

DATE IN 03/20/2013	SUSPENSE	ENGINEER BE RB	LOGGED IN 03/25/2013	TYPE CTB	APP NO. PPRG 1308439247
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ABOVE THIS LINE FOR DIVISION USE ONLY

## NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



Yates Pet.

### ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

#### Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]  
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]  
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]  
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]  
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]  
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

#### [1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication  
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement  
☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify Existing CTB-414A

#### [2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners  
 [B] ☐ Offset Operators, Leaseholders or Surface Owner  
 [C] ☐ Application is One Which Requires Published Legal Notice  
 [D] ☐ Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office  
 [E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,  
 [F] ☒ Waivers are Attached

#### [3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Miriam Morales

Print or Type Name

Signature

Production Analyst

Title

3/19/13

Date

mmorales@yatespetroleum.com  
 e-mail Address

District I  
1625 N. French Drive, Hobbs, NM 88240  
District II  
1301 W. Grand Ave, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St Francis Dr, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised June 10, 2003

**OIL CONSERVATION DIVISION**  
1220 S. St Francis Drive  
Santa Fe, New Mexico 87505

Submit the original  
application to the Santa Fe  
office with one copy to the  
appropriate District Office.

**APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)**

OPERATOR NAME: Yates Petroleum Corporation  
OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210  
APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingling)

LEASE TYPE: ☒ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☒ Yes ☐ No If "Yes", please include the appropriate Order No. CTB-414-A  
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling  
☐ Yes ☒ No

**(A) POOL COMMINGLING**

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

- (2) Are any wells producing at top allowables? ☐ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.  
(4) Measurement type: ☐ Metering ☐ Other (Specify)  
(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

**(B) LEASE COMMINGLING**

Please attach sheets with the following information

- (1) Pool Name and Code. N. Seven Rivers; Glorietta-Yeso #97565  
(2) Is all production from same source of supply? ☒ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No  
(4) Measurement type: ☒ Metering ☐ Other (Specify)

**(C) POOL and LEASE COMMINGLING**

Please attach sheets with the following information

- (1) Complete Sections A and E.

**(D) OFF-LEASE STORAGE and MEASUREMENT**

Please attached sheets with the following information

- (1) Is all production from same source of supply? ☐ Yes ☐ No  
(2) Include proof of notice to all interest owners.

**(E) ADDITIONAL INFORMATION (for all application types)**

Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.  
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.  
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Miriam Morales TITLE: Production Analyst DATE: 3/19/13

TYPE OR PRINT NAME Miriam Morales TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

Submit 1 Copy To Appropriate District  
Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-28404
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Rodke AOY
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat N. Seven Rivers; Glorieta-Yeso
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3487' GR

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Yates Petroleum Corporation

3. Address of Operator  
105 S. Fourth Street Artesia, NM 88210

4. Well Location  
Unit Letter A : 660 feet from the North line and 660 feet from the East line  
Section 21 Township 19S Range 25E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3487' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Amend Surface/Lease Commingle CTB-414-A ☒

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum respectfully requests administrative approval to amend Surface/Lease Commingle order #CTB-414-A for the leases below:

Patriot AIZ #6  
N. Seven Rivers; Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28405  
FEE  
Eddy County, NM

Rodke AOY #1  
N. Seven Rivers; Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28404  
FEE  
Eddy County, NM

Cutter APC #1  
N. Seven Rivers; Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28397  
FEE  
Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G. Please see attached plats and site security diagram.

The ownership is diversified. All owners have been notified. (see attached copies of certified mail)

**Oil Measurement**

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the battery. Total sales/production will be allocated back to each individual well using the metered(daily well tests)volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Patriot #6 is 28 bbls, for the Rodke #1 is 8 bbls, and for the Cutter #1 is 43 bbls.

**Gas Measurement**

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will increase costs and shorten the economic life of each well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Miriam Morales TITLE Production Analyst DATE 3/14/13

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_

## District I

1625 N. French Dr., Hobbs, NM 88240

## District II

1301 W. Grand Avenue, Artesia, NM 88210

## District III

1000 Rio Brazos Rd., Aztec, NM 87410

## District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico

Energy, Minerals &amp; Natural Resources Department

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised July 16, 2010

Submit one copy to appropriate

District Office

★ ☒ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-28404	<sup>2</sup> Pool Code 97565	<sup>3</sup> Pool Name NO SEVEN RIVER <del>GLORIETA YESO</del>
<sup>4</sup> Property Code 34689	<sup>5</sup> Property Name <del>NODD UNIT</del> Rodke AOY #	<sup>6</sup> Well Number <del>451</del> #1
<sup>7</sup> OGRID No 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation	<sup>9</sup> Elevation 3487' C.R.

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	21	19S	25E		660	North	660	East	Eddy

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16					<b><sup>17</sup> OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  Signature _____ Date December 10, 2010 Tina Huerta Printed Name tina@yatespetroleum.com E-mail Address	
					<b>RECEIVED</b> DEC 14 2010 NMOC D ARTESIA	<b><sup>18</sup> SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey _____ Signature and Seal of Professional Surveyor _____ Certificate Number _____

**District I**

1625 N. French Dr., Hobbs, NM 88240

**District II**

1301 W. Grand Avenue, Artesia, NM 88210

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State of New Mexico  
Energy, Minerals & Natural Resources Department

**OIL CONSERVATION DIVISION**

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised July 16, 2010

Submit one copy to appropriate

District Office

*attribution #6* ☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-015-28405	<sup>2</sup> Pool Code 97565	<sup>3</sup> Pool Name N. Seven Rivers; Glorieta-Yeso
<sup>4</sup> Property Code 34689	<sup>5</sup> Property Name NDDUP Unit	<sup>6</sup> Well Number 69H
<sup>7</sup> OGRID No. 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation	<sup>9</sup> Elevation 3473'GR

<sup>10</sup> Surface Location


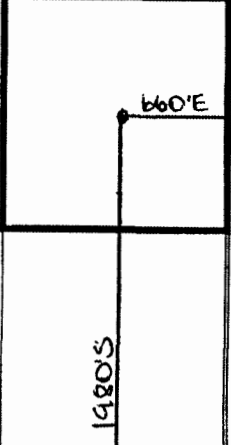
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	21	19S	25E		1980	South	660	East	Eddy

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

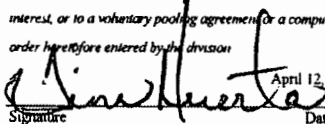
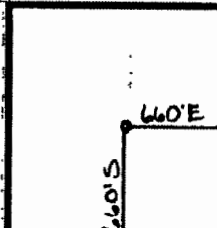
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-------------------------------------	-------------------------------	----------------------------------	-------------------------

