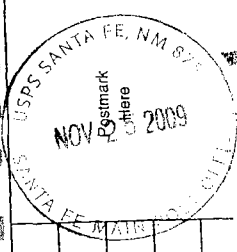
**U.S. Postal Service™**  
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Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Sent To King Oil and Gas of Texas, L.P.  
 Suite 305  
 Street, Apt. No., 800 Bering  
 or PO Box No. Houston, Texas 77057  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



6502 67E2 0000 0E2E 8002

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Sent To  
Oil Ventures II  
P.O. Box 2669  
Lubbock, Texas 79408  
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:

Megan Goldston, Trustee of the  
Bill Goldston Family Trust  
c/o Wells Fargo Bank, N.A.  
750 E. Mulberry Avenue  
San Antonio, Texas 78212

Article Number  
(Transfer from service label)

7008 3230 0000 2319 2035

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oil Ventures II  
P.O. Box 2669  
Lubbock, Texas 79408

### COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail

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

2. Article Number  
(Transfer from service label)

7008 3230 0000 2319 2073

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

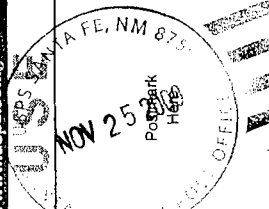
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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              |    |

Sent To  
Megan Goldston, Trustee of the  
Bill Goldston Family Trust  
c/o Wells Fargo Bank, N.A.  
750 E. Mulberry Avenue  
San Antonio, Texas 78212  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4



PS Form 3800, August 2006

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

Sent To: Trustee of the Jeanne Goldston  
 Kies Special Trust  
 c/o Wells Fargo Bank, N.A.  
 750 E. Mulberry Avenue  
 City, State, ZIP+4 San Antonio, Texas 78212

Postmark Here: NOV 2 2009

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2319 2011

**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:

Andrews Oil, L.P.  
 1015 Bee Cave Woods Road  
 Austin, Texas 78746

2. Article Number (Transfer from service label)

7008 3230 0000 2319 2004

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:

Trustee of the Jeanne Goldston  
 Kies Special Trust  
 c/o Wells Fargo Bank, N.A.  
 750 E. Mulberry Avenue  
 San Antonio, Texas 78212

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery 11-30-09
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. 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

2. Article Number (Transfer from service label)

7008 3230 0000 2319 2011

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: Andrews Oil, L.P.  
 1015 Bee Cave Woods Road  
 Austin, Texas 78746

Postmark Here: NOV 2 2009

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2319 2004

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery 11-30-09
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. 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

2. Article Number (Transfer from service label)

7008 3230 0000 2319 2004

Domestic Return Receipt

102595-02-M-1540

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Sent To  
Street, Apt. No.,  
PO Box No. 2315 Bobwhite Drive  
City, State, ZIP+4<sup>®</sup> Odessa, Texas 79767

PS Form 3800, August 2006  
See Reverse for Instructions



7008 3230 0000 0023 1984

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:

Polette Parker  
2315 Bobwhite Drive  
Odessa, Texas 79767

2. Article Number  
(Transfer from service label)

7008 3230 0000 2319 1984

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

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 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:

Goldstruck Investments, L.P.  
c/o Wells Fargo Bank, N.A.  
750 E. Mulberry Avenue  
San Antonio, Texas 78212

2. Article Number  
(Transfer from service label)

7008 3230 0000 2319 2028

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

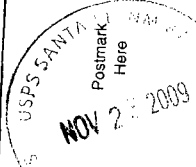
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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Sent To  
Street, Apt. No.,  
PO Box No. 750 E. Mulberry Avenue  
City, State, ZIP+4<sup>®</sup> San Antonio, Texas 78212



7008 3230 0000 0023 1984

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: ENI Oil & Gas  
 Suite 350  
 1201 Louisiana  
 Houston, Texas 77002  
 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:  
 Orr Exploration, L.P.  
 Suite A-101  
 3660 Stoneridge Road  
 Austin, Texas 78746

