

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.

NM-1372

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Warren ANW Federal #1

9. API Well No.

30-015-27748

10. Field and Pool or Exploratory Area

Wildcat; Yeso

11. County or Parish, State

Eddy County, New Mexico

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

Oil Well Gas Well Other PA

2. Name of Operator

Yates Petroleum Corporation

3a. Address

105 S. 4th St., Artesia, NM 88210

3b. Phone No. (include area code)

575-748-1471

4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)

1980' FSL & 660' FWL Sec. 9-T19S-R25E Unit L, NWSW

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Off lease measurement</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplate in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Yates Petroleum respectfully requests administrative approval to off lease measurement on the following wells:

Warren ANW Federal #1
Penasco Draw; San Andres-Yeso
Sec. 9-T19S-R25E
Fed. Lease #NM-1372
API #30-015-27748
Eddy County, NM

Warren ANW Federal #2
Penasco Draw; San Andres-Yeso
Sec. 9-T19S-R25E
Fed. Lease #NM-1372
API #30-015-28147
Eddy County, NM

Please see attached continuation

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Miriam Morales

Title

Production Analyst

Signature



Date

7/26/12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Continuation on off lease measurement for Warren ANW Federal #1

The production will be measured and sold at the Thomas AJJ Deep Com #3 located at Sec. 8-T19S-25E under CA #NM-109703. Please see attached plats and site security diagram.

Identical ownership and pools. All owners notifications are attached as well as in house waivers.

Oil measurement

Tanks will be isolated and no surface commingling will take place.

Gas Measurement

Each well will have its own meter.

The off lease measurement of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not reduce royalty or improper measurement of production.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

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 Commingled)

LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. _____
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.
(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: 4/26/12

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

E-MAIL ADDRESS: mmorales@yatespetroleum.com

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

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 August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-27748	² Pool Code 50270	³ Pool Name Penasco Draw; San Andres-Yeso
⁴ Property Code 13108	⁵ Property Name Warren ANW Federal	
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁶ Well Number 1 ⁹ Elevation 3528' GR

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	9	19S	25E		1980	South	660	West	Eddy

¹¹ 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

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
-------------------------------------	-------------------------------	----------------------------------	-------------------------

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 	¹⁷ OPERATOR CERTIFICATION 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.		
	Signature: <i>Tina Huerta</i> Date: January 30, 2012		
	Printed Name: Tina Huerta E-mail Address: tinah@yatespetroleum.com		
¹⁸ SURVEYOR CERTIFICATION 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			

2nd Copy 5-23-11

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 & 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

CPKD

¹ API Number 30-015-28147	² Pool Code 02565 50210	³ Pool Name San Andres, Glorieta-Yeso Penasco Draw, San Andres-Yeso
⁴ Property Code 13108	⁵ Property Name Warren ANW Federal	
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁶ Well Number 2
⁹ Elevation -3527' GR		

¹⁰ Surface Location

UL or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	9	19S	25E		660	South	660	West	Eddy

¹¹ 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
¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code		¹⁵ Order No					

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				¹⁷ OPERATOR CERTIFICATION 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 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: Tina Huerta Date: April 22, 2011
				Tina Huerta Printed Name
				tinh@yatespetroleum.com E-mail Address
				¹⁸ SURVEYOR CERTIFICATION 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

