

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

APPLICATIONS OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case No. 22235 - 22240

SELF-AFFIRMED STATEMENT OF NOTICE

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

James Bruce 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 Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 3/15/22

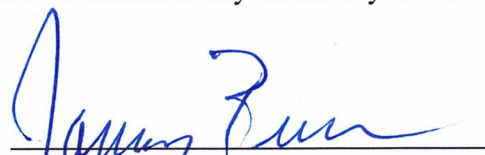

James Bruce

EXHIBIT A

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

ATTACHMENT

A

November 24, 2021

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies the attached applications, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, seeking orders pooling the following described lands:

- (i) Case No. 22235, pooling the N/2S/2 of Section 1 and the N/2S/2 of Section 2 as to the Bone Spring formation;
- (ii) Case No. 22236, pooling the S/2S/2 of Section 1 and the S/2S/2 of Section 2 as to the Bone Spring formation;
- (iii), Case No. 22237, pooling the N/2 of Section 1 and the N/2 of Section 2 as to the Bone Spring formation;
- (iv) Case No. 22238, pooling the N/2N/2 of Section 1 and the N/2N/2 of Section 2 as to the Wolfcamp formation;
- (v) Case No. 22239, pooling the S/2N/2 of Section 1 and the S/2N/2 of Section 2 as to the Wolfcamp formation; and
- (vi) (iv) Case No. 22240, pooling the S/2 of Section 1 and the S/2 of Section 2 as to the Wolfcamp formation,

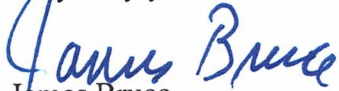
all in Township 20 South, Range 28 East, NMPM.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, December 16, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an

electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, December 9, 2021. This statement may be filed online with the Division at ocd.hearings@state.nm.us, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her 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 Mewbourne Oil Company

Endeavor Energy Resources, LP
110 N Marienfeld Street
Midland, TX 79701

Alpha Energy Partners
PO Box 10701
Midland, TX 79702

OXY USA WTP Limited Partnership
5 Greenway Plaza
Suite 110
Houston, TX 77046-0521

OXY Y-1 Company
5 Greenway Plaza
Suite 110
Houston, TX 77046-0521
Attn: Clay Carroll

Heirs of Dwayne Hamilton
2603 Country Grove Trail
Mansfield, TX 76063

Heirs of Dwayne Hamilton
11618 Alejandra Ln
Frisco, TX 75035

Joe P Liberty
1918 Crescent Pl
Midland, TX 79705

Antares Oil Corporation
4380 S Syracuse Street
Suite 610
Denver, CO 80237

TXLA Oil and Gas LLC
6207 Lavendale Ave
Dallas, TX 75230

Clinton H. Dean
6006 Balcones
Unit #32
El Paso, TX 79912

A
EXHIBIT

Clinton H. Dean Jr.
3307 Wisteria Road
Columbus, MS 39705

Clinton H. Dean Jr.
4212 O'Keefe Drive
El Paso, TX 79902

The Heirs of Edward Egbert
6165 Los Felinos Cir
El Paso, TX 79912

Euratex Corporation
PO Box 94
Glade Park, CO 81523

The Heirs of Galen Egbert
2040 Forest Ave
San Jose, CA 95128

Gene Wood Joint Venture Account
3081 Flagship Drive
May, TX 76857

Gene Wood Joint Venture Account
PO Box 6692
Abilene, TX 79608

Tularosa Oil Company
PO Box 471349
Fort Worth, TX 76147

Togiak Resources LLC
PO Box 479
Artesia, NM 88211

Teryl Diane Meyers (Blue)
1943 Yajome Street
Napa, CA 94559

Teryl Diane Meyers (Blue)
205 Racquet Drive
Apt 6A
Ruidoso, NM 88345

Heirs of Homer L. Wedig
508 Fairway Drive
Kerrville, TX 78028

J. W. Davis
35 Havenhill Road
Artesia, NM 88210

J. W. Davis
7001 Cactus Trail
Midland, TX 79707

Trustees of the James M. and Lida
Rose Welch Trust
2705 Gaye Drive
Roswell, NM 88201

John A. Ponsford
6377 La Posta Drive
El Paso, TX 79912

Heirs of John T. Olive
112 Desert Garden Drive
Santa Teresa, NM 88008

M. E. Neesen
25147 Antler Drive
North Olmsted, OH 44070

Malcolm J. Miller, Jr.
5330 Bent Tree Forest Drive
Dallas, TX 75248

Malcolm J. Miller, Jr.
3925 Edgebrook
Midland, TX 79707

Malcolm J. Miller, Jr
PO Box 74
Quitman, fX75783

Malcolm J. Miller, Jr.
15316 Falmouth Avenue
Houston, TX 77084

Mallory L. Miller & Edna Louise
Miller, Personal Representative
210 Mesa Vista Road
Anthony, NM 88021