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup> <div style="text-align: center;">  </div>			<sup>17</sup> <b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. <i>Tina Huerta</i> February 17, 2011 Signature Date Tina Huerta Printed Name tina@yatespetroleum.com E-mail Address	
			<sup>18</sup> <b>SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor:	
			Certificate Number	
				

ca 5/23/12 CS

113

16					<b>17 OPERATOR CERTIFICATION</b> <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division</i>  Signature April 12, 2012 Date  Tina Huerta Printed Name  tinh@vntespetroleum.com E-mail Address
					<b>18 SURVEYOR CERTIFICATION</b> <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief</i>  Date of Survey Signature and Seal of Professional Surveyor    Certificate Number

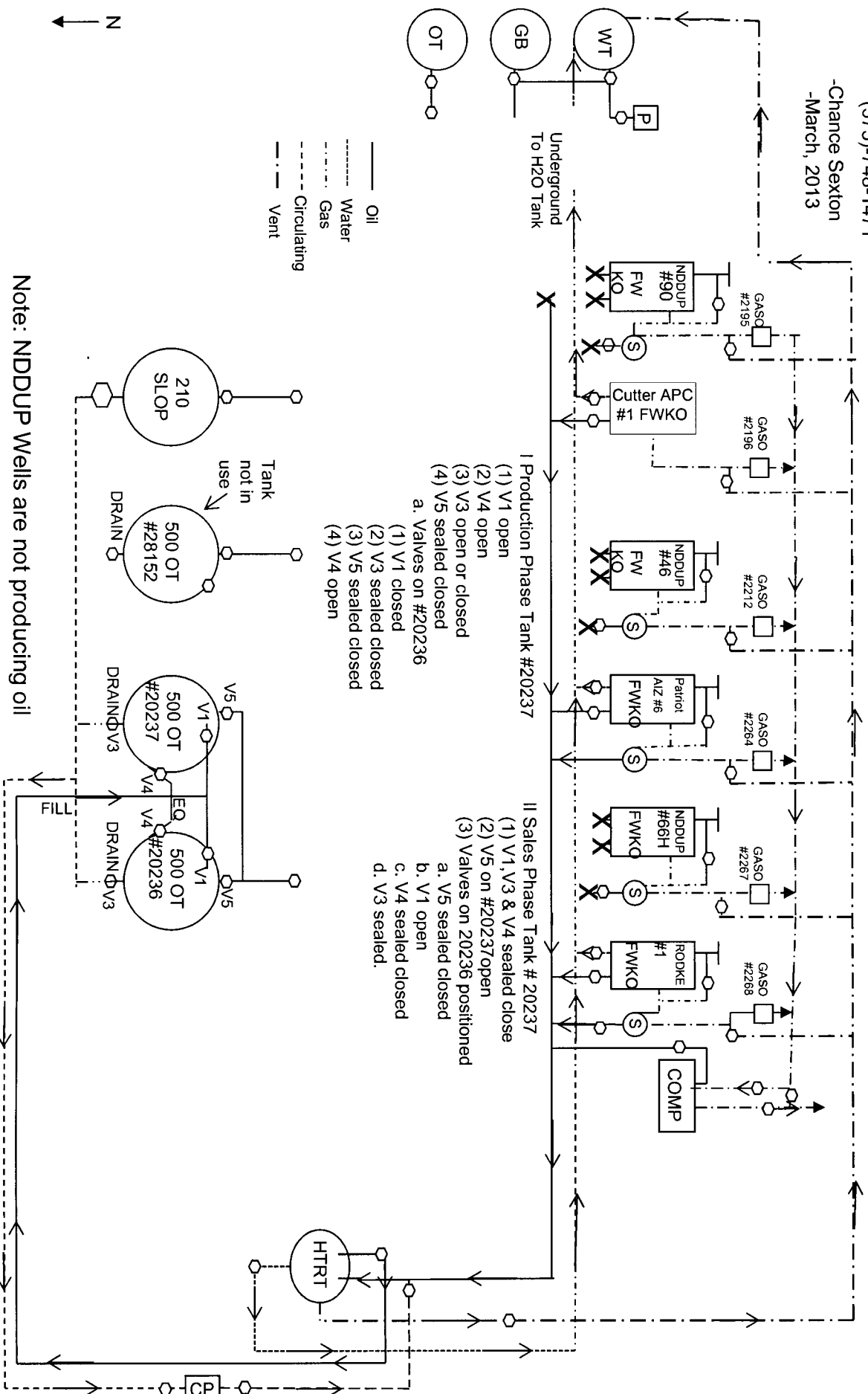


105 South 4th Street \* Artesia, NM 88210  
(575)-748-1471

# PATRIOT / RODKE BATTERY

Sec 21 - T19S - R25E \* Unit G \* SWNE  
Eddy County, New Mexico

-Chance Sexton  
-March, 2013



MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JOHN A. YATES  
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE V.P. OF MONETIZATION  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

March 19, 2013

RE: Amend Surface/ Lease Commingle  
Patriot AIZ #6, Rodke AOY #1, and Cutter APC #1  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend Surface/Lease Commingle order #CTB-414-A for the leases below:

Patriot AIZ #6	Rodke AOY #1	Cutter APC #1
N. Seven Rivers; Glorietta-Yeso	N. Seven Rivers; Glorietta-Yeso	N. Seven Rivers; Glorietta-Yeso
Sec. 21-T19S-R25E	Sec. 21-T19S-R25E	Sec. 21-T19S-R25E
API #30-015-28405	API #30-015-28404	API #30-015-28397
FEE	FEE	FEE
Eddy County, NM	Eddy County, NM	Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

#### Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Patriot #6 is 28 bbls, for the Rodke #1 is 8 bbls, and for the Cutter #1 is 43 bbls.

#### Gas Measurement

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will increase costs and shorten the economic life of each well.

If you should have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales  
Production Analyst

I hereby approve this application

Company: ABO Petroleum Corporation



MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

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Sec. 21-T19S-R25E	Sec. 21-T19S-R25E	Sec. 21-T19S-R25E
API #30-015-28405	API #30-015-28404	API #30-015-28397
FEE	FEE	FEE
Eddy County, NM	Eddy County, NM	Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

#### Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

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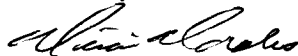
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Sincerely,

  
Miriam Morales  
Production Analyst

I hereby approve this application

  
Company: MYCO Industries Inc.

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

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March 19, 2013

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Sec. 21-T19S-R25E	Sec. 21-T19S-R25E	Sec. 21-T19S-R25E
API #30-015-28405	API #30-015-28404	API #30-015-28397
FEE	FEE	FEE
Eddy County, NM	Eddy County, NM	Eddy County, NM

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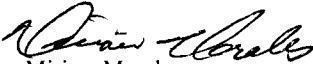
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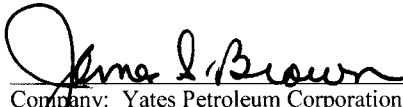
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Sincerely,

  
Miriam Morales  
Production Analyst

I hereby approve this application

  
Company: Yates Petroleum Corporation

MARTIN YATES, III  
1912-1985

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CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

March 19, 2013

RE: Amend Surface/ Lease Commingle  
Patriot AIZ #6, Rodke AOY #1, and Cutter APC #1  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting administrative approval from the Oil Conservation Division to amend Surface/Lease Commingle order #CTB-414-A for the leases below:

Patriot AIZ #6  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28405  
FEE  
Eddy County, NM

Rodke AOY #1  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28404  
FEE  
Eddy County, NM

Cutter APC #1  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28397  
FEE  
Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

#### Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Patriot #6 is 28 bbls, for the Rodke #1 is 8 bbls, and for the Cutter #1 is 43 bbls.

