BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY FOR AN UNORTHODOX OIL WELL LOCATION, LEA COUNTY, NEW MEXICO. **Case No. 13172**

AFFIDAVIT REGARDING NOTICE

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

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 set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 1st day of December, 2003, by James Bruce.

Notary Public

My Commission Expires:
3/14/2005

OIL CONSERVATION DIVISION

CASE NUMBER _____

EXHIBIT 10

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) 982-2151 (FAX)

jamesbruc@aol.com

October 17, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, requesting approval of an unorthodox oil well location in the Wolfcamp and Strawn formations in the NW¼SE¼ of Section 17, Township 18 South, Range 32 East, NMPM, Lea County, New Mexico. You own an interest in the NE¼SE¼ of Section 22. This application is scheduled to be heard at 8:15 a.m. on Friday, November 7, 2003 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset interest owner, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, October 31, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for Mewbourne Oil Company

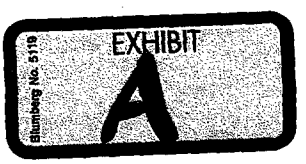

EXHIBIT A

John C. McDermett
4700 Azalea Court
Midland, Texas 79707

Bank of America N.A., Trustee
under will of David B. Trammell
500 West 7th Street
Fort Worth, Texas 76102

Bank of America N.A., Trustee
under will of Mildred M. Trammell
500 West 7th Street
Fort Worth, Texas 76102

Carol David Trammell
P.O. Box 5081
Walnut Creek, California 94596

Gladys Shannon
1101 Clara Street
Fort Worth, texas 76110

Richard D. Borgaard
P.O. Box 9220
Bend, Oregon 97708

Margaret McCurdy Family Partnership, Ltd.
Room 300
2525 Ridgemar Boulevard
Fort Worth, Texas 77210

William J. Casey and
wife B. Sophia Casey
address unknown

Irving Graham Austin and Margaret
A. Austin, Trustees of the Austin
Family Trust dated March 22, 1995
24992 Nellie Gail Road
Laguna Hills, New Mexico 92653

Lucy A. McCarley, Trustee of the
Lucy A. McCarley Living Trust
U/A dated June 30, 1999
4463 Spingmoor Circle
Raleigh, North Carolina 27615

Lurae McCollum
P.O. Box 2243
Gallup, New Mexico 87305

James W. Tecklenburg
P.O. Box 768
Zuni, New Mexico 87327

Lynn Pierce
P.O. Box 6027
Chandler, Arizona 85246

Robin Johnson
119 Broken Bridge Lane
Platte City, Missouri 64079

Davi Smithson
625 West 6th Avenue
Mesa, Arizona 85210

John M. Loffland, Jr.
6000 Camp Bowie Boulevard
Fort Worth, Texas 76110

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY FOR AN UNORTHODOX OIL WELL LOCATION, LEA COUNTY, NEW MEXICO.

Case No. 13172

APPLICATION

Mewbourne Oil Company applies for approval of an unorthodox oil well location in the NW¼SE¼ of Section 17, Township 18 South, Range 32 East, N.M.P.M., Eddy County, New Mexico, and in support thereof, states:

1. Applicant is a working interest owner in the NW¼SE¼ of Section 17, and has the right to drill a well thereon.

2. Applicant proposes to drill its SF "17" Fed. Com. Well No. 2 at an unorthodox oil well location 1910 feet from the south line and 1370 feet from the east line of Section 17, to a depth sufficient to test the Wolfcamp formation (Undesignated Young-Wolfcamp Pool) and Strawn formation (Undesignated Young-Strawn Pool). The NW¼SE¼ of Section 17 will be dedicated to the well in both formations.

3. Approval of the unorthodox location will prevent waste and protect correlative rights.

WHEREFORE, Applicant requests that, after notice and hearing, the Division enter its order approving the above location.