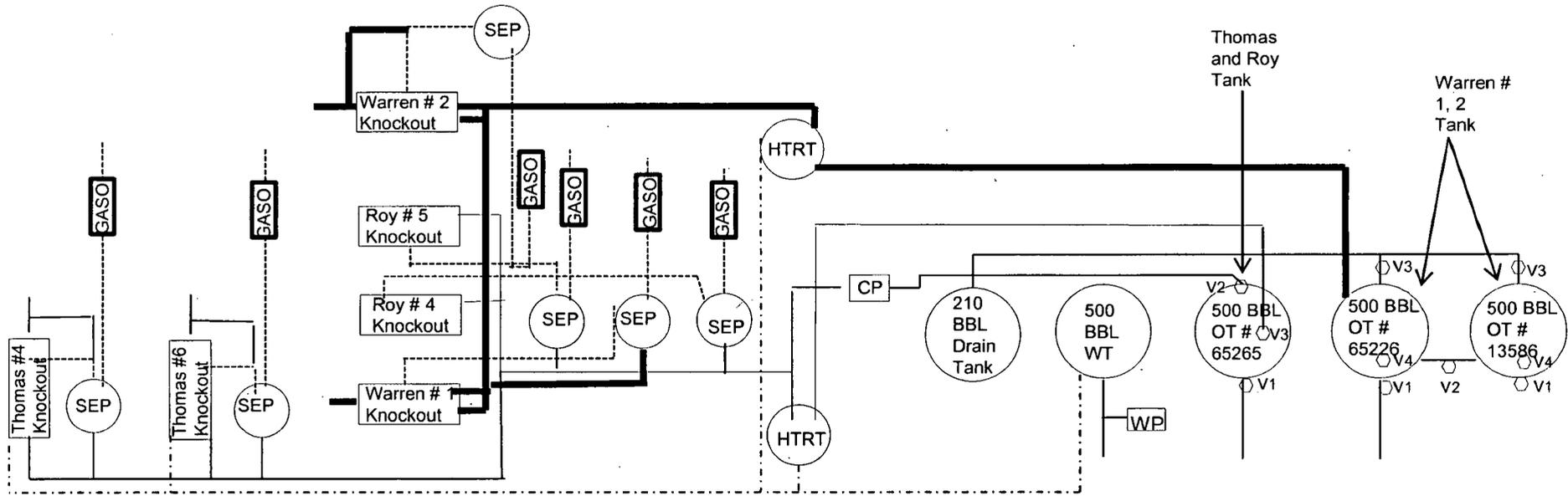


105 South 4th Street * Artesia, NM 88210
(575)-748-1471

-Chance Sexton
April, 2012

THOMAS AJJ #3 BATTERY

1980' FSL & 1980' FEL * Sec8 – T19S R25E * Unit J
Eddy County, New Mexico
API - 3001526824



Thomas AJJ and Roy
Production System Open
Sales: Tank gauge to tank truck

- | | |
|-----------------------------|----------------------------|
| I. Production – Tank #65265 | II. Sales |
| a) valve # 3 open | a) valve # 3 sealed closed |
| b) valve # 1 sealed closed | b) valve # 1 open |
| c) valve # 2 sealed | c) valve # 2 sealed closed |

Warren#1 and #2
Production System Open
Sales: Tank gauge to tank truck

- | | |
|--------------------------------------|---------------------------------------|
| I. Production phase Tank #65226 | II. Sales phase Tank #65226 |
| a) valve # 4 open | a) valve # 4 sealed closed |
| b) valve # 2 open | b) valve # 2 sealed closed |
| c) valve # 3 sealed | c) valve # 3 sealed closed |
| d) valve # 1 sealed closed | d) valve # 1 open |
| e) valves on tank #13583 positioned: | e) valves on tank # 13586 positioned: |
| 1) valve # 4 close | 1) valve # 4 open |
| 2) valve # 3 sealed closed | 2) valve # 3 sealed |
| 3) valve # 1 sealed closed | 3) valve # 1 sealed closed |

This diagram is subject to the Yates Petroleum Corporation August 1983 Security Plan
which is on file at 105 South 4th Street, Artesia, NM

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

7010 2780 0002 8287 9720
7010 2780 0002 8287 9720

US Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>Wagon # 2102MAL U 9/26/12</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<i>disname job.</i>	
Sent To <i>BLM</i>	
Street, Apt. No., or PO Box No. <i>620 E. Greene</i>	
City, State, ZIP+4 <i>Carlsbad NM 88220</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

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:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

