

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

APPLICATION OF CHI ENERGY, INC. FOR
STATUTORY UNITIZATION, EDDY COUNTY,
NEW MEXICO.

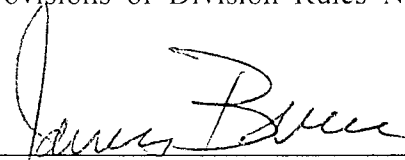
Case No. 14,354

AFFIDAVIT OF NOTICE

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

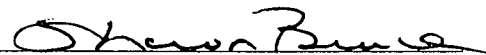
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Chi Energy, Inc.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of November, 2009 by
James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 8
Exhibit No. 8

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

October 8, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: All interest owners in the Benson Delaware Unit

Ladies and gentlemen:

Enclosed is a copy of an amended application for statutory unitization of the Benson Delaware Unit, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 29, 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 this matter at a later date.

A party appearing in a Division case is required by Division Rule to file a Pre-Hearing Statement no later than Thursday, October 22, 2009. This statement must be filed with the Division's Santa Fe office at the above address, and with the attorney for Chi Energy, Inc., 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.

Very truly yours,


James Bruce

Attorney for Chi Energy, Inc.

EXHIBIT

A

EXHIBIT A

Department of the Interior
Minerals Management Service
P. O. Box 5760
Denver, Colorado 80217

Crescent Porter Hale Foundation
c/o Ballard Exploration Company
1021 Main Street, Suite 2310
Houston, Texas 77002

Curtis and Edna Anderson
3807 SCR 1135
Midland, Texas 79706

Murchison Oil & Gas, Inc.
P.O. Box 841670
Dallas, Texas 75284

Gene Shumate
P.O. Box 2473
Midland, Texas 79702

Ken Seligman
616 5th Street
Graham, Texas 76450

Gene Davis
27 South Monroe Street
Denver, Colorado 80209

Wade S. Anderson
3807 SCR 1135
Midland, Texas 79706

Brazos Limited Partnership
P.O. Box 911
Breckenridge, Texas 76424

Gary Green
P.O. Box 1799
Midland, Texas 79702

McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, Texas 77056

Pocahontas Oil Co., Inc.
P.O. Box 60476
Midland, Texas 79711

Rio Lobo Resources
2006 North "H"
Midland, Texas 79705

David Shatzer
P.O. Box 1799
Midland, Texas 79702

Westbrook Energy, Inc.
1507 Princeton
Midland, Texas 79701

Allan C. Anderson
10412 Ashmont Drive
Frisco, Texas 75035

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

FRISCO, TX 75035 SPECIAL USE

Postage	\$	\$2.92	0500
Certified Fee		\$2.80	02
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$8.02	10/08/2009

Sent To: Anderson Ashmont Drive
 Street, Apt. No. Frisco, Texas 75035
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

6692 4222 0000 0022 7008 3230 0000 2324 2693

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Crescent Porter Hale Foundation
 c/o Ballard Exploration Company
 1021 Main Street, Suite 2310
 Houston, Texas 77002

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 ☐ 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
 (Transfer from service label) 7008 3230 0000 2324 2693

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service™
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HOUSTON, TX 77002 SPECIAL USE

Postage	\$	\$2.92	0500
Certified Fee		\$2.80	02
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$8.02	10/08/2009

Sent To: Crescent Porter Hale Foundation
 c/o Ballard Exploration Company
 Street, Apt. No. 1021 Main Street, Suite 2310
 City, State, ZIP+4 Houston, Texas 77002

PS Form 3800, August 2006 See Reverse for Instructions

6692 4222 0000 0022 7008 3230 0000 2324 2693

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Allan C. Anderson
 10412 Ashmont Drive
 Frisco, Texas 75035

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 ☐ 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
 (Transfer from service label) 7008 3230 0000 2324 2693

PS Form 3811, February 2004 Domestic Return Receipt

6692 4222 0000 0022 7008 3230 0000 2324 2693

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:

Pocahontas Oil Co., Inc.
P.O. Box 60476
Midland, Texas 79711

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

MIDLAND TX 79711

Postage	\$	\$2.92	0500
Certified Fee		\$2.80	02
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Postage & Fees		\$8.02	10/08/2009

Postmark Here

Pocahontas Oil Co., Inc.
P.O. Box 60476
Midland, Texas 79711

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:

Ken Seligman
616 5th Street
Graham, Texas 76450

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) Ken Seligman C. Date of Delivery 10-13-09
- D. Is delivery address different from item 1? ☐ Yes ☐ No

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

GRAHAM TX 76450

Postage	\$	\$2.92	0500
Certified Fee		\$2.80	02
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Postage & Fees		\$8.02	10/08/2009

Postmark Here

Ken Seligman
616 5th Street
Graham, Texas 76450

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:

Gary Green
P.O. Box 1799
Midland, Texas 79702

2. Article Number: 7008 3230 0000 2324 2778
(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
Bennie Ross 10/14/09
- 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

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MI01 AND TX 79702 SPECIAL USE

Postage	\$2.92	0500
Certified Fee	\$2.80	02
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Postmark Here		

Sent To: Gary Green
Street, Apt. No.: P.O. Box 1799
or PO Box No.: Midland, Texas 79702
City, State, ZIP+4:

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal ServiceTM
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For delivery information visit our web site at www.usps.com

MI01 AND TX 79702 SPECIAL USE

Postage	\$2.92	0500
Certified Fee	\$2.80	02
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Postmark Here		

Total Postage & Fees \$8.02

Sent To: Gene Shumate
Street, Apt. No.: P.O. Box 2473
or PO Box No.: 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:

Gene Shumate
P.O. Box 2473
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
Bennie Ross 10/14/09
- 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 2324 2723
(Transfer from service label)

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:

David Shatzner
P.O. Box 1799
Midland, Texas 79702

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 [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Bennie Ross C. Date of Delivery 10/14/09
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 ☐ No

7008 3230 0000 2324 0015

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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POSTAGE & FEES

Postage	\$2.92	0500
Certified Fee	\$2.80	02
Return Receipt Fee (if required)	\$2.30	
Restricted Delivery Fee (if required)	\$0.00	
Insurance Fee (if required)	\$0.00	
Postage & Fees	\$8.02	10/08/2009

Sent To Rio Lobo Resources

2006 North "H"

Midland, Texas 79705

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:

Rio Lobo Resources
2006 North "H"
Midland, Texas 79705

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 [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) [Signature] C. Date of Delivery 10-13
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7008 3230 0000 2324 2808

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

POSTAGE & FEES

Postage	\$2.92	0500
Certified Fee	\$2.80	02
Return Receipt Fee (if required)	\$2.30	
Restricted Delivery Fee (if required)	\$0.00	
Insurance Fee (if required)	\$0.00	
Postage & Fees	\$8.02	10/08/2009

David Shatzner
P.O. Box 1799
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:

Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

Article Number

Transfer from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 3230 0000 2324 2716

th

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent ☒ Addressee ☒

B. Received by (Printed Name) [Signature] Date of Delivery 10/08/2009

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

If YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

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

U.S. Postal Service™ RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

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

PLANO TX 75093 CIAL USE

Postage	\$	\$2.92	0500
Certified Fee		\$2.80	02
Postmark Here		\$2.30	
Restricted Delivery Fee (Insurance Required)		\$0.00	
Postage & Fees		\$8.02	10/08/2009

Sent to Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

PS Form 3800, August 2008

See Reverse for Instructions

U.S. Postal Service™ RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

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

HOUSTON TX 77056 CIAL USE

Postage	\$	\$2.92	0500
Certified Fee		\$2.80	02
Postmark Here		\$2.30	
Restricted Delivery Fee (Insurance Required)		\$0.00	
Postage & Fees		\$8.02	10/08/2009

Sent to McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, Texas 77056

PS Form 3800, August 2008

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:

McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, Texas 77056

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent ☒ Addressee ☒

B. Received by (Printed Name) [Signature] Date of Delivery 10/08/2009

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

If YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 3230 0000 2324 2785

th

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:

Curtis and Edna Anderson
3807 SCR 1135
Midland, Texas 79706

2. Article Number

(Transfer from service label)

7008 3230 0000 2324 2709

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) Edna Anderson C. Date of Delivery 10-10-09
- 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 ☐ No

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

MIDLAND TX 79706

Postage	\$2.92	0500
Return Receipt Fee (Endorsement Required)	\$2.80	02
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Insured Mail Fee	\$0.00	
Postmark Here	\$8.02	10/08/2009

Sent to Curtis and Edna Anderson
3807 SCR 1135
Midland, Texas 79706
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™ RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

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

MIDLAND TX 79706

Postage	\$2.92	0500
Return Receipt Fee (Endorsement Required)	\$2.80	02
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Insured Mail Fee	\$0.00	
Postmark Here	\$8.02	10/08/2009

Sent to Wade S. Anderson
3807 SCR 1135
Midland, Texas 79706
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:

Wade S. Anderson
3807 SCR 1135
Midland, Texas 79706

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Wade Anderson C. Date of Delivery 10-10-09
- 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 ☐ No

7008 3230 0000 2324 27

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

See Reverse for Instructions

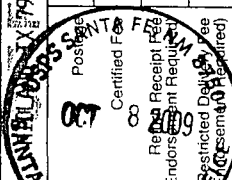
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(Domestic Mail Only; No Insurance Coverage Provided)

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

PS Form 3800, August 2006 See Reverse for Instructions

Postage	\$	\$2.75	0500
Certified Fee	\$	\$2.80	02
Return Receipt Fee (Endorsing Required)	\$	\$2.30	
Restricted Delivery Fee (Insurance required)	\$	\$0.00	
Total Postage & Fees	\$	\$7.85	10/08/2009

Westbrook Energy, Inc.
 1507 Princeton
 Midland, Texas 79701
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4



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:

Westbrook Energy, Inc.
 1507 Princeton
 Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature K. Womack ☐ Agent, ☐ Addressee

B. Received by (Printed Name) K. Womack C. Date of Delivery 10-10-09

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

2. Article Number (Transfer from service label) 7008 3230 0000 2324 2822

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


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[Track & Confirm](#)
[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: 7008 3230 0000 2324 2747

Class: **First-Class Mail®**Service(s): **Certified Mail™**
Return ReceiptStatus: **Delivered**

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

Your item was delivered at 3:02 PM on November 9, 2009 in DENVER, CO 80209.

Detailed Results:

- **Delivered, November 09, 2009, 3:02 pm, DENVER, CO 80209**
- **Notice Left, October 10, 2009, 2:14 pm, DENVER, CO 80209**
- **Acceptance, October 08, 2009, 1:26 pm, SANTA FE, NM 87501**

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)[Site Map](#)[Customer Service](#)[Forms](#)[Gov't Services](#)[Carriers](#)[Privacy Policy](#)[Terms of Use](#)[Business Customer Gateway](#)

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No FEAR Act EEO Date FOIA



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Denver, Colorado 80209
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PS Form 3800, August 2006 See Reverse for Instructions