Respectfully submitted,

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

Attorney for Mewbourne Oil Company

U.S. Postal Service
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Certified Fee
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Restricted Delivery Fee (Endorsement Required)
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OCT 17 2002
USPS
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Bank of America N.A., Trustee
under will of David B. Trammell
500 West 7th Street
Fort Worth, Texas 76102
7003 1680 0000 7594 0716
PS Form 3800, June 2002
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:
Carol David Trammell
P.O. Box 5081
Walnut Creek, California 94596

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Carol Trammell
B. Received by (Printed Name) Carol Trammell
C. Date of Delivery 10/24/02
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
Agent
Addressee

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) 7003 1680 0000 7594 0730
PS Form 3811, August 2001 Domestic Return Receipt
M17.2
102595-02-M-1540

SENDER: COMPLETE THIS SECTION
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Bank of America N.A., Trustee
under will of David B. Trammell
500 West 7th Street
Fort Worth, Texas 76102

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X R.t. Bowen
B. Received by (Printed Name) Rth Bowen
C. Date of Delivery 10/24/02
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
Agent
Addressee

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) 7003 1680 0000 7594 0716
PS Form 3811, August 2001 Domestic Return Receipt
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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
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OCT 17 2002
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Carol David Trammell
P.O. Box 5081
Walnut Creek, California 94596
7003 1680 0000 7594 0730
PS Form 3800, June 2002

7003 1680 0000 7594 0808

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

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Sent To: James W. Tecklenburg
Street, Apt. No.; or PO Box No.: P.O. Box 768
City, State, ZIP+4: Zuni, New Mexico 87327

PS Form 3800, June 2002 — 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:

Bank of America N.A., Trustee
under will of Mildred M. Trammell
500 West 7th Street
Fort Worth, Texas 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Rita Bowen ☐ Agent ☐ Addressee

B. Received by (Printed Name): Rita Bowen C. Date of Delivery: 10/22/03

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): 7003 1680 0000 7594 0723

PS Form 3811, August 2001 — Domestic Return Receipt — M 17-2 — 102595-02-M-1540

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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:

James W. Tecklenburg
P.O. Box 768
Zuni, New Mexico 87327

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] C. Date of Delivery: 10/23/03

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

ZUNI NM 87327 OCT 23 2003 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): 7003 1680 0000 7594 0808

PS Form 3811, August 2001 — Domestic Return Receipt — M 17-2 — 102595-02-M-1540

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Restricted Delivery Fee (Endorsement Required)	
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Street, Apt. No.; or PO Box No.: under will of Mildred M. Trammell
City, State, ZIP+4: 500 West 7th Street Fort Worth, Texas 76102

PS Form 3800, June 2002 — See Reverse for Instructions

7003 1680 0000 7594 0822

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

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2003
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07501-9998

Sent To: Robin Johnson
Street, Apt. No.; or PO Box No.: 119 Broken Bridge Lane
City, State, ZIP+4: Platte City, Missouri 64079

PS Form 3800, June 2002 — 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:

Margaret McCurdy Family Partnership, Ltd.
Room 300
2525 Ridgemar Boulevard
Fort Worth, Texas 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Juanita Harris — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Juanita Harris — C. Date of Delivery: 11-20-03

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): 7003 1680 0000 7594 0761

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

M 17-2

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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:

Robin Johnson
119 Broken Bridge Lane
Platte City, Missouri 64079

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Robin A. Johnson — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Robin A. Johnson — 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): 7003 1680 0000 7594 0822

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M 17-2

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

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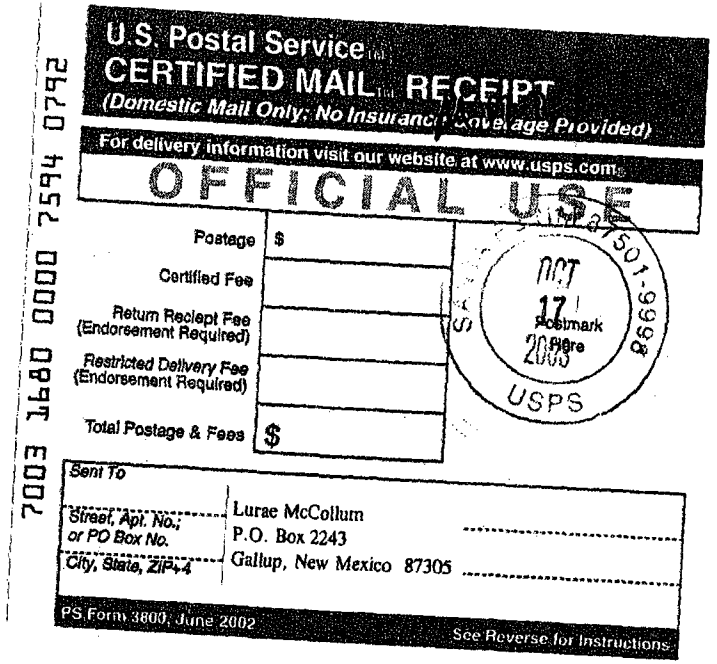
2003
USPS
07501-9998