2. Article Number
(Transfer from :

7010 2780 0002 8287 9720

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

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

SCOTT M. YATES
VICE PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

April 26, 2012

RE: Off Lease Measurement
Warren ANW Federal #1
Eddy County, NM

Dear Interest owner,

Yates Petroleum is notifying you of an Off lease measurement on the following wells:

Warren ANW Federal #1
Penasco Draw; San Andres-Yeso
Sec. 9-T19S-R25E
Fed. Lease #NM-1372
API #30-015-27748
Eddy County, NM

Warren ANW Federal #2
Penasco Draw; San Andres-Yeso
Sec. 9-T19S-R25E
Fed. Lease #NM-1372
API #30-015-28147
Eddy County, NM

The production will be measured and sold at the Thomas AJJ Deep Com #3 located at Sec. 8-T19S-25E under CA #NM-109703.

Identical ownership and pools.

Oil measurement

Tanks will be isolated and no surface commingling will take place.

Gas measurement

Each well will have its own meter.

The off lease measurement of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not reduce royalty or improper measurement of production.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

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

Sincerely,

Miriam Morales

Production Analyst

I hereby approve this application

Yates Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
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TELEPHONE (575) 748-1471

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April 26, 2012

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Eddy County, NM

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API #30-015-27748
Eddy County, NM

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

Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application

John A. Yates

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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1912-1985
FRANK W. YATES
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105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

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April 26, 2012

RE: Off Lease Measurement
Warren ANW Federal #1
Eddy County, NM

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Eddy County, NM

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Penasco Draw; San Andres-Yeso
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Fed. Lease #NM-1372
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Eddy County, NM

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

Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application

Trust O U/W/O Peggy A. Yates, deceased

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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CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

April 26, 2012

RE: Off Lease Measurement
Warren ANW Federal #1
Eddy County, NM

Dear Interest owner,

Yates Petroleum is requesting administrative approval from the Bureau of Land Management and the Oil Conservation Division to Off lease measurement on the following wells:

Warren ANW Federal #1
Penasco Draw; San Andres-Yeso
Sec. 9-T19S-R25E
Fed. Lease #NM-1372
API #30-015-27748
Eddy County, NM

Warren ANW Federal #2
Penasco Draw; San Andres-Yeso
Sec. 9-T19S-R25E
Fed. Lease #NM-1372
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We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

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

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

Sincerely,

Miriam Morales
Production Analyst

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9614
7010 2780 0002 8287 9614

Sent to Sharbros Energy LLC
 Street, Apt. No., or PO Box No. PO Box 840
 City, State, ZIP+4 Artesia NM 88211
 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	\$

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

SHARBRO ENERGY LLC
PO 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 THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<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>SHARBRO ENERGY LLC P O BOX 840 ARTESIA, NM 88211-0840</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from s <u>7010 2780 0002 8287 9614</u>)</p>		<p>3. Service Type</p> <p><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>	

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9607

7010 2780 0002 8287 9607

PS Form 3800, August 2006
See Reverse for Instructions

Sent to: **Everett R. Sharp**
Street Apt. No.: **407 Rock Creek Dr**
or PO Box No.:
City, State, ZIP+4: **Peachtree GA 30269**

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

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

VERETT R SHARP

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

EVERETT R SHARP
407 ROCK CREEK DR
PEACHTREE CITY, GA 30269-3449

Postmark Here
Winnipeg

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"> 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. 		<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>EVERETT R SHARP 407 ROCK CREEK DR PEACHTREE CITY, GA 30269-3449</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from): 7010 2780 0002 8287 9607</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9591
7010 2780 0002 8287 9591

U.S. Postal Service CERTIFIED MAIL <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
<small>For delivery information, visit our website at www.usps.com</small>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here <i>with our proof</i>
Total Postage & Fees \$	
Sent to: <i>Yates Industries LLC</i> Street, Apt. No., or PO Box No. <i>PO Box 1091</i> City, State, ZIP+4 [®] <i>Artesia NM 88211</i>	
<small>PS Form 3811, August 2004 See Reverse for Instructions</small>	