Mallory L. Miller & Edna Louise
Miller, Personal Representative
6595 Rio Dorado
La Mesa, NM 88044

Heirs of Martin T. Hart
5250 W Princeton Drive
Denver, CO 80235

The Farmer Family Trust
3301 S Haldeman
Artesia, NM 88210

Michael C. Dean
6006 Balcones
Unit #32
El Paso, TX 79912

Dorsar Investment Company
4855 N Mesa
Suite 120
El Paso, TX 79902

Walter Frederick Wigzell, Trustee of
the Wigzell 2009 Trust
1302 S Rusk Street
Weatherford, TX 76086

Richard Brace Wigzell, Trustee of
the Wigzell 2009 Trust
104 Deerhorn Ct.
Lakeway, TX 78734

Andrew Kenneth Wigzell, Trustee of
the Wigzell 2009 Trust
1248 Delmont Drive
Richardson, TX 75080

Penroc Oil Corporation
151 Calle Sur
Suite 174
Hobbs, NM 88240

Martina Barrera
802 West Alvarado
Artesia, NM 88210

Heirs of R. F. Haynsworth
PO Box 2338
Ruidoso, NM 88355

Richard J Vance and Lorraine
Vance, as Joint Tenants
434 Thornwood Drive
American Fork, UT 84003

James E West, Trustee of the Robert
N. Avery Family Trust
74-133 El Paseo
Suite E
Palm Desert, CA 92260

Robert R. Dean
6006 Balcones
Unit #32
El Paso, TX 79912

Sarador, a Partnership
4855 N Mesa
Suite 120
El Paso, TX 79912

Heirs of Sterling J. Talley
1401 Ventura Avenue
Midland, TX 79705

Heirs of Sterling J. Talley
7145 Cattails Drive
Wellington, CO 80549

Heirs of T. Welch
1764 S Paige Creek Pl
Tucson, AZ 85748

V&S Supply Company
PO Box 2477
Midland, TX 79702

Heirs of V. Burfiend
PO Box 1526
Brenham, TX 77833-1526

Heirs of V. Burfiend
505 Hillside Drive
Brenham, TX 77833

First National Bank, Trustee, Amtex
Petroleum Corporation, Trust 988
PO Box 270
Midland, TX 79702

First National Bank, Trustee, Amtex
Petroleum Corporation, Trust 988
501 N Colorado Street
Midland, TX 79701

Heirs of D. C. Underwood (David
Clifford Underwood)
4380 W Point Loma Blvd
Apt D
San Diego, CA 92107

Heirs of D. C. Underwood (David
Clifford Underwood)
9610 W Briarwood Circle
Sun City, AZ 85351

Eric Chancy Croft & Elizabeth Ann
Williamson, Trustees of the Charla
Geraldine Williamson Trust
PO Box 16
Midland, TX 79702

Lois Geraldine Williamson, P.R. of
the Estate of J. C. Williamson
802 Palomino
Midland, TX 79705

Lois Geraldine Williamson, P. R.
of the Estate of J. C. Williamson,
PO Box 16
Midland, TX79702

Vladin, LLC
105 South Fourth Street
Artesia, NM 88210

Jo Ann Yates
256 North 26th Street
Artesia, NM 88210

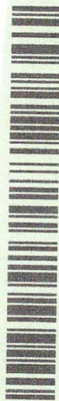
Heirs of Martin T. Hart
2419 33rd Street
Santa Monica, CA 90405

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Joe P Liberty
 1918 Crescent Pl
 Midland, TX 79705



9590 9402 6746 1074 2343 65

2. Article Number (7021 0950 0002 0365 4251)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Joe P Liberty C. Date of Delivery 02-22
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

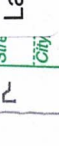
- Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Restricted Delivery
 - Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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 Brace Wigzell, Trustee of
 the Wigzell 2009 Trust
 104 Deerhorn Ct.
 Lakeway, TX 78734



9590 9402 6746 1074 2342 28

2. Article Number (7021 0950 0002 0365 4251)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage Here \$ _____

Joe P Liberty
 1918 Crescent Pl
 Midland, TX 79705

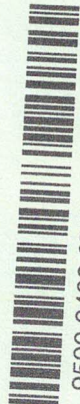
PS Form 3800, April 2015 PSN 7530-02-000-9047

See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Brace Wigzell, Trustee of
 the Wigzell 2009 Trust
 104 Deerhorn Ct.
 Lakeway, TX 78734