Sent To: Margaret McCurdy Family Partnership, Ltd.
Street, Apt. No.; or PO Box No.: Room 300, 2525 Ridgemar Boulevard
City, State, ZIP+4: Fort Worth, Texas 77210

PS Form 3800, June 2002 — 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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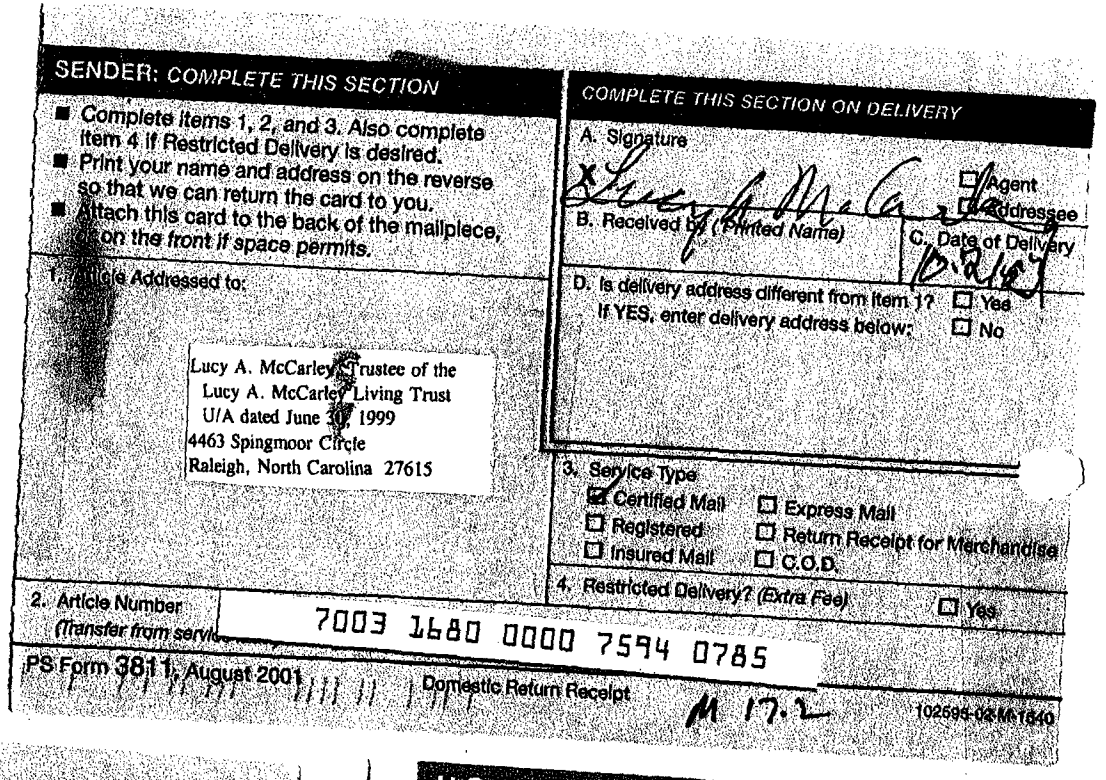
7003 1680 0000 7594 0792

Sent To: Lurae McCollum
Street, Apt. No.; or PO Box No.: P.O. Box 2243
City, State, ZIP+4: Gallup, New Mexico 87305

PS Form 3800, June 2002 — 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:

Lucy A. McCarley, Trustee of the
Lucy A. McCarley Living Trust
U/A dated June 30, 1999
4463 Spingmoor Circle
Raleigh, North Carolina 27615

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Lucy A. McCarley ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery: 10/21/03

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): 7003 1680 0000 7594 0785

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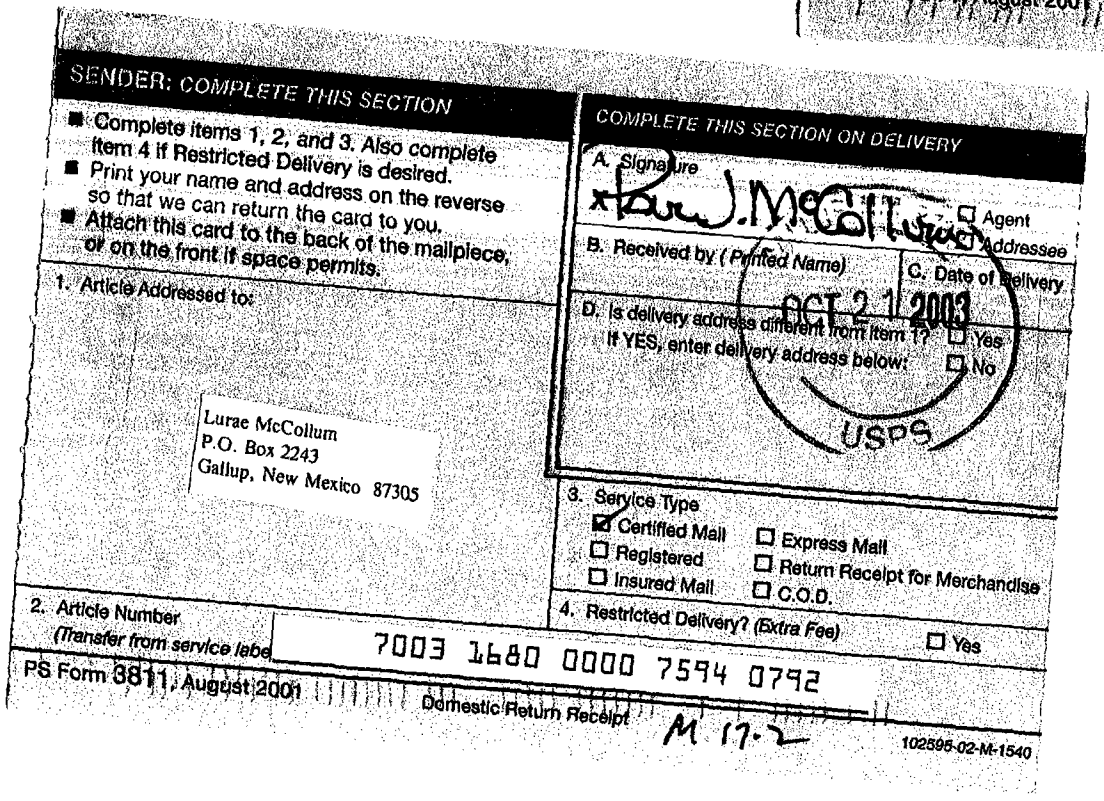
M 17.2



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:

Lurae McCollum
P.O. Box 2243
Gallup, New Mexico 87305

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Lurae J. McCollum ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery: OCT 21 2003

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

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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): 7003 1680 0000 7594 0792

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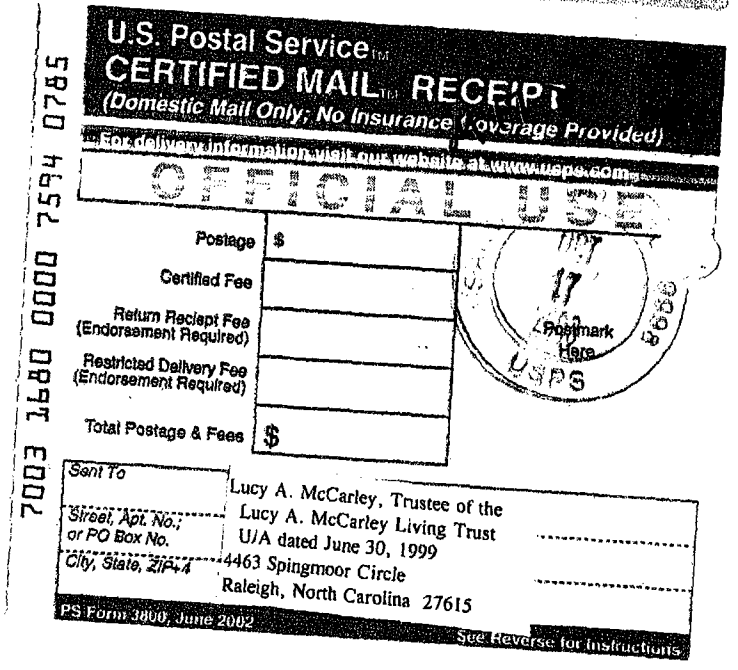
M 17.2