YATES INDUSTRIES, LLC
PO BOX 1091
ARTESIA, NM 88211

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"> 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. 		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: YATES INDUSTRIES, LLC PO BOX 1091 ARTESIA, NM 88211		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number <small>(Transfer from serial)</small>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7010 2780 0002 8287 9591		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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 2780 0002 8287 9584
7010 2780 0002 8287 9584

Sent to
Street Apt. No. or P.O. Box No.
City, State, Zip+4
PS Form 3800, August 2005 See Reverse for Instructions

Dusty Sanderson
7802 Bennington Dr
Amarillo TX 79119

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

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

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

DUSTY SANDERSON
7802 BENNINGTON DR
AMARILLO, TX 79119-4994

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:

DUSTY SANDERSON
7802 BENNINGTON DR
AMARILLO, TX 79119-4994

2. Article Number
(Transfer from s)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7010 2780 0002 8287 9584



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9577
7010 2780 0002 8287 9577

Sent to
Street, Apt. No.
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006
See Reverse for Instructions

Payne Johnston Management Inc
801 1st Place
Tyler TX 75702

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

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

WALFACI BLM U S Etc

PAYNE-JOHNSTON MANAGEMENT INC
ACCOUNT #1 & 2
801 FIRST PLACE
TYLER, TX 75702

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:

PAYNE-JOHNSTON MANAGEMENT INC
ACCOUNT #1 & 2
801 FIRST PLACE
TYLER, TX 75702

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 No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from serial) 7010 2780 0002 8287 9577

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9560
7010 2780 0002 8287 9560

PS Form 3800, August 2006 See Reverse for Instructions

Sent to: *Santo Petroleum Co Sacramento*
 Street, Apt. No., or PO Box No.: *PO Box 1020*
 City, State, ZIP+4: *Artesia NM 88211*

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

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

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

SANTO PETROLEUM CO SACRAMENTO PARTNERS

SANTO PETROLEUM
C/O SACRAMENTO PARTNERS
PO BOX 1020
ARTESIA, NM 88211

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 PETROLEUM
C/O SACRAMENTO PARTNERS
PO BOX 1020
ARTESIA, NM 88211

2. Article Number:
(Transfer from s **7010 2780 0002 8287 9560**)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type
 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 ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 9553
7010 2780 0002 8287 9553

ADDRESS SERVICE REQUESTED

PS Form 3811, August 2006
See Reverse for Instructions

Street, Apt. No. or PO Box No. Marshall & Winston, LLC
City, State, ZIP+4 Midland TX 79710

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

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

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

Winston & Marshall U.S. Mail

MARSHALL & WINSTON INC
P O BOX 50880
MIDLAND, TX 79710-0880

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:
MARSHALL & WINSTON INC
P O BOX 50880
MIDLAND, TX 79710-0880

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9553



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 2780 0002 8287 9546

7010 2780 0002 8287 9546

Sent to
Street, Apt. No.,
or PO Box No. 176 15880 S. Peoria
City, State, Zip Bixby, OK 74008
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	\$

US Postal Service
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.

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

WILLIAM BRIAN LANDSHEFT
RT 6 PEORIA OK 74008

WILLIAM BRIAN LANDSHEFT
RT 6 15880 S PEORIA
BIXBY, OK 74008

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 BRIAN LANDSHEFT
RT 6 15880 S PEORIA
BIXBY, OK 74008

2. Article Number:
(Transfer from se

7010 2780 0002 8287 9546

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 ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9539

7010 2780 0002 8287 9539

PS Form 3800, August 2006 See Reverse for Instructions

Sent to
 Street, Apt. No. or PO Box No. *Melanie Coll Detempe*
 City, State, ZIP+4 *5653 Tobias Ave*
Van Nuys CA 91411

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

MELANIE COLL DETEMPE
5653 TOBIAS AVE
VAN NUYS, CA 91411

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:

MELANIE COLL DETEMPE
5653 TOBIAS AVE
VAN NUYS, CA 91411

2. Article Number
(Transfer from s

7010 2780 0002 8287 9539

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 ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9522
7010 2780 0002 8287 9522