#### Gas Measurement

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will increase costs and shorten the economic life of each well.

Any objections must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

If you should have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

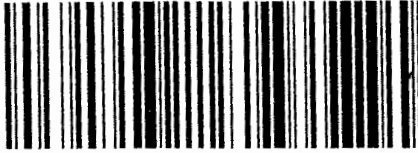
Miriam Morales  
Production Analyst



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3499

7012 3460 0001 7460 3499

Sent to  
BP AMERICA PRODUCTION COMPANY  
Street, P O BOX 277897  
or P.O.E.  
City, St. ATLANTA, GA 30384-7897

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

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3/19/03  
Almond prod.

DUCTION COMPANY

4-7897

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BP AMERICA PRODUCTION COMPANY  
P O BOX 277897  
ATLANTA, GA 30384-7897

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

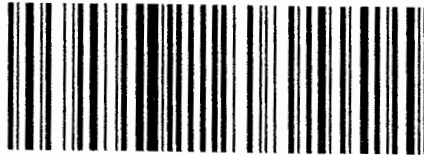
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(Transfer from s 7012 3460 0001 7460 3499



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1437

7012 3460 0001 7466 1437

Sent To  
Street, Apt. No.,  
or PO Box No. PATRICIA A BARBER  
1408 JAMES  
City, State, Zip ARTESIA, NM 88210  
PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
K. Simon Q. good  
3/19/13

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BARBER  
88210

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

1. Article Addressed to:

PATRICIA A BARBER  
1408 JAMES  
ARTESIA, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s)

7012 3460 0001 7466 1437



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1543

7012 3460 0001 7466 1543

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Robert E Chambers Jr</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. 1 or PO Box N	
City, State, Z	
ROBERT E CHAMBERS JR	
2441 STANMORE DRIVE	
HOUSTON, TX 77019	
PS Form 3800, August 2005 See Reverse for Instructions	

AMBERS JR  
ORE DRIVE  
X 77019

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROBERT E CHAMBERS JR  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from s

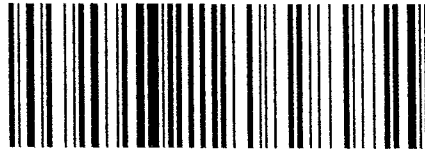
7012 3460 0001 7466 1543



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 0973

7012 3460 0001 7466 0973

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Robert E Chambers Jr 3/4/03 Lollie D Chambers 2441 Stanmore Drive Houston, TX 77019	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To: ROBERT E CHAMBERS JR Street, Ap AS TTEE OF LOLLIE D CHAMBERS or PO Box 2441 STANMORE DRIVE City, State HOUSTON, TX 77019	
PS Form 3800, August 2005 See Reverse for Instructions	

CHAMBERS JR  
LOLLIE D CHAMBERS  
STANMORE DRIVE  
HOUSTON, TX 77019

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  ROBERT E CHAMBERS JR AS TTEE OF LOLLIE D CHAMBERS 2441 STANMORE DRIVE HOUSTON, TX 77019		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from sel) 7012 3460 0001 7466 0973		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7466 1536  
7012 3460 0001 7466 1536

PS Form 3800, August 2006

See Reverse for Instructions

Sent To **OXY-Y-1 Company**  
Street At P.O. Box 841803  
City, State Dallas, TX 75284-1803

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

Postmark  
Here

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pany?  
3  
4-1803

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

OXY-Y-1 Company  
P.O. Box 841803  
Dallas, TX 75284-1803

2. Article Number  
(Transfer from se

7012 3460 0001 7466 1536

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 0997

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
LADDER 1 Domestic Mail 4/14/14 2/19/13	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt or PO Box City, State HOUSTON, TX 77227	
OXY USA WTP LIMITED PARTNERSHIP P O BOX 27570 HOUSTON, TX 77227	
PS Form 3800, August 2006 See Reverse for Instructions	

IMITED PARTNERSHIP

7227

PLACE STICKER ON BACK OF MAILPIECE, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

OXY USA WTP LIMITED PARTNERSHIP  
P O BOX 27570  
HOUSTON, TX 77227

2. Article Number  
(Transfer from se

7012 3460 0001 7466 0997

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

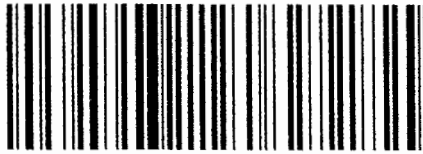
4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7012 3460 0001 7466 1000

7012 3460 0001 7466 1000

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>COG OPERATIONG LLC</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<i>divine prod.</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

NG LLC  
84-9929

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

COG OPERATIONG LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

**3. Service Type**

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

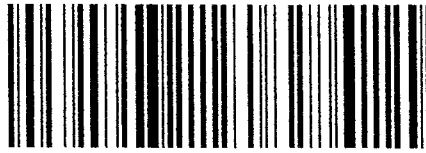
2. Article Number  
(Transfer from ser)

7012 3460 0001 7466 1000

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ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7466 0980

7012 3460 0001 7466 0980

**Sent To**  
Street, Apt.  
or PO Box  
City, State,  
ZIP+4  
PS Form 3800, August 2006  
See Reverse for Instructions

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

*Label 7 used 07-04-14  
10:11 am 8/13*

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M ESSMAN CURRY  
MINO  
TX 79705

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**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

FLORENCE M ESSMAN CURRY  
804 PALOMINO  
MIDLAND, TX 79705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent  
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s) 7012 3460 0001 7466 0980

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YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1017

7012 3460 0001 7466 1017

**ADDRESS SERVICE REQUESTED**

**Sent To**  
NANCY T CUTTER REVOCABLE TRUST  
1524 PARK AVENUE, SW  
ALBUQUERQUE, NM 87104  
PS Form 3800, August 2006 See Reverse for Instructions

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

**Postmark**  
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CUTTER REVOCABLE TRUST  
AVENUE, SW  
QUE, NM 87104

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NANCY T CUTTER REVOCABLE TRUST  
1524 PARK AVENUE, SW  
ALBUQUERQUE, NM 87104