2. Article Number (Transfer from service label)  
 7008 3230 0000 2319 1991

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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: ENI Oil & Gas  
 Suite 350  
 1201 Louisiana  
 Houston, Texas 77002  
 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:  
 ENI Oil & Gas  
 Suite 350  
 1201 Louisiana  
 Houston, Texas 77002

2. Article Number (Transfer from service label)  
 7008 3230 0000 2319 1977

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

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

Sent To: Orr Exploration, L.P.  
 Suite A-101  
 3660 Stoneridge Road  
 Austin, Texas 78746  
 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:  
 Orr Exploration, L.P.  
 Suite A-101  
 3660 Stoneridge Road  
 Austin, Texas 78746

2. Article Number (Transfer from service label)  
 7008 3230 0000 2319 1977

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

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

Sent To: Orr Exploration, L.P.  
 Suite A-101  
 3660 Stoneridge Road  
 Austin, Texas 78746  
 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:  
 Orr Exploration, L.P.  
 Suite A-101  
 3660 Stoneridge Road  
 Austin, Texas 78746

2. Article Number (Transfer from service label)  
 7008 3230 0000 2319 1991

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

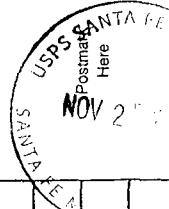
# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

## OFFICIAL USE

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

Sent To Rutter & Wilbanks Corp.  
P.O. Box 3186  
Midland, Texas 79702  
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:

Rutter & Wilbanks Corp.  
P.O. Box 3186  
Midland, Texas 79702

2. Article Number  
(Transfer from service label)

7008 3230 0000 2319 1953

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oil Joint Ventures II Partnership  
c/o Horkey Oil Company  
P.O. Box 2669  
Lubbock, Texas 79408

2. Article Number

7008 3230 0000 2319 1953  
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

### COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Aren Rutter C. Date of Delivery 12/4/09  
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

7008 3230 0000 2319 1953

102595-02-M-1540

### COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Joe R Horkey C. Date of Delivery 12/4/09  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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

2. Article Number

7008 3230 0000 2319 1953  
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

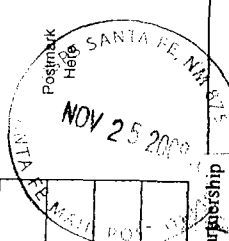
# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

## OFFICIAL USE

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

Sent To Oil Joint Ventures II Partnership  
c/o Horkey Oil Company  
Street, Apt. No. P.O. Box 2669  
or PO Box No. Lubbock, Texas 79408  
City, State, Zip+4



PS Form 3800, August 2006 See Reverse for Instructions

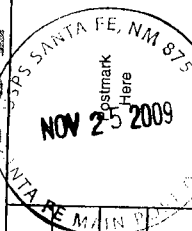
**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

**OFFICIAL USE**

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

Sent To  
 Doug & Suzanne Laufer  
 dba Principal Properties  
 Suite 103  
 Building II  
 4425 South MOPAC  
 Austin, Texas 78735



PS Form 3800, August 2005 See Reverse for Instructions

7008 3230 0000 2319 1946

**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:

Doug & Suzanne Laufer  
 dba Principal Properties  
 Suite 103  
 Building II  
 4425 South MOPAC  
 Austin, Texas 78735

2. Article Number

(Transfer from service label)

7008 3230 0000 2319 1946

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:

Nova Mud, Inc.  
 P.O. Box 2703  
 Hobbs, New Mexico 88241

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 ☒ Agent ☐ Addressee  
 B. Received by *(Printed Name)* C. Date of Delivery *11/30/09*  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

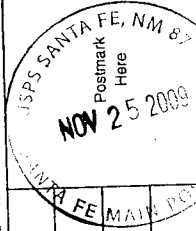
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