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com .	
Certified Fee Postage \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Postmark Here	
Sent to: <i>Richard H. Landsheft Jr</i> Street, Apt No., or PO Box No. <i>2313 Jim Dent</i> City, State, ZIP+4 <i>El Paso TX 79936</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

RICHARD H LANDSHEFT JR
313 JIM DENT
EL PASO, TX 79936

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT BOTTLED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: RICHARD H LANDSHEFT JR 2313 JIM DENT EL PASO, TX 79936		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from s) 7010 2780 0002 8287 9522		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	

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9515
7010 2780 0002 8287 9515

Sent To
Lynn E Desper
Street, Apt. No. or PO Box No. 380 Los Ranchos NW
City, State, ZIP+4[®] Albuquerque NM 87107
PS Form 3800, July 2003 (See Reverse for Instructions)

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

Postmark Here

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

LYNN E DESPER
380 LOS RANCHOS RD NW
ALBUQUERQUE, NM 87107-6532

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LYNN E DESPER.
380 LOS RANCHOS RD NW
ALBUQUERQUE, NM 87107-6532

2. Article Number
(Transfer from se)

7010 2780 0002 8287 9515

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
- 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 ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9508
7010 2780 0002 8287 9508

Sent To: Max W Coll III
Street, Apt. No. or PO Box No.: 7625 El Centro #2
City, State, ZIP+4: Las Cruces NM 88012
PS Form 3800 August 2006 See Reverse for Instructions

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

For delivery information visit our website at www.usps.com
Max W Coll III
7625 El Centro #2
Las Cruces NM 88012

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

MAX W COLL III
7625 EL CENTRO BLVD #2
LAS CRUCES, NM 88012-9323

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:

MAX W COLL III
7625 EL CENTRO BLVD #2
LAS CRUCES, NM 88012-9323

2. Article Number:
(Transfer from s

7010 2780 0002 8287 9508

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

4. Restricted Delivery? (Extra Fee)

Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 2780 0002 8287 9621

7010 2780 0002 8287 9621

Sent to
Street, Apt. No.,
or PO Box No. **Max W Coll II**
City, State, ZIP+4 **83 La Barbarita Trail**
Santa Fe NM 87505
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

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

MAX W COLL II
83 LA BARBARITA TRAIL
SANTA FE, NM 87505-9008

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:
MAX W COLL II
83 LA BARBARITA TRAIL
SANTA FE, NM 87505-9008

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 sender) **7010 2780 0002 8287 9621**



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9638
7010 2780 0002 8287 9638

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com .	
Certified Fee Postage Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$ \$ \$ \$
Total Postage & Fees \$	Postmark Here
Sent to: <i>Jon F Coll II</i> Street, Apt. No. or PO Box No.: <i>7335 Walla Walla Dr.</i> City, State, ZIP+4: <i>San Antonio TX 78250</i>	
PS Form 3811, August 2006	

JON F COLL II
7335 WALLA WALLA DR
SAN ANTONIO, TX 78250-5242

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:

JON F COLL II
7335 WALLA WALLA DR
SAN ANTONIO, TX 78250-5242

2. Article Number:
(Transfer from s

7010 2780 0002 8287 9638

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type
 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 ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9645
7010 2780 0002 8287 9645

Sent to: Jon F. Coll
 Street, Apt. No.,
 or PO Box No. PO Box 1818
 City, State, Zip Roswell NM 88202
 PS Form 3811 August 2006 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Domestic Mail Only. No Insurance Coverage Provided.

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

WALFERRI AQUINO STEADLER
for him and paid

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

Postmark Here

COEL
BOX 1818
WELL, NM 88202-1818

PLACE STICKER AT TOP OF ENVELOPE IN THE MIDDLE 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:

JON F COLL
P O BOX 1818
ROSWELL, NM 88202-1818

2. Article Number
(Transfer from se)

7010 2780 0002 8287 9645

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 ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9652
7010 2780 0002 8287 9652

Sent to
Street, Apt. No.,
or PO Box No. *Sally Rodgers Coll*
City, State, Zip+4 *152 B Arroyo Hondo*
Santa Fe NM 87508
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	\$

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
WOLF C I OLM US Texas
Mature Prot.

RODGERS COLL
ARROYO HONDO RD
SANTA FE, NM 87508

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:
**SALLY RODGERS COLL
152 B ARROYO HONDO RD
SANTA FE, NM 87508**

2. Article Number (Transfer from s) **7010 2780 0002 8287 9652**

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 ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 2780 0002 8287 9669
7010 2780 0002 8287 9669

Sent to **Charles H Coll**
Street, Apt. No. or PO Box No. **P.O. Box 1818**
City, State ZIP+4® **Roswell NM 88202**
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	\$

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
WORLD FASC I ONLY U S/E/A

CHARLES H COLL
P.O. BOX 1818
ROSWELL, NM 88202-1818

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:
**CHARLES H COLL
P O BOX 1818
ROSWELL, NM 88202-1818**

2. Article Number
(Transfer from s **7010 2780 0002 8287 9669**)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

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

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

4. Restricted Delivery? (Extra Fee) Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9676
7010 2780 0002 8287 9676

Sent To
Street Apt. No. or PO Box No.
City, State, Zip
PS Form 3811, August 2004 See Reverse for Instructions

Shirley Childress
604 N Delaware Ave
Roswell NM 88201

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

U.S. Postal Service
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EXTRA SPECIAL MAIL

Postmark Here

SHIRLEY CHILDRESS
DELAWARE AVE #2
ROSWELL, NM 88201-2135

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:
SHIRLEY CHILDRESS
604 N DELAWARE AVE #2
ROSWELL, NM 88201-2135

2. Article Number (Transfer from s) 7010 2780 0002 8287 9676

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9683
7010 2780 0002 8287 9683

Sent to: **JAMES D CHILDRESS**
Street, Apt. No.,
or PO Box No. **P.O. Box 3209**
City, State, ZIP+4 **ROSWELL NM 88202**
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

US Postal Service
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DOMESTIC MAIL ONLY

CHILDRESS
3209
NM 88202-3209

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 D CHILDRESS
P O BOX 3209
ROSWELL, NM 88202-3209

2. Article Number
(Transfer from **7010 2780 0002 8287 9683**)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type
 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 ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9690

7010 2780 0002 8287 9690

Sent To: Eric J. Coll
 Street, Apt. No., or PO Box No.: P.O. Box 1818
 City, State, ZIP+4: Roswell NM 88202
 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	\$

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J COLL
BOX 1818
ROSWELL, NM 88202

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:
 ERIC J COLL
 P O BOX 1818
 ROSWELL, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9690



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9706
7010 2780 0002 8287 9706

Sent to: Clarke C Coll
Street Apt. No.,
or PO Box No. P.O. Box 1818
City, State, ZIP+4 Roswell NM 88202
PS Form 3800, August 2005 See Reverse for Instructions

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

U.S. Postal Service
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 WINDY PUBLISHING U.S.

CLARKE COLL
PO BOX 1818
ROSWELL, NM 88202

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:
 CLARKE C COLL
 P O BOX 1818
 ROSWELL, NM 88202

2. Article Number
 (Transfer from s) 7010 2780 0002 8287 9706

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 No
 If YES, enter delivery address below:

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



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9713

7010 2780 0002 8287 9713

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here <i>Winnona, MN</i>
Sent To Street, Apt. No., or PO Box No. <i>Blue Whale Partnership</i> City, State, ZIP <i>P.O. Box 20681</i> <i>Amarillo TX 79114</i>	
PS Form 3800, August 2006-34 See Reverse for Instructions	

PARTNERSHIP

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> 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. 	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: BLUE WHALE PARTNERSHIP P O BOX 20681 AMARILLO, TX 79114	A. Signature <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from s) 7010 2780 0002 8287 9713	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