2. Article Number  
(Transfer from s:

7012 3460 0001 7466 1017

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1024

7012 3460 0001 7466 1024

Sent To  
Street, A.  
or PO Box  
City, State  
PS Form 3800, August 2006

MARY L FARHA DOBSON  
19934 N LOMBARD LANE  
SKIATOOK, OK 74070

See Reverse for Instructions

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

Postmark  
Here

Robert Farha Dobson  
3/16/13  
Mission, OK

U.S. Postal Service™  
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RHA DOBSON  
MBARD LANE  
OK 74070

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

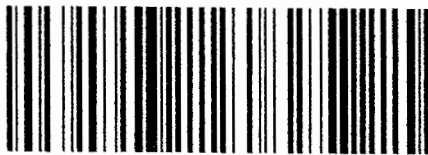
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>MARY L FARHA DOBSON 19934 N LOMBARD LANE SKIATOOK, OK 74070</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from s)</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>7012 3460 0001 7466 1024</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	



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YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 1048

7012 3460 0001 7466 1048

ADDRESS SERVICE REQUESTED

Sent To  
NEVA CHAMBERS DAWSON  
Street, Apt.  
AS TTEE OF LOLLIE D CHAMBERS  
or PO Box  
8 S WEST OAK DR  
City, State  
HOUSTON, TX 77056-2122  
PS Form 3811, August 2004 See Reverse for Instructions

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

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

BER'S DAWSON  
LOLLIE D CHAMBERS  
AK DR  
TX 77056-2122

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NEVA CHAMBERS DAWSON  
AS TTEE OF LOLLIE D CHAMBERS  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se 7012 3460 0001 7466 1048

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7466 1055

7012 3460 0001 7466 1055

Sent to  
Street Apt.  
or PO Box  
City, State  
PS Form 3800, August 2006

DEVON ENERGY PRODUCTION CO  
P O BOX 842485  
DALLAS, TX 75284-2485

See Reverse for Instructions

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

Postmark  
Here

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

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

Label # 7012 3460 0001 7466 1055  
Date 2/19/13  
Time 11:00 AM

ENERGY PRODUCTION CO  
X 842485  
S, TX 75284-2485

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

DEVON ENERGY PRODUCTION CO  
P O BOX 842485  
DALLAS, TX 75284-2485

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se)

7012 3460 0001 7466 1055



**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**

7012 3460 0001 7466 1062

7012 3460 0001 7466 1062

Sent To  
NEVA EICHENBERGER  
Street, A  
630 32<sup>ND</sup> STREET  
or PO Box  
City, State  
RICHMOND, CA 94804

PS Form 3800, August 2006 See Reverse for Instructions

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

Postage  
Certified Fee  
Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Handwritten: *Delivered to NEVA EICHENBERGER 3/11/09*

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

EICHENBERGER  
EET  
CA 94804

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NEVA EICHENBERGER  
630 32<sup>ND</sup> STREET  
RICHMOND, CA 94804

2. Article Number  
(Transfer from s

7012 3460 0001 7466 1062

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1079

7012 3460 0001 7466 1079

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. or PO Box City, State	
JAMES H ESSMAN P O BOX 32 MIDLAND, TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JAMES H ESSMAN  
P O BOX 32  
MIDLAND, TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from s)

7012 3460 0001 7466 1079





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7012 3460 0001 7466 1093

7012 3460 0001 7466 1093

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$ <u>1.50</u>	
Certified Fee \$ <u>0.00</u>	
Return Receipt Fee (Endorsement Required) \$ <u>0.00</u>	
Restricted Delivery Fee (Endorsement Required) \$ <u>0.00</u>	
Total Postage & Fees \$ <u>1.50</u>	
Postmark Here	
Sent To: ALICE A HANKS FREEMAN	
Street, Apt. or PO Box: P O BOX 9087	
City, State: WICHITA FALLS, TX 76308-9087	
PS Form 3800, August 2006 See Reverse for Instructions	

A HANKS FREEMAN  
X 9087  
WICHITA FALLS, TX 76308-9087

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

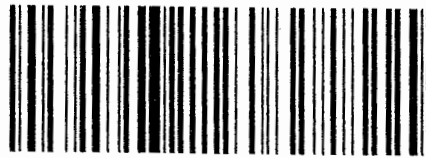
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <u>X</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  ALICE A HANKS FREEMAN P O BOX 9087 WICHITA FALLS, TX 76308-9087		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from se) <u>7012 3460 0001 7466 1093</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1109  
7012 3460 0001 7466 1109

Sent To  
Street, Ap  
or PO Box  
City, State  
W E FARHA III  
212 W 12<sup>TH</sup> STREET #4  
TULSA, OK 74119  
PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark  
Here

Robert I. ...  
2/21/05  
...  
...  
...

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

HA III  
2<sup>TH</sup> STREET #4  
OK 74119

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

W E FARHA III  
212 W 12<sup>TH</sup> STREET #4  
TULSA, OK 74119

2. Article Number  
(Transfer from s)

7012 3460 0001 7466 1109

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1116  
7012 3460 0001 7466 1116

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Robert J. Anderson</i> 3/24/13 H. I. Anderson paid.	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt or PO Box City, State, ZIP+4	
MARY L FARHA 1731 WILDCAT HILL RD SKIATOOK, OK 74070-1442	
PS Form 3800, August 2006 See Reverse for Instructions	

MARY L FARHA  
1731 WILDCAT HILL RD  
SKIATOOK, OK 74070-1442

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MARY L FARHA  
1731 WILDCAT HILL RD  
SKIATOOK, OK 74070-1442

2. Article Number  
(Transfer from s)

7012 3460 0001 7466 1116

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1123

7012 3460 0001 7466 1123

PS Form 3800, August 2005 See Reverse for Instructions

Sent To  
Street, Ap  
or PO Box  
City, State  
PLANO, TX 75026-1427

SARA C GARRETSON  
P O BOX 261427  
PLANO, TX 75026-1427

Total Postage & Fees \$

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

*Robert Anderson*  
*3/19/04*  
*Levinson prod.*

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

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

SARA C GARRETSON  
BOX 261427  
PLANO, TX 75026-1427

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SARA C GARRETSON  
P O BOX 261427  
PLANO, TX 75026-1427

2. Article Number  
(Transfer from s)

7012 3460 0001 7466 1123

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
**X** ☐ Agent  
☐ Addressee

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

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

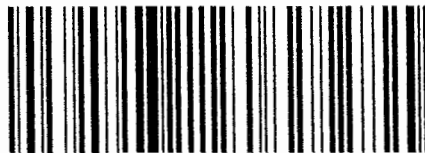
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7466 1130

7012 3460 0001 7466 1130

PS Form 3800, August 2006 See Reverse for Instructions

Sent To MYRTLE HEARD  
Street, Apt. or P.O. Box C/O CHARLEY HEARD  
City, State 33 MARCUS LANE  
CASTLE ROCK, CO 80108

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Rocky Mountain  
3/19/13  
M. H. Heard