9590 9402 6746 1074 2342 28

2. Article Number (7021 0950 0002 0365 4251)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Richard Wigzell C. Date of Delivery 12-04-20
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Restricted Delivery
 - Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage Here \$ _____

Richard Brace Wigzell, Trustee of
 the Wigzell 2009 Trust
 104 Deerhorn Ct.
 Lakeway, TX 78734

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Teryl Diane Meyers (Blue)
1943 Yajome Street
Napa, CA 94559

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Heirs of Sterling J. Talley
1401 Ventura Avenue
Midland, TX 79705

9590 9402 6746 1074 2341 98

2. Art **702J 0950 0002 0365 4602** Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **Heirs of Sterling J. Talley** C. Date of Delivery **12-4-21**

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Heirs of Sterling J. Talley
1401 Ventura Avenue
Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Teryl Diane Meyers (Blue)
1943 Yajome Street
Napa, CA 94559

9590 9402 6746 1074 2346 24

2. Art **702J 0950 0002 0365 439B** Insured Mail Restricted Delivery (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **Teryl Diane Meyers** C. Date of Delivery _____

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Certified Mail®
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Post \$ _____

Sent To _____

Street and _____

City, State, _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

6294 5960 2000 0560 1202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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 A. Ponsford
6377 La Posta Drive
El Paso, TX 79912

2. Article Number (The number on the front of the mailpiece)

9590 9402 6746 1074 2346 00

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

4. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

702J 0950 0002 0365 441J

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Post \$ _____

Sent To _____

Street and _____

City, State, _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1174 5960 2000 0560 1202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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:

Endeavor Energy Resources, LP
110 N Mariefeld Street
Midland, TX 79701

2. Article Number (The number on the front of the mailpiece)

9590 9402 5019 9063 1647 67

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

4. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

702J 0950 0002 0365 4879

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To \$ _____

Street and City, State, ZIP+4®

M. E. Neesen
25147 Antler Drive
North Olmsted, OH 44070

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

62Eh 59E0 2000 0560 7202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Wood Joint Venture Account
3081 Flagship Drive
May, TX 76857

Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)

7021 0950 0002 0365 4282

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

62Eh 59E0 2000 0560 7202

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To \$ _____

Street and City, State, ZIP+4®

M. E. Neesen
25147 Antler Drive
North Olmsted, OH 44070

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

M. E. Neesen
25147 Antler Drive
North Olmsted, OH 44070

Service Type

Priority Mail Express®

Registered Mail™

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)

7021 0950 0002 0365 4329

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

62Eh 59E0 2000 0560 7202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Tularosa Oil Company
PO Box 471349
Fort Worth, TX 76147

2. Article Number: 7021 0950 0002 0365 4497 (over \$500)

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

C. Date of Delivery: _____

Agent Addressed to: _____

Postmark Here: _____

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark Here: _____

Tularosa Oil Company
PO Box 471349
Fort Worth, TX 76147

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark Here: _____

Heirs of John T. Olive
112 Desert Garden Drive
Santa Teresa, NM 88008

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Heirs of John T. Olive
112 Desert Garden Drive
Santa Teresa, NM 88008

2. Article Number: 7021 0950 0002 0365 4527 (over \$500)

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Restricted Delivery

C. Date of Delivery: _____

Agent Addressed to: _____

Postmark Here: _____

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X MF RFL C-19 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: _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

**Eric Chancy Croft & Elizabeth Ann
Williamson, Trustees of the Charla
Geraldine Williamson Trust
PO Box 16
Midland, TX 79702**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4732

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: **Eric Chancy Croft & Elizabeth Ann
Williamson, Trustees of the Charla
Geraldine Williamson Trust
PO Box 16
Midland, TX 79702**

2. Article Number (Transfer from service label)
7021 0950 0002 0365 4732

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **EW19** Agent Addressee

B. Received by (Printed Name) **Eric Chancy Croft & Elizabeth Ann Williamson**

C. Date of Delivery _____

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Registered Mail™
 Registered Mail Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery

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

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Postmark Here

**OXY USA WTP Limited Partnership
5 Greenway Plaza
Suite 110
Houston, TX 77046-0521**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4732

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: **Eric Chancy Croft & Elizabeth Ann
Williamson, Trustees of the Charla
Geraldine Williamson Trust
PO Box 16
Midland, TX 79702**

2. Article Number (Transfer from service label)
7021 0950 0002 0365 4732

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Registered Mail™
 Registered Mail Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **EW19** 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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature **EW19** 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:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Heirs of R. F. Haynsworth
PO Box 2338
Ruidoso, NM 88355