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Total Postage & Fees	$

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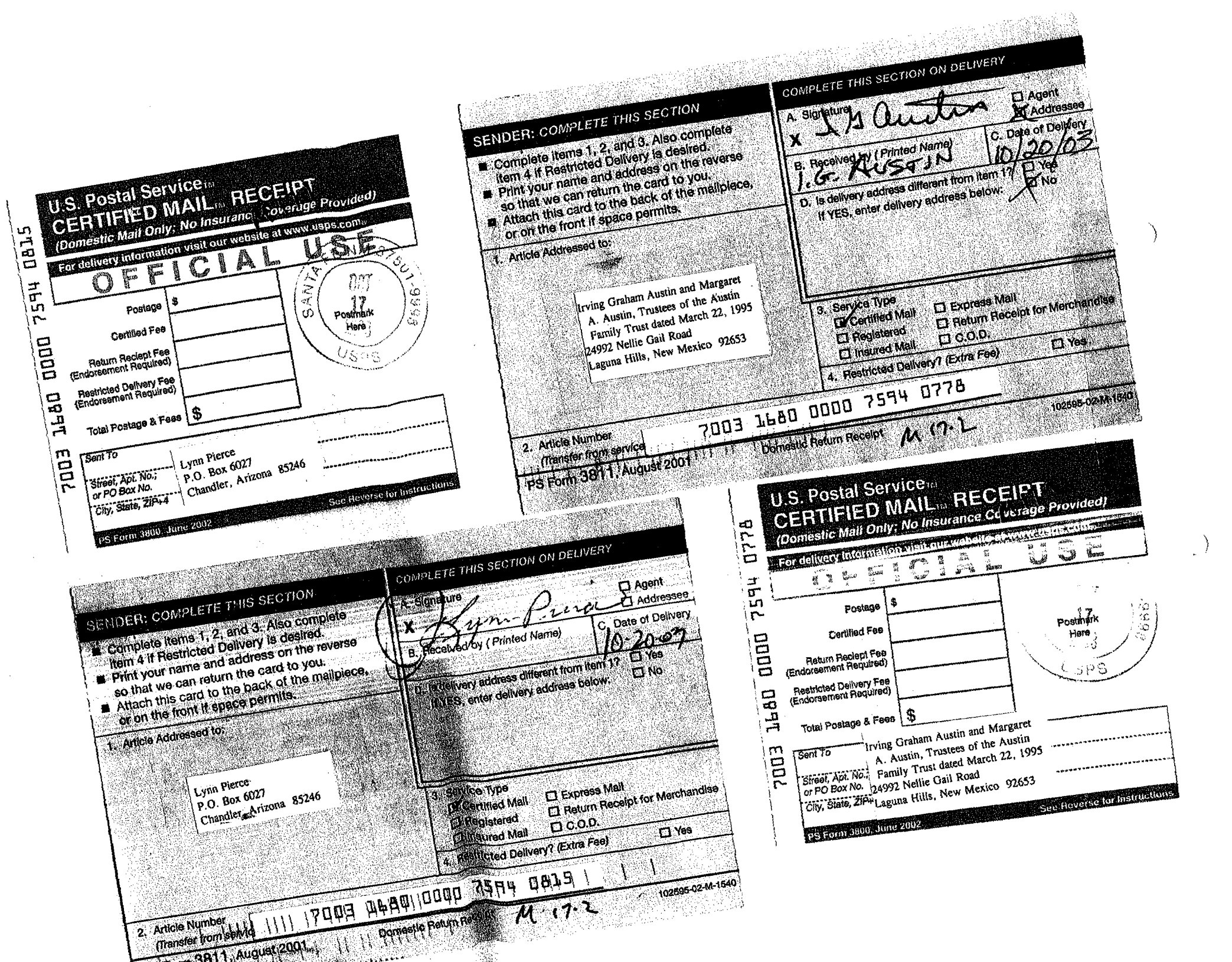
Sent To: Lucy A. McCarley, Trustee of the
Street, Apt. No.; or PO Box No.: Lucy A. McCarley Living Trust
City, State, ZIP+4: U/A dated June 30, 1999
4463 Spingmoor Circle
Raleigh, North Carolina 27615

PS Form 3800, June 2002 — See Reverse for Instructions



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Total Postage & Fees $
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Lynn Pierce
P.O. Box 6027
Chandler, Arizona 85246
See Reverse for Instructions
PS Form 3800, June 2002
7003 1680 0000 7594 0815
SANTA ANA CA 927
OCT 17
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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:
Irving Graham Austin and Margaret A. Austin, Trustees of the Austin Family Trust dated March 22, 1995
24992 Nellie Gail Road
Laguna Hills, New Mexico 92653

COMPLETE THIS SECTION ON DELIVERY
A. Signature X I G Austin ☐ Agent ☒ Addressee
B. Received by (Printed Name) I.G. AUSTIN
C. Date of Delivery 10/20/03
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) 7003 1680 0000 7594 0778
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540
M-17-2

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:
Lynn Pierce
P.O. Box 6027
Chandler, Arizona 85246

COMPLETE THIS SECTION ON DELIVERY
A. Signature X Lynn Pierce ☐ Agent ☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery 10-20-03
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) 7003 1680 0000 7594 0815
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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Irving Graham Austin and Margaret A. Austin, Trustees of the Austin Family Trust dated March 22, 1995
24992 Nellie Gail Road
Laguna Hills, New Mexico 92653
See Reverse for Instructions
PS Form 3800, June 2002
7003 1680 0000 7594 0778
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USPS

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

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)* 7003 1680 0000 7594 0747

PS Form 3811, August 2001 | Domestic Return Receipt | 102595-02-M-1540

M 17-2

7003 1680 0000 7594 0747

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

SANTA FE NM 87501 DEC 17 2003 USPS Postmark Here

Sent To	Gladys Shannon
Street, Apt. No.; or PO Box No.	1101 Clara Street
City, State, ZIP+4	Port Worth, texas 76110

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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 M. Loffland, Jr.
6000 Camp Bowie Boulevard
Fort Worth, Texas 76110

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*) 7003 1680 0000 7594 0846

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

M 17-L

7003 1680 0000 7594 0846

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

OFFICIAL USE

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

DAT 17 2003 USPS Postmark Here

Sent To: John M. Loffland, Jr.
Street, Apt. No.; or PO Box No.: 6000 Camp Bowie Boulevard
City, State, ZIP+4: Fort Worth, Texas 76110

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richard D. Borgaard
P.O. Box 9220
Bend, Oregon 97708

2. Article Number (Transfer from service label) 7003 1680 0000 7594 0754

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

Forward order expired

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

M17.2

7003 1680 0000 7594 0754

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

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

OFFICIAL USE

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

SANTA FE NM 87501-9998 OCT 17 2003 Postmark Here USPS

Sent To Richard D. Borgaard
Street, Apt. No.; or PO Box No. P.O. Box 9220
City, State, ZIP+4 Bend, Oregon 97708

PS Form 3800, June 2002 See Reverse for Instructions

7004 0860 6980 0003 6002

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

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

OFFICIAL USE

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

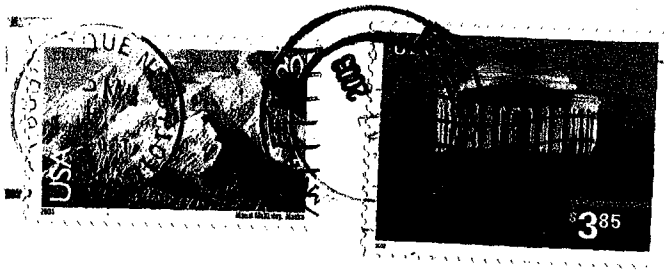
APR 17 2009
Postmark Here
USPS

Sent To	John C. McDermett
Street, Apt. No.; or PO Box No.	4700 Azalea Court
City, State, ZIP+4	Midland, Texas 79707

PS Form 3800, June 2002 — See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504



NOV 17 2003 7003 1680 0000 7594 0839

1ST NOTICE
2ND NOTICE
RETURN

RETURNED TO SENDER
UNCLAIMED
MESA AZ 85210

RETURNED TO SENDER
UNCLAIMED
MESA AZ 85210

10-20-03 SM

Davi Smithson
625 West 6th Avenue
Mesa, Arizona 85210

MAIL
1st Notice 10-21
2nd Notice 10-25
Return 11-5

7003 1680 0000 7594 0839

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

OFFICIAL USE

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

SANTA FE NM 87501
OCT 17 2003
Postmark Here
USPS

Sent To	Davi Smithson
Street, Apt. No.; or PO Box No.	625 West 6th Avenue
City, State, ZIP+4	Mesa, Arizona 85210

PS Form 3800, June 2002 See Reverse for Instructions