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

MYRTLE HEARD  
C/O CHARLEY HEARD  
MARCUS LANE  
CASTLE ROCK, CO 80108

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MYRTLE HEARD  
C/O CHARLEY HEARD  
33 MARCUS LANE  
CASTLE ROCK, CO 80108

2. Article Number  
(Transfer from si

7012 3460 0001 7466 1130

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7012 3460 0001 7466 1147

7012 3460 0001 7466 1147

Sent To  
Street, At  
or PO Box  
City, State  
SHERMAN U HICKAM  
809 PICKETT RD  
THE VILLAGES, FL 32163-2349  
PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark  
Here

Handwritten: *Redeemed by 3/19/03*

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

SHERMAN U HICKAM  
809 PICKETT RD  
THE VILLAGES, FL 32163-2349

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SHERMAN U HICKAM  
809 PICKETT RD  
THE VILLAGES, FL 32163-2349

2. Article Number  
(Transfer from se 7012 3460 0001 7466 1147

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

Sent To  
Street, Apt.  
or PO Box  
City, State  
CELESTE CHAMBERS LIPSCOMB  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343  
PS Form 3800, August 2006 See Reverse for Instructions

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

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
Roderick M. Chambers  
480 N Warson Rd  
St Louis, MO 63124-1343  
Minion B. Red.

TE CHAMBERS LIPSCOMB  
WARSON ROAD  
UIS, MO 63124-1343

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CELESTE CHAMBERS LIPSCOMB  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

2. Article Number  
(Transfer from se

7012 3460 0001 7466 1154

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7466 1161

7012 3460 0001 7466 1161

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
1. Addressee's Name: <i>CELESTE CHAMBERS LIPSCOMB</i>	
2. Address: <i>AS TTEE OF LOLLIE D CHAMBERS</i>	
3. City, State, ZIP+4: <i>ST LOUIS, MO 63124-1343</i>	
4. Postmark Here: <i>3/14/13</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to: <b>CELESTE CHAMBERS LIPSCOMB</b>	
Street, Apt. or PO Box: <b>AS TTEE OF LOLLIE D CHAMBERS</b>	
City, State: <b>ST LOUIS, MO 63124-1343</b>	
PS Form 3800, August 2006 See Reverse for Instructions	

CELESTE CHAMBERS LIPSCOMB  
AS TTEE OF LOLLIE D CHAMBERS  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CELESTE CHAMBERS LIPSCOMB  
AS TTEE OF LOLLIE D CHAMBERS  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

2. Article Number  
(Transfer from s

7012 3460 0001 7466 1161

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒

Certified Mail

☐

Express Mail

☐ Registered

☐

Return Receipt for Merchandise

☐ Insured Mail

☐

C.O.D.

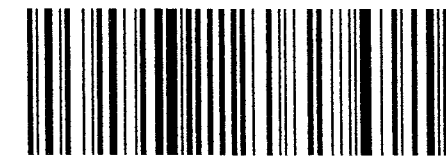
4. Restricted Delivery? (Extra Fee)

☐ Yes



**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 1192

7012 3460 0001 7466 1192

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Robert E. Hunter</i> 3/19/13	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: MAGNUM HUNTER PRODUCTION INC C/O CIMAREX ENERGY CO ATTN: OBO JIB 15 E 5 <sup>TH</sup> STREET SUITE 1000 TULSA, OK 74103-4346	
PS Form 3811, February 2004	

MAGNUM HUNTER PRODUCTION INC  
C/O CIMAREX ENERGY CO  
ATTN: OBO JIB  
15 E 5<sup>TH</sup> STREET SUITE 1000  
TULSA, OK 74103-4346

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

**SENDER: COMPLETE THIS SECTION**

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

## 1. Article Addressed to:

MAGNUM HUNTER PRODUCTION INC  
C/O CIMAREX ENERGY CO  
ATTN: OBO JIB  
15 E 5<sup>TH</sup> STREET SUITE 1000  
TULSA, OK 74103-4346

2. Article Number  
(Transfer from s

7012 3460 0001 7466 1192

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 1185

7012 3460 0001 7466 1185

**ADDRESS SERVICE REQUESTED**

PS Form 3800, August 2006 See Reverse for Instructions

**Sent To** MATLOCK MINERALS LTD CO  
**Street, Apt or PO Box** C/O DEBORAH L GOLUSKA  
**City, State** P O BOX 1090  
ROSWELL, NM 88202-1090

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

Postmark  
Here

*Roller 1*  
*David STB 4/14/04 \$ 3191.3*  
*Deborah Goluska*

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

LOCK MINERALS LTD CO  
DEBORAH L GOLUSKA  
BOX 1090  
ROSWELL, NM 88202-1090

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MATLOCK MINERALS LTD CO  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from st

7012 3460 0001 7466 1185



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1208

7012 3460 0001 7466 1208

Sent To  
Street, Apt.  
or PO Box 1  
City, State,  
PS Form 3800, August 2006

MARIGOLD LLLP  
P O BOX 1290  
ARTESIA, NM 88211-1290

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

Postmark  
Here

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

*Robert L. ... 8/14/13*  
*At home post.*

MARIGOLD LLLP  
P O BOX 1290  
ARTESIA, NM 88211-1290

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARIGOLD LLLP  
P O BOX 1290  
ARTESIA, NM 88211-1290

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7012 3460 0001 7466 1208



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2008

See Reverse for Instructions

Sent To  
Phyllis J Miller  
Street, Apt.  
or PO Box  
City, State  
10205 LEXINGTON AVE NE  
ALBUQUERQUE, NM 87112

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

Postmark  
Here

CERTIFIED MAIL™



7012 3460 0001 7466 1215

7012 3460 0001 7466 1215

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

PHYLLIS J MILLER  
10205 LEXINGTON AVE NE  
ALBUQUERQUE, NM 87112

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PHYLLIS J MILLER  
10205 LEXINGTON AVE NE  
ALBUQUERQUE, NM 87112

2. Article Number  
(Transfer from s

7012 3460 0001 7466 1215

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7466 1222

7012 3460 0001 7466 1222

**Sent To**  
Street, Apt.  
or PO Box  
City, State

**Michael Harris Moore**  
**P O BOX 51570**  
**MIDLAND, TX 79710**

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark  
Here

*Radley 1*  
*med 07/24/06*  
*div 10/13*

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

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

HAEL HARRIS MOORE  
BOX 51570  
LAND, TX 79710

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**MICHAEL HARRIS MOORE**  
**P O BOX 51570**  
**MIDLAND, TX 79710**

2. Article Number  
(Transfer from se

7012 3460 0001 7466 1222

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

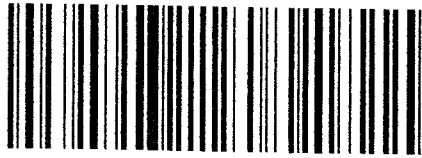
102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7012 3460 0001 7466 1239