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4701

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

Domestic Return Receipt

Heirs of Sterling J. Talley
7145 Cattails Drive
Wellington, CO 80549

9590 9402 6746 1074 2347 23

7021 0950 0002 0365 4701

PS Form 3811, July 2020 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:

Heirs of Sterling J. Talley
7145 Cattails Drive
Wellington, CO 80549

9590 9402 6746 1074 2347 23

7021 0950 0002 0365 4701

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Heirs of Sterling J. Talley
7145 Cattails Drive
Wellington, CO 80549

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:

Heirs of R. F. Haynsworth
PO Box 2338
Ruidoso, NM 88355

9590 9402 6746 1074 2347 47

7021 0950 0002 0365 4688

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4701

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Heirs of Martin T. Hart
5250 W Princeton Drive
Denver, CO 80235

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7294 5960 2000 0950 7202

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
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

Andrew Kenneth Wigzell, Trustee of the Wigzell 2009 Trust
1248 Delmont Drive
Richardson, TX 75080

2. Article Addressed to

7021 0950 0002 0365 4671 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Andrew K. Wigzell 12/3/21 Addressed to Agent

C. Date of Delivery 12/3/21 delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

9590 9402 6746 1074 2341 29

7021 0950 0002 0365 4671 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Heirs of Martin T. Hart
5250 W Princeton Drive
Denver, CO 80235

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
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

Heirs of Martin T. Hart
5250 W Princeton Drive
Denver, CO 80235

2. Article Addressed to

7021 0950 0002 0365 4657 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) MAA 3532 Addressed to Agent

C. Date of Delivery 12-11-21

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

If YES, enter delivery address below:

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

9590 9402 6746 1074 2341 43

7021 0950 0002 0365 4657 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7294 5960 2000 0950 7202

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here _____

Heirs of V. Burfiend
505 Hillside Drive
Brenham, TX 77833

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7202 0950 0000 0365 4800

SENDER: COMPLETE THIS SECTION

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

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Sandra Campbell Agent Addressee

B. Received by (Printed Name) Sandra Campbell Date of Delivery 12/8/21

C. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Priority Mail Express®

Postage \$ _____

Total P&F \$ _____

Sent To \$ _____

Street Address _____

City, State, ZIP+4® _____

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total P&F \$ _____

Sent To \$ _____

Street Address _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.

Heirs of V. Burfiend
505 Hillside Drive
Brenham, TX 77833

COMPLETE THIS SECTION ON DELIVERY

A. Signature Sandra Campbell Agent Addressee

B. Received by (Printed Name) Sandra Campbell Date of Delivery 12/8/21

C. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Priority Mail Express®

Postage \$ _____

Total P&F \$ _____

Sent To \$ _____

Street Address _____

City, State, ZIP+4® _____

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7202 0950 0000 0365 4817

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Richard J Vance and Lorraine
Vance, as Joint Tenants
434 Thornwood Drive
American Fork, UT 84003

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7202 0950 2000 0365 4763

SENDER: COMPLETE THIS SECTION

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

Walter Frederick Wigzell, Trustee of
the Wigzell 2009 Trust
1302 S Rusk Street
Weatherford, TX 76086

7021 0950 0002 0365 4763

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Walter Wigzell Agent Addressee

B. Received by (Printed Name) Walter Wigzell Date of Delivery 3/15/2022

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

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Restricted Delivery

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Walter Frederick Wigzell, Trustee of
the Wigzell 2009 Trust
1302 S Rusk Street
Weatherford, TX 76086

7021 0950 0002 0365 4763

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7202 0950 2000 0365 4763

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Richard J Vance and Lorraine
Vance, as Joint Tenants
434 Thornwood Drive
American Fork, UT 84003

2. Article Number (Transfer from reverse)

7021 0950 0002 0365 4763

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Richard Vance Agent Addressee

B. Received by (Printed Name) RICHARD VANCE Date of Delivery 3/15/2022

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

4787

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ _____

Postmark Here

Lois Geraldine Williamson, P. R.
 of the Estate of J. C. Williamson,
 PO Box 16
 Midland, TX 79702

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Jo Ann Yates
 256 North 26th Street
 Artesia, NM 88210

2. Article Number (transfer from service label)
 7021 0950 0002 0365 4237

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 [Redacted]

C. Date of Delivery
 7/20/20

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

4. Article Addressed to:
 Lois Geraldine Williamson, P. R.
 of the Estate of J. C. Williamson,
 PO Box 16
 Midland, TX 79702

5. Article Number (transfer from service label)
 7021 0950 0002 0365 4848

PS Form 3811, July 2020 PSN 7530-02-000-9053

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ _____

Postmark Here

Lois Geraldine Williamson, P. R.
 of the Estate of J. C. Williamson,
 PO Box 16
 Midland, TX 79702