**OFFICIAL USE**

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



Sent To  
 Nova Mud, Inc.  
 P.O. Box 2703  
 Hobbs, New Mexico 88241

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

PS Form 3800, August 2005 See Reverse for Instructions

7008 3230 0000 2319 1939

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

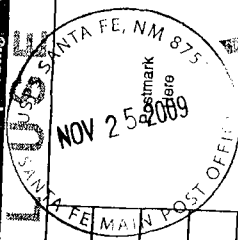
Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Sent To  
 Street, Apt. No., P.O. Box No., City, State, ZIP+4

Mayfield I, L.P.  
 P.O. Box 570365  
 Houston, Texas 77257

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2319 1915



**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:  
 Lindenmuth & Associates, Inc.  
 Suite 200  
 510 Hearn Street  
 Austin, Texas 78703

2. Article Number (Transfer from service label)  
 7008 3230 0000 2319 1922

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

**COMPLETE THIS SECTION ON DELIVERY**

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

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Mayfield I, L.P.  
 P.O. Box 570365  
 Houston, Texas 77257

2. Article Number (Transfer from service label)  
 7008 3230 0000 2319 1915

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

**COMPLETE THIS SECTION ON DELIVERY**

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

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

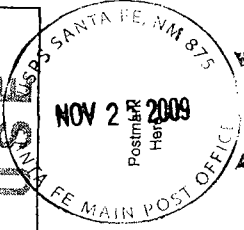
**OFFICIAL USE**

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

Sent To  
 Lindenmuth & Associates, Inc.  
 Suite 200  
 510 Hearn Street  
 Austin, Texas 78703

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2319 1922



**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

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

Sent To  
 Charles Preston  
 Street, Apt. No. 831 Boulevard of the Champions  
 P.O. Box No. Shalimar, Florida 32579  
 City, State, ZIP+4

PS Form 3800, August 2006. See Reverse for Instructions

USPS SANTA FE, NM 875  
 Postmark Here  
 NOV 25 2009

7008 3230 0000 2319 1885

**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:

Quanah Exploration L.P.  
 P.O. Box 494  
 Midland, Texas 79702

2. Article Number  
 (Transfer from service label)

7008 3230 0000 2319 1885  
 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:

Charles Preston  
 831 Boulevard of the Champions  
 Shalimar, Florida 32579

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Charles Preston  
 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  
☐ 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)

7008 3230 0000 2319 1885  
 PS Form 3811, February 2004  
 Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

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

Sent To  
 Quanah Exploration L.P.  
 Street, Apt. No. P.O. Box 494  
 City, State, ZIP+4 Midland, Texas 79702

USPS SANTA FE, NM 875  
 Postmark Here  
 NOV 25 2009

7008 3230 0000 2319 1885

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Charles Preston  
 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  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540

PS Form 3800, August 2006. See Reverse for Instructions

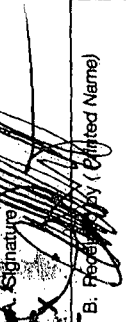
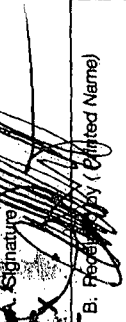
**SENDER: CC, ETC. THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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

1. Article Addressed to:

V.F. Neuhaus Properties, Inc.  
214 North 16th Street  
McAllen, Texas 78501

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

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

Article Number 7008 3230 0000 2319 1960  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

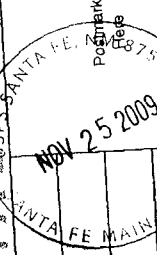
102595-02-M-1540

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**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

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



Sent To V.F. Neuhaus Properties, Inc.  
 Street, Apt. No. 214 North 16th Street  
 or PO Box No. McAllen, Texas 78501  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

0967 61E2 0000 0ERE 8002