7012 3460 0001 7466 1239

Sent To  
Street, A  
or PO Box  
City, Sta  
PS Form 3800, August 2006 See Reverse for Instructions

RICHARD L MOORE  
P O BOX 94077  
SOUTHLAKE, TX 76092

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

\$  
  
  
  
  
\$

Postmark  
Here

*Richard L Moore*  
*3/16/13*

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

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

RICHARD L MOORE  
PO BOX 94077  
SOUTHLAKE, TX 76092

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RICHARD L MOORE  
P O BOX 94077  
SOUTHLAKE, TX 76092

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from ser)

7012 3460 0001 7466 1239

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7466 1246

7012 3460 0001 7466 1246

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: STEPHEN SCOTT MOORE ESTATE RICHARD L MOORE & MICHEAL P O BOX 94077 SOUTHLAKE, TX 76092	
PS Form 3800, August 2006 See Reverse for Instructions	

PHEN SCOTT MOORE  
ATE RICHARD L MOORE & MICHEAL  
BOX 94077  
JTHLAKE, TX 76092

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

STEPHEN SCOTT MOORE  
ESTATE RICHARD L MOORE & MICHEAL  
P O BOX 94077  
SOUTHLAKE, TX 76092

2. Article Number  
(Transfer from s

7012 3460 0001 7466 1246

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 1253

7012 3460 0001 7466 1253

**ADDRESS SERVICE REQUESTED**

Sent To  
Street, Apt.  
or P.O. Box  
City, State  
P O BOX 376  
ARTESIA, NM 88211-0376  
PS Form 3800, August 2006 See Reverse for Instructions

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

Postage \$

Certified Fee

Return Receipt Fee

Restricted Delivery Fee

Total Postage &amp; Fees

Postmark  
Here

*Valdez / amended CTS-41114 2/19/13*  
*Hi name paid*

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

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

MCCAW  
76  
NM 88211-0376

PLACE STAMP HERE  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

WILLIAM J MCCAW  
P O BOX 376  
ARTESIA, NM 88211-0376

2. Article Number  
(Transfer from s

7012 3460 0001 7466 1253

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

Sent To  
Street, Apt.  
or PO Box /  
City, State,  
TULSA, OK 74120  
BARBARA FARHA MCKINNIS  
1544 S NORFOLK AVENUE  
TULSA, OK 74120  
PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™



7012 3460 0001 7466 1444  
7012 3460 0001 7466 1444

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

*Robert Farha Mckinnis*  
*1544 S Norfolk Ave*  
*Tulsa OK 74120*  
*3/11/03*  
*Michigan @ post*

BARBARA FARHA MCKINNIS  
1544 S NORFOLK AVENUE  
TULSA, OK 74120

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BARBARA FARHA MCKINNIS  
1544 S NORFOLK AVENUE  
TULSA, OK 74120

2. Article Number  
(Transfer from s)

7012 3460 0001 7466 1444

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1468  
7012 3460 0001 7466 1468

**ADDRESS SERVICE REQUESTED**

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

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

**Postmark**  
Here

**Sent To**  
Street, /  
or P.O. B.  
City, St.  
OSCURA RESOURCES INC  
P O BOX 2292  
ROSWELL, NM 88202-2292

PS Form 3800, August 2006 See Reverse for Instructions

OSCURA RESOURCES INC  
BOX 2292  
ROSWELL, NM 88202-2292

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

OSCURA RESOURCES INC  
P O BOX 2292  
ROSWELL, NM 88202-2292

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from s)

7012 3460 0001 7466 1468



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7466 1475

7012 3460 0001 7466 1475

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Handwritten: 1 Grand Blvd Suite 300 A-31515</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<i>Handwritten: Le. now C prod.</i>	
Sent To	
Street, Ap or PO Box	
City, State	
PS Form 3800, August 2006 See Reverse for Instructions	

OIL & GAS INC  
ND BLVD SUITE 300  
CITY, OK 73112-5672

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

PANHANDLE OIL & GAS INC  
5400 N GRAND BLVD SUITE 300  
OKLAHOMA CITY, OK 73112-5672

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from sei)

7012 3460 0001 7466 1475



**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 1482

7012 3460 0001 7466 1482

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to	Postmark Here
Street, Ap. or PO Box	
City, State	
JAY POWELL 5153 RIO PENASCO RD HOPE, NM 88250	
PS Form 3800, August 2006 See Reverse for Instructions	

JAY POWELL  
5153 RIO PENASCO RD  
HOPE, NM 88250

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JAY POWELL  
5153 RIO PENASCO RD  
HOPE, NM 88250

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from si

7012 3460 0001 7466 1482

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 1499

7012 3460 0001 7466 1499

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Kadler, Frank W. Podpechan	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: FRANK W PODPECHAN	
Street, Apt or PO Box REV. TRUST DATED 01/11/1993	
City, State P O BOX 3226	
TULSA, OK	
PS Form 3800, August 2006 See Reverse for Instructions	

ANK, W PODPECHAN  
V. TRUST DATED 01/11/1993  
BOX 3226  
LSA, OK

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

FRANK W PODPECHAN  
REV. TRUST DATED 01/11/1993  
P O BOX 3226  
TULSA, OK

2. Article Number  
(Transfer from s

7012 3460 0001 7466 1499

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

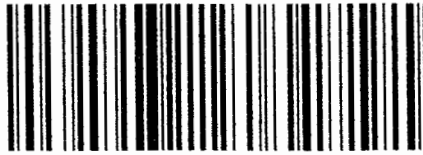
☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7012 3460 0001 7466 1505

7012 3460 0001 7466 1505

Sent To  
W T AND JEANETTE J PROBANDT  
Street, A 5 RIDGMAR CT  
or PO Box  
City, State MIDLAND, TX 79707  
PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark  
Here

*Robert J. Probandt*  
*5/19/13*

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

JEANETTE J PROBANDT  
AR CT  
D, TX 79707

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

W T AND JEANETTE J PROBANDT  
5 RIDGMAR CT  
MIDLAND, TX 79707

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from ser)

7012 3460 0001 7466 1505

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**

7012 3460 0001 7466 1512

7012 3460 0001 7466 1512

PS Form 3800, August 2006 See Reverse for Instructions

Sent To  
Street, Apt.  
or PO Box  
City, State  
CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

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

\$  
\$  
\$  
\$  
\$  
\$

Postmark  
Here

*Keefe 71 and CB 414 P U 2/19/13  
Leiman and*

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

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

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

2. Article Number  
(Transfer from se

7012 3460 0001 7466 1512

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3000

7012 3460 0001 7460 3000

Sent To  
Street, or P.O. Box  
City, St.  
EL PASO, TX 79912  
PS Form 3800, August 2006

RONKAR PROPERTIES

312 CRIMSON CLOUD LANE

EL PASO, TX 79912

See Reverse for Instructions

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Certified Mail Receipt  
(Domestic Mail Only; No Insurance Coverage Provided)  
Ronkar Properties  
312 Crimson Cloud Lane  
El Paso, TX 79912

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

RONKAR PROPERTIES  
312 CRIMSON CLOUD LANE  
EL PASO, TX 79912

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RONKAR PROPERTIES  
312 CRIMSON CLOUD LANE  
EL PASO, TX 79912

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
**X**  
☐ Agent  
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s

7012 3460 0001 7460 3000



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3017

7012 3460 0001 7460 3017

Sent to  
Street 7  
or PO B  
City, St  
PS Form 3800, August 2006

MIKE H ROBERTS  
1108 LA VACA ST #110-282  
AUSTIN, TX 78701

See Reverse for Instructions

Total Postage & Fees  
\$

Postage  
\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

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

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

1108 LA VACA ST #110-282  
AUSTIN, TX 78701

Let it work good.