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Lois Geraldine Williamson, P. R.
 of the Estate of J. C. Williamson,
 PO Box 16
 Midland, TX 79702

2. Article Number (transfer from service label)
 7021 0950 0002 0365 4848

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 [Redacted]

C. Date of Delivery
 7/20/20

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

4. Article Addressed to:
 Lois Geraldine Williamson, P. R.
 of the Estate of J. C. Williamson,
 PO Box 16
 Midland, TX 79702

5. Article Number (transfer from service label)
 7021 0950 0002 0365 4848

PS Form 3811, July 2020 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

**Mallory L. Miller & Edna Louise
Miller, Personal Representative
6595 Rio Dorado
La Mesa, NM 88044**



2. Article ID: 7021 0950 0002 0365 4558

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage Here

**Mallory L. Miller & Edna Louise
Miller, Personal Representative
6595 Rio Dorado
La Mesa, NM 88044**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

9590 9402 2000 0560 1202

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage Here

**Alpha Energy Partners
PO Box 10701
Midland, TX 79702**

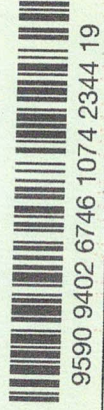
PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

**Alpha Energy Partners
PO Box 10701
Midland, TX 79702**



2. Article ID: 7021 0950 0002 0365 4336

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *[Signature]* Agent Addressee
- B. Received by (Printed Name): *Jaed N. Frim* Date of Delivery: *12/6/2021*
- C. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

10701

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

(over \$500)

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here _____

Heirs of D. C. Underwood (David
Clifford Underwood)
9610 W Briarwood Circle
Sun City, AZ 85351

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 2000 0365 4633

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *David Underwood* 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

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery, Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

First National Bank, Trustee, Amtex
Petroleum Corporation, Trust 988
PO Box 270
Midland, TX 79702

9590 9402 6746 1074 2341 74

2. Article 7021 0950 0002 0365 4626 (over \$500) Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage _____

Postmark Here _____

First National Bank, Trustee, Amtex
Petroleum Corporation, Trust 988
PO Box 270
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 2000 0365 4626

SENDER: COMPLETE THIS SECTION

- Complete items 2, and 3.
- 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:

Heirs of D. C. Underwood (David
Clifford Underwood)
9610 W Briarwood Circle
Sun City, AZ 85351

9590 9402 6746 1074 2341 67

2. Article Number (Transit) 7021 0950 0002 0365 4633 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *David Underwood* Agent Addressee

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

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500) 4633

Domestic Return Receipt



**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$

Postmark Here

OXY Y-1 Company
 5 Greenway Plaza
 Suite 110
 Houston, TX 77046-0521
 Attn: Clay Carroll

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 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:
 Clinton H. Dean Jr.
 3307 Wisteria Road
 Columbus, MS 39705

2. Article Addressed to:
 9590 9402 6746 1074 2346 58
 7021 0950 0002 0365 4367 (over space)

PS Form 3811, July 2020 PSN 7530-02-000-9053 DC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery 12-9-22
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$

Postmark Here

Clinton H. Dean Jr.
 3307 Wisteria Road
 Columbus, MS 39705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 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:
 OXY Y-1 Company
 5 Greenway Plaza
 Suite 110
 Houston, TX 77046-0521
 Attn: Clay Carroll

2. Article Addressed to:
 9590 9402 6746 1074 2343 58
 7021 0950 0002 0365 4985 (over space)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery 12-9-22
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To \$ _____

Street and PO Box \$ _____

City, State, ZIP+4® \$ _____

Trustees of the James M. and Lida
Rose Welch Trust
2705 Gaye Drive
Roswell, NM 88201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4305

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
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:

Heirs of Homer L. Wedig
508 Fairway Drive
Kerrville, TX 78028

2. Article Addressed to:

7021 0950 0002 0365 4305 (over \$500)

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

Is delivery address different from item 1? Yes No
YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Certified Mail Restricted Delivery

Signature Confirmation Restricted Delivery

Collect on Delivery

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To \$ _____

Street and PO Box \$ _____

City, State, ZIP+4® \$ _____

Trustees of the James M. and Lida
Rose Welch Trust
2705 Gaye Drive
Roswell, NM 88201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4312

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
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:

Trustees of the James M. and Lida
Rose Welch Trust
2705 Gaye Drive
Roswell, NM 88201

2. Article Addressed to:

7021 0950 0002 0365 4312 (over \$500)

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

Is delivery address different from item 1? Yes No
YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Certified Mail Restricted Delivery

Signature Confirmation Restricted Delivery

Collect on Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Penroc Oil Corporation
 151 Calle Sur
 Suite 174
 Hobbs, NM 88240



2. Article Number (Transfer from service label)

702J 0950 0002 0365 4770

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X RM # 21 Agent

B. Received by (Printed Name) Addressee
 C-19

C. Date of Delivery
 12-3-21

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

Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Penroc Oil Corporation
 151 Calle Sur
 Suite 174
 Hobbs, NM 88240

7021 0950 0002 0365 4664

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Dorsar Investment Company
4855 N Mesa
Suite 120
El Paso, TX 79902

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4794

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage
\$ _____
Total F
\$ _____
Sent To
Suite 120
Street El Paso, TX 79912
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4756

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

The Farmer Family Trust
3301 S Haldeman
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4855

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Heirs of Martin T. Hart
2419 33rd Street
Santa Monica, CA 90405

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4862

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Vladin, LLC
105 South Fourth Street
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4350

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage
\$ _____
Total Postage \$ _____
Sent To
Street and Apt. 4380 S Syracuse Street
Suite 610
City, State, ZIP Denver, CO 80237

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4299

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage
\$

Total Pos
\$

Sent To
\$

Street and Apt.
\$

City, State, ZIP+4®

Postmark Here

Togiak Resources LLC
 PO Box 479
 Artesia, NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4534

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage
\$

Total Pos
\$

Sent To
\$

Street and Apt.
\$

City, State, ZIP+4®

Postmark Here

Malcolm J. Miller, Jr.
 3925 Edgebrook
 Midland, TX 79707

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4459

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage
\$

Total Pos
\$

Sent To
\$

Street and Apt.
\$

City, State, ZIP+4®

Postmark Here

Heirs of Dwayne Hamilton
 11618 Alejandra Ln
 Frisco, TX 75035

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4469

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage
\$

Total Postage
\$

Sent To
\$

Street and Apt.
\$

City, State, ZIP+4®

Postmark Here

TXLA Oil and Gas LLC
 6207 Lavendale Ave
 Dallas, TX 75230

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 National Bank, Trustee, Amtex Petroleum Corporation, Trust 988
501 N Colorado Street
Midland, TX 79701

2. Article Number (Transfer from service label)

9590 9402 6746 1074 2347 09

7021 0950 0002 0365 4725
(over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Registered Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark Here

First National Bank, Trustee, Amtex Petroleum Corporation, Trust 988
501 N Colorado Street
Midland, TX 79701

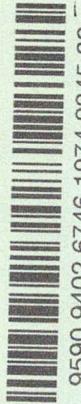
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Heirs of Galen Egbert
2040 Forest Ave
San Jose, CA 95128

2. A  9590 9402 6746 1074 2345 32
B 7021 0950 0002 0365 4480

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Insured Mail Restricted Delivery (over \$500)
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total \$ _____

Sent to _____

Street _____

City, State, ZIP+4® _____

Postmark Here

The Heirs of Galen Egbert
2040 Forest Ave
San Jose, CA 95128

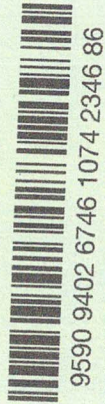
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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

**Mallory L. Miller & Edna Louise
Miller, Personal Representative
210 Mesa Vista Road
Anthony, NM 88021**



2. Article Number (Transfer from www.usps.com)
7021 0950 0002 0365 4749

PS Form 3811, July 2020 PSN 7530-02-000-9053 (over \$500)

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
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Delivery Restricted Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Priority Mail Express®

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total	\$
Service	\$
Street	
City	

Postmark Here

**Mallory L. Miller & Edna Louise
Miller, Personal Representative
210 Mesa Vista Road
Anthony, NM 88021**


PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Michael C. Dean
6006 Balcones
Unit #32
El Paso, TX 79912

2.  9590 9402 6746 1074 2342 35

7021 0950 0002 0365 4565

PS Form 3811, July 2020 PSN 7530-02-000-9053

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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery very Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____

Postmark Here

City, State, ZIP+4®

Michael C. Dean
6006 Balcones
Unit #32
El Paso, TX 79912

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Euratex Corporation
 PO Box 94
 Glade Park, CO 81523

2. Article
 9590 9402 6746 1074 2346 48
 7021 0950 0002 0365 4374

PS Form 3811, July 2020 PSN 7530-02-000-9053

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
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Insured Mail Restricted Delivery (over \$500)
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Priority Mail Express®

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ _____

Postmark Here

Euratex Corporation

PO Box 94

Glade Park, CO 81523

7021 0950 0002 0365 4374

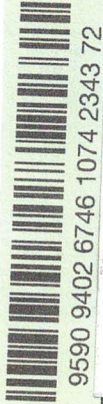
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Clinton H. Dean
 6006 Balcones
 Unit #32
 El Paso, TX 79912



2. Article Number

7021 0950 0002 0365 4268

PS Form 3811, July 2020 PSN 7530-02-000-9053

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, enter delivery address below:
- No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

Total P

Sent To

Street

City, S

Postmark Here

Clinton H. Dean
 6006 Balcones
 Unit #32
 El Paso, TX 79912

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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
 Heirs of V. Burfiend
 PO Box 1526
 Brenham, TX 77833-1526

2. Article
 7021 0950 0002 0365 4718
 (over \$500)

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery / Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee Addressee

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

Domestic Return Receipt

PS Form 3811, July 2020 PSN 7530-02-000-9053

**U.S. Postal Service™
 CERTIFIED MAIL® RECEIPT
 Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here

Heirs of V. Burfiend
 PO Box 1526
 Brenham, TX 77833-1526

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Robe
6006 Balcones
Unit #32
El Paso, TX 79912

2. Article Number (Transfer from previous label)

9590 9402 6746 1074 2347 30

7021 0950 0002 0365 4695

PS Form 3811, July 2020 PSN 7530-02-000-9053

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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark Here

Robert R. Dean
6006 Balcones
Unit #32
El Paso, TX 79912

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Heirs of D. C. Underwood (David Clifford Underwood)
4380 W Point Loma Blvd
Apt D
San Diego, CA 92107

2. Article 7021 0950 0002 0365 4824

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

5. Received by (Printed Name) _____ C. Date of Delivery _____

6. Agent Addressee

7. PS Form 3811, July 2020 PSN 7530-02-000-9053

8. Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark Here

Post \$ _____

Total \$ _____

Sent \$ _____

Street _____

City _____

Heirs of D. C. Underwood (David Clifford Underwood)
4380 W Point Loma Blvd
Apt D
San Diego, CA 92107

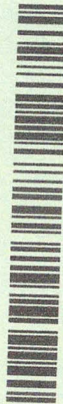
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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

Martina Barrera
 802 West Alvarado
 Artesia, NM 88210



9590 9402 6746 1074 2342 11

2. Article

7021 0950 0002 0365 4589

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

Postmark Here

Martina Barrera
 802 West Alvarado
 Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Heirs of Edward Egbert
6165 Los Felinos Cir
El Paso, TX 79912

2. Article# 9590 9402 6746 1074 2343 89

3. Service Type
 Adult Signature
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Restricted Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Priority Mail Express®

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

5. Date of Delivery

6. Received by (Printed Name) Agent Addressee

7. Signature X

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total	\$ _____

Sent To _____
 Street and _____
 City, State _____

Postmark Here

The Heirs of Edward Egbert
 6165 Los Felinos Cir
 El Paso, TX 79912

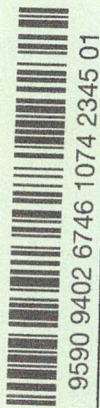
PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

J. W. Davis
7001 Cactus Trail
Midland, TX 79707



2. Article Number (Master)

7021 0950 0002 0365 4510
 Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 J. W. Davis 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:

Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Certified Mail Restricted Delivery with Signature Confirmation™
 Certified Mail Restricted Delivery with Signature Confirmation™ Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Postmark Here

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$

Post \$
 Total \$
 Sent \$
 Street

J. W. Davis
7001 Cactus Trail
Midland, TX 79707

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

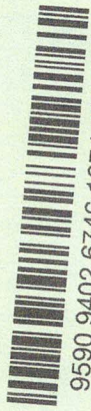
See Reverse for Instructions

Model
Ergo
P

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 it is a flat mailpiece.

1. **Teryl Diane Meyers (Blue)**
 205 Racquet Drive
 Apt 6A
 Ruidoso, NM 88345



2. Art

702J 0950 0002 0365 4503

PS Form 3811, July 2020 PSN 7530-02-000-9053 (over \$500)

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage	\$

Postmark Here

Teryl Diane Meyers (Blue)
 205 Racquet Drive
 Apt 6A
 Ruidoso, NM 88345

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

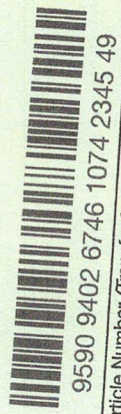
DE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Number

Clinton H. Dean Jr.
 4212 O'Keefe Drive
 El Paso, TX 79902



2. Article Number *Transmittal*
 7021 0950 0002 0365 4473

PS Form 3811, July 2020 PSN 7530-02-000-9053

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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

Sent _____

Street _____

City _____

Postmark Here

Clinton H. Dean Jr.
 4212 O'Keefe Drive
 El Paso, TX 79902

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery, Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

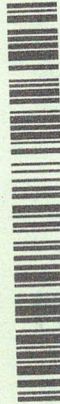
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Malcolm J. Miller, Jr
 PO Box 74
 Quitman, TX 75783



9590 9402 6746 1074 2344 64

2. Article Number (Transfer from service label)

7021 0950 0002 0365 4541

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

Street and

City, State, ZIP+4®

Postmark Here

Malcolm J. Miller, Jr
 PO Box 74
 Quitman, TX 75783

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9047

M DE

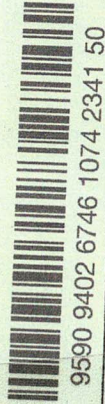
M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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

Malcolm J. Miller, Jr.
 15316 Falmouth Avenue
 Houston, TX 77084



2. Article

7021 0950 0002 0365 4640
 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053
 Domestic Return

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
 YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here

Postage

Total F \$
 Sent To \$
 Street
 City, S.

Malcolm J. Miller, Jr.
 15316 Falmouth Avenue
 Houston, TX 77084


PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0494 5980 2000 0560 1202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
**Lois Geraldine Williamson, P.R. of
 the Estate of J. C. Williamson
 802 Palomino
 Midland, TX 79705**

2. Article Number (Transfer from service label)

 9590 9402 6746 1074 2342 66
 7021 0950 0002 0365 4831

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

is delivery address different from item 1? Yes No
 If YES, enter delivery address below: Yes No

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Received by (Printed Name) Addressee
 C. Date of Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____

Postmark Here

**Lois Geraldine Williamson, P.R. of
 the Estate of J. C. Williamson
 802 Palomino
 Midland, TX 79705**

City, State, ZIP+4®

PS Form 3811, July 2020 PSN 7530-02-000-9053

See Reverse for Instructions

*Mac
D. A. C. R.*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 E West, Trustee of the Robert
N. Avery Family Trust
74-133 El Paseo
Suite E
Palm Desert, CA 92260**



2. Article Number (Transfer from carrier label)

7021 0950 0002 0365 4596
(over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Registered Mail
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark Here

James E West, Trustee of the Robert
N. Avery Family Trust
74-133 El Paseo
Suite E
Palm Desert, CA 92260

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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&S Supply Company
 PO Box 2477
 Midland, TX 79702



9590 9402 6746 1074 2341 81

2. Article Number (Transfer from service label)

7021 0950 0002 0365 4619

PS Form 3811, July 2020 PSN 7530-02-000-9053

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?
 If YES, enter delivery address below: Yes No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$

Postmark Here

V&S Supply Company
 PO Box 2477
 Midland, TX 79702

AD

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

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



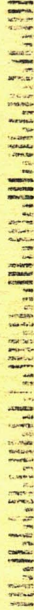
7021 0950 0002 0365 4343



Heirs of Dwayne Hamilton

-R-T-S- 760534247-13 03/20/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
Here

Postage

Total Post

Sent To

Street and

City, State

Heirs of Dwayne Hamilton
2603 Country Grove Trail
Mansfield, TX 76063

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4343

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. **Gene Wood Joint Venture Account**
PO Box 6692
Abilene, TX 79608



2. Article Number: **7021 0950 0002 0365 4381**

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt
 M DE

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total	\$	
Sent		
Street		
City, State, ZIP+4®		

Postmark Here

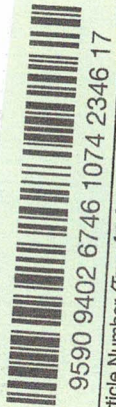
Gene Wood Joint Venture Account
PO Box 6692
Abilene, TX 79608

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

J. W. Davis
35 Havenhill Road
Artesia, NM 88210



2. Article Number (Transit)

9590 9402 6746 1074 2346 17
 0950 0002 0365 4404

PS Form 3811, July 2020 PSN 7530-02-000-9053
 (over 3500)

M DE

Domestic Return Receipt

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

- Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

Post \$

Total \$

Sent \$

Street

City, State, ZIP+4®

J. W. Davis
35 Havenhill Road
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

FD

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 #

Malcolm J. Miller, Jr.
 5330 Bent Tree Forest Drive
 Dallas, TX 75248



2. Article #

7021 0950 0002 0365 4428

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery Yes No

D. Is delivery address different from item 1? If YES, enter delivery address below.

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Callout on Delivery
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total P	\$

Postmark Here

Malcolm J. Miller, Jr.
 5330 Bent Tree Forest Drive
 Dallas, TX 75248

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 4428