MIKE H ROBERTS  
1108 LA VACA ST #110-282  
AUSTIN, TX 78701

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MIKE H ROBERTS 1108 LA VACA ST #110-282 AUSTIN, TX 78701</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

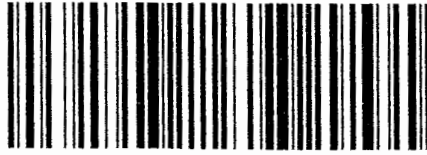
2. Article Number  
(Transfer from s) 7012 3460 0001 7460 3017



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3024

7012 3460 0001 7460 3024

Sent To  
Street, A  
or PO Box  
City, State  
PS Form 3800, August 2006

WILLIAM ROSS  
3401 S 13 STREET  
ARTESIA, NM 88210

See Reverse for Instructions

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Katie L. Smith  
C9B-4114  
2/14/03  
K. Smith  
prod.

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

LIAM ROSS  
1 S 13 STREET  
ARTESIA, NM 88210

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WILLIAM ROSS  
3401 S 13 STREET  
ARTESIA, NM 88210

2. Article Number  
(Transfer from se)

7012 3460 0001 7460 3024

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7012 3460 0001 7460 3031

7012 3460 0001 7460 3031

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Sent To Street, A or PO Box City, State ZIP+4®	Gary Ross 205 Indian Tr Searcy, AR 72143
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ \$ \$ \$ \$
Postmark Here	
PS Form 3800, August 2006 See Reverse for Instructions	

GARY ROSS  
205 INDIAN TR  
SEARCY, AR 72143

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

GARY ROSS  
205 INDIAN TR  
SEARCY, AR 72143

2. Article Number  
(Transfer from ser)

7012 3460 0001 7460 3031

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

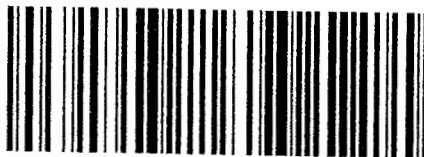
4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7460 3048

7012 3460 0001 7460 3048

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. or P.O. Box	JAMES T ROSS
City, State	P O BOX 216 LAKEWOOD, NM 88254
PS Form 3800, August 2006 See Reverse for Instructions	

JAMES T ROSS  
P O BOX 216  
LAKEWOOD, NM 88254

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JAMES T ROSS  
P O BOX 216  
LAKEWOOD, NM 88254

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se)

7012 3460 0001 7460 3048

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7460 3055

7012 3460 0001 7460 3055

PS Form 3800, August 2006 See Reverse for Instructions

**Sent To** RALPH E AND LAURIE A ROSS  
**Street, A** REV LIVING TRUST  
**or PO Box** P O BOX 234  
**City, State** LAKEWOOD, NM 88254-0234

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

**Postmark**  
Here

*Ralph E and Laurie A Ross*  
*Rev Living Trust*  
*P O Box 234*  
*Lakewood NM*

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

RALPH E AND LAURIE A ROSS  
REV LIVING TRUST  
P O BOX 234  
LAKEWOOD, NM 88254-0234

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

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

RALPH E AND LAURIE A ROSS  
REV LIVING TRUST  
P O BOX 234  
LAKEWOOD, NM 88254-0234

**2. Article Number**  
(Transfer from se

7012 3460 0001 7460 3055

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature** ☒ Agent  
**X** ☐ Addressee

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

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

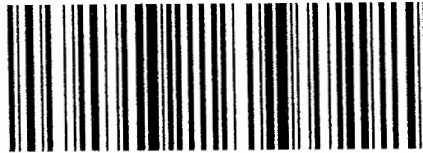
**3. Service Type**  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

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

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7460 3413

7012 3460 0001 7460 3413

PS Form 3800, August 2006

See Reverse for Instructions

Sent to  
Street,  
or P.O.  
City, St.

ROBERT ROSS  
P O BOX 8334  
SEARCY, AR 72145-8334

Total Postage & Fees \$

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark  
Here

*Kalke's*  
*2/19/03*  
*Minneapolis*

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

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

ROBERT ROSS  
P O BOX 8334  
SEARCY, AR 72145-8334

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT ROSS  
P O BOX 8334  
SEARCY, AR 72145-8334

2. Article Number  
(Transfer from s)

7012 3460 0001 7460 3413

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**

7012 3460 0001 7460 3420

7012 3460 0001 7460 3420

Sent To  
Street, Apt.  
or PO Box  
City, State,  
PS Form 3800, August 2006

RONALD ROSS  
1902 HERMOSA DRIVE  
ARTESIA, NM 88210

See Reverse for Instructions

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

Postmark  
Here

*Ronald Ross*  
3/14/03  
M. Ross

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

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

LD ROSS  
HERMOSA DRIVE  
ARTESIA, NM 88210

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RONALD ROSS  
1902 HERMOSA DRIVE  
ARTESIA, NM 88210

2. Article Number  
(Transfer from s)

7012 3460 0001 7460 3420

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

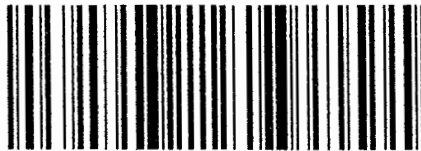
102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3437

7012 3460 0001 7460 3437

Sent to  
Street,  
or P.O.,  
City, St.  
P O BOX 1020  
ARTESIA, NM 88211-1020  
PS Form 3811, August 2000 See Reverse for Instructions

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

Postmark  
Here

Robert L. Legado  
L. Legado  
3/14/03

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

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

SANTO LEGADO LLLP  
P O BOX 1020  
ARTESIA, NM 88211-1020

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SANTO LEGADO LLLP  
P O BOX 1020  
ARTESIA, NM 88211-1020

2. Article Number  
(Transfer from s)

7012 3460 0001 7460 3437

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

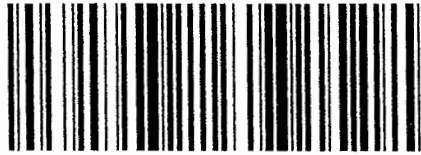




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3147

7012 3460 0001 7460 3147

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Kadler 3/11/15 Platinum pad	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To Street, Apt. or PO Box City, State JOHN S SELLMAYER 2 PECAN GROVE CIRCLE LUCAS, TX 75002	
PS Form 3800, August 2006 See Reverse for Instructions	

JOHN S SELLMAYER  
2 PECAN GROVE CIRCLE  
LUCAS, TX 75002

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JOHN S SELLMAYER  
2 PECAN GROVE CIRCLE  
LUCAS, TX 75002

2. Article Number  
(Transfer from se)

7012 3460 0001 7460 3147

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3154

7012 3460 0001 7460 3154

Sent to  
Street, Apt.  
or PO Box  
City, State  
PS Form 3800, August 2006  
See Reverse for Instructions

SOLARI LUZ LLC  
P O BOX 1783  
EL PRADO, NM 87529

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

Postmark  
Here

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

Package # 7012 3460 0001 7460 3154  
P.O. Box 1783  
El Prado, NM 87529

SOLARI LUZ LLC  
PO BOX 1783  
EL PRADO, NM 87529

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SOLARI LUZ LLC  
P O BOX 1783  
EL PRADO, NM 87529

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from s)

7012 3460 0001 7460 3154

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7460 3161

7012 3460 0001 7460 3161

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Sent to Street, Apt. or PO Box City, State, ZIP+4®	MANER B SHAW P O BOX 9612 MIDLAND, TX 79708
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ \$ \$ \$ \$
Postmark Here	
PS Form 3800, August 2006 See Reverse for Instructions	

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7012 3460 0001 7460 3161

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7460 3178

7012 3460 0001 7460 3178

**ADDRESS SERVICE REQUESTED**

Sent To  
Street,  
or PO Box  
City, St  
PS Form 3800, August 2006

ELIZABETH R NIXON SHEETS  
11205 SAVOY ROAD  
ST AMANT, LA 70774

See Reverse for Instructions

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

\$

Postmark  
Here

Locke St. Amant, LA 70774  
3/19/13  
D. Nixon

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

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

ELIZABETH R NIXON SHEETS  
11205 SAVOY ROAD  
ST AMANT, LA 70774

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ELIZABETH R NIXON SHEETS  
11205 SAVOY ROAD  
ST AMANT, LA 70774

2. Article Number  
(Transfer from se

7012 3460 0001 7460 3178

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

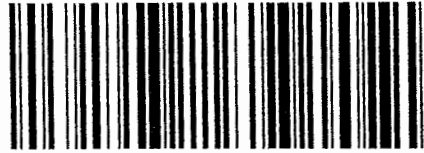
4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**CERTIFIED MAIL™**



7012 3460 0001 7460 3185  
7012 3460 0001 7460 3185

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. # or PO Box N City, State, Z SHARBRO ENERGY LLC P O BOX 840 ARTESIA, NM 88211-0840	
PS Form 3800, August 2006 See Reverse for Instructions	

SHARBRO ENERGY LLC  
BOX 840  
ARTESIA, NM 88211-0840

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SHARBRO ENERGY LLC  
P O BOX 840  
ARTESIA, NM 88211-0840

2. Article Number  
(Transfer from st)

7012 3460 0001 7460 3185

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

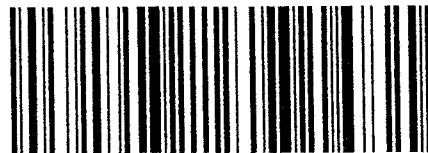
3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7460 3192

7012 3460 0001 7460 3192

**ADDRESS SERVICE REQUESTED**

PS Form 3800, August 2005 See Reverse for Instructions

Sent To \_\_\_\_\_  
Street, Apt. \_\_\_\_\_  
or PO Box \_\_\_\_\_  
City, State \_\_\_\_\_  
City, State \_\_\_\_\_

EVA TROIKE  
630 32<sup>ND</sup> STREET  
RICHMOND, CA 94804

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

Postmark  
Here

KADE # 630 32ND STREET  
RICHMOND, CA 94804  
MINION

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

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

EVA TROIKE  
630 32<sup>ND</sup> STREET  
RICHMOND, CA 94804

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

EVA TROIKE  
630 32<sup>ND</sup> STREET  
RICHMOND, CA 94804

2. Article Number  
(Transfer from s)

7012 3460 0001 7460 3192

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3208

7012 3460 0001 7460 3208

Sent To  
TULIPAN LLC  
105 S 4<sup>TH</sup> STREET  
ARTESIA, NM 88210  
PS Form 3800, August 2006  
See Reverse for Instructions

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

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
Lodges, David C. 10/13  
M. K. R. 10/13

TULIPAN LLC  
105 S 4<sup>TH</sup> STREET  
ARTESIA, NM 88210

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

TULIPAN LLC  
105 S 4<sup>TH</sup> STREET  
ARTESIA, NM 88210

2. Article Number  
(Transfer from se

7012 3460 0001 7460 3208

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540

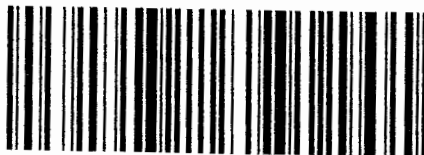




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7012 3460 0001 7460 3222

7012 3460 0001 7460 3222

Sent To  
Street, Apt.  
or PO Box  
City, State  
PS Form 3800, August 2005  
See Reverse for Instructions

WEDDERBURN PROPERTIES LLC  
C/O ELOISE N JONES  
1121 LONDONDERRY ROAD  
CHARLESTON, WV 25314-2213

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

\$

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only: No Insurance Coverage Provided)  
Date: 3/14/13  
Mina Q. grad.

WEDDERBURN PROPERTIES LLC  
ELOISE N JONES  
1121 LONDONDERRY ROAD  
CHARLESTON, WV 25314-2213

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WEDDERBURN PROPERTIES LLC  
C/O ELOISE N JONES  
1121 LONDONDERRY ROAD  
CHARLESTON, WV 25314-2213

2. Article Number  
(Transfer from s)

7012 3460 0001 7460 3222

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes



**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7012 3460 0001 7460 3482

7012 3460 0001 7460 3482

PS Form 3800, August 2006

See Reverse for Instructions

Sent To: YATES INDUSTRIES LLC

Street A: P O BOX 1091

or PO Box: ARTESIA, NM 88211-1091

City, State: \_\_\_\_\_

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

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

Label # 0713-41445 5/19/13

Handwritten: 10/10/13

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

YATES INDUSTRIES LLC  
P O BOX 1091  
ARTESIA, NM 88211-1091

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

YATES INDUSTRIES LLC  
P O BOX 1091  
ARTESIA, NM 88211-1091

2. Article Number  
(Transfer from s)

7012 3460 0001 7460 3482

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes