10/21/2014		MAM	11/12/2014	DHC	pMAM1497500SL

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505

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 _____

[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.

RANDALL Hicks	Randall Hicks	Sr Ops Engs	3/15/14
Print or Type Name	Signature	Title	Date

rhicks@vnrllc.com
e-mail Address

-DHC
- VAnguard Permian, LLC
258350
well
- W.H. Turner #3
30-025-37161
Pool
- Blinebry Oil & Gas
6660
- Paddock
49210
- Tubb Oil & Gas
60240

District I
District II
District III
District IV

State of New Mexico
Energy, Minerals and Natural Resources Department

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

Form C-107A
Revised August 1, 2011

APPLICATION TYPE
✓ Single Well
___ Establish Pre-Approved Pools
EXISTING WELLBORE
✓ Yes ___ No

APPLICATION FOR DOWNHOLE COMMINGLING

Vanguard Permian, LLC (Operator) 5847 San Felipe, Suite 3000 (Address) Houston, Tx 77057

WH Turner (Lease) 3 (Well No) K-29-21S-37E (Unit Letter-Section-Township-Range) Lea (County)

OGRID No. 259350 Property Code 312380 API No. 30-025-37161 Lease Type: ___ Federal ___ State ✓ Fee

DATA ELEMENT	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
Pool Name	Paddock	Blinebry Oil & Gas	Tubb Oil & Gas
Pool Code	~~25350~~ 49210	6660	60240
Top and Bottom of Pay Section (Perforated or Open-Hole Interval)	5092' - 5308'	5566' - 5574'	6176' - 6184'
Method of Production (Flowing or Artificial Lift)	Artificial Lift	Artificial Lift	Artificial Lift
Bottomhole Pressure (Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150' of the depth of the top perforation in the upper zone)			
Oil Gravity or Gas BTU (Degree API or Gas BTU)	1100 Btu	1100 Btu	1100 Btu
Producing, Shut-In or New Zone	Producing	Shut in	Shut in
Date and Oil/Gas/Water Rates of Last Production. (Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.)	Date: 9/6/13 Rates: 22/41/291	Date: 4/10/13 Rates: 27/117/93	Date: 4/10/13 Rates: 0.3/39/82
Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)	Oil 88 % Gas 21 %	Oil 11 % Gas 59 %	Oil 1 % Gas 20 %

ADDITIONAL DATA

Are all working, royalty and overriding royalty interests identical in all commingled zones? Yes ✓ No ___
If not, have all working, royalty and overriding royalty interest owners been notified by certified mail? Yes ___ No ___

Are all produced fluids from all commingled zones compatible with each other? Yes ✓ No ___

Will commingling decrease the value of production? Yes ___ No ✓

If this well is on, or communitized with, state or federal lands, has either the Commissioner of Public Lands or the United States Bureau of Land Management been notified in writing of this application? Yes ___ No ___

NMOCD Reference Case No. applicable to this well: ___

Attachments:
- C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
- Production curve for each zone for at least one year. (If not available, attach explanation.)
- For zones with no production history, estimated production rates and supporting data.
- Data to support allocation method or formula.
- Notification list of working, royalty and overriding royalty interests for uncommon interest cases.
- Any additional statements, data or documents required to support commingling.

PRE-APPROVED POOLS

If application is to establish Pre-Approved Pools, the following additional information will be required:

List of other orders approving downhole commingling within the proposed Pre-Approved Pools
List of all operators within the proposed Pre-Approved Pools
Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.
Bottomhole pressure data.

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

SIGNATURE Randall Hicks TITLE Sr. Ops Eng DATE 3/20/14

TYPE OR PRINT NAME RANDALL Hicks TELEPHONE NO. (713) 377-2207

E-MAIL ADDRESS rhicks@vnrllc.com

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

Form C-102
Revised JUNE 10, 2003
Submit to Appropriate District Office
State Lease – 4 Copies
Fee Lease – 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code	Pool Name
30-025-37161	49210	Paddock

Property Code	Property Name	Well Number
312380	WH Turner	3

OGRID No.	Operator Name	Elevation
258350	Vanguard Permian, LLC	3483'

Surface Location

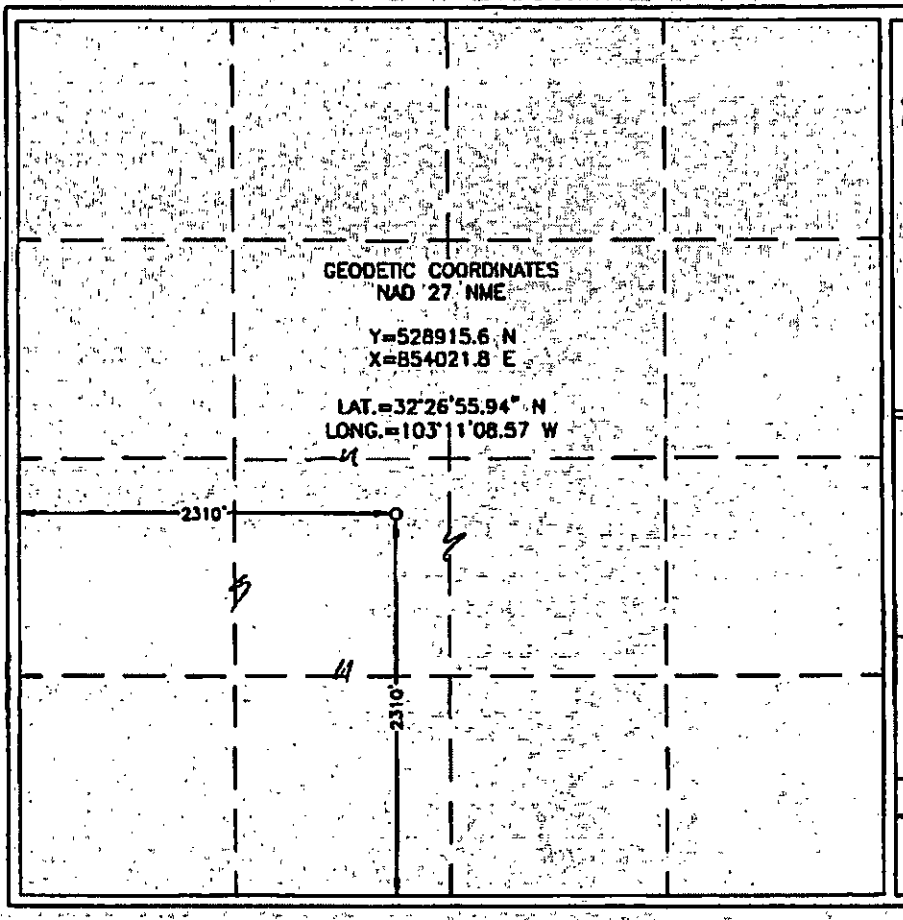
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	29	21-S	37-E		2310'	SOUTH	2310'	WEST	LEA

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
40			

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



OPERATOR CERTIFICATION

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

Signature: Randall Hicks

Printed Name: Randall Hicks

Title: Ops Engineer

Date: 7/25/2014

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.

FEBRUARY 14, 2005

Date Surveyed

Signature & Seal of Professional Surveyor

Gary L. Eidson 2/20/05

05.11.0206

Certificate No. GARY EIDSON 12641

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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1220 S. ST. FRANCIS DR., SANTA FE, NM 87505

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Santa Fe, New Mexico 87505

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WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code	Pool Name
30-025- 37161	60240	Tubb Oil & Gas (Oil)

Property Code	Property Name	Well Number
312380	WH Turner	3

OGRID No.	Operator Name	Elevation
258350	Vanguard Permian, LLC	3483'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	29	21-S	37-E		2310'	SOUTH	2310'	WEST	LEA

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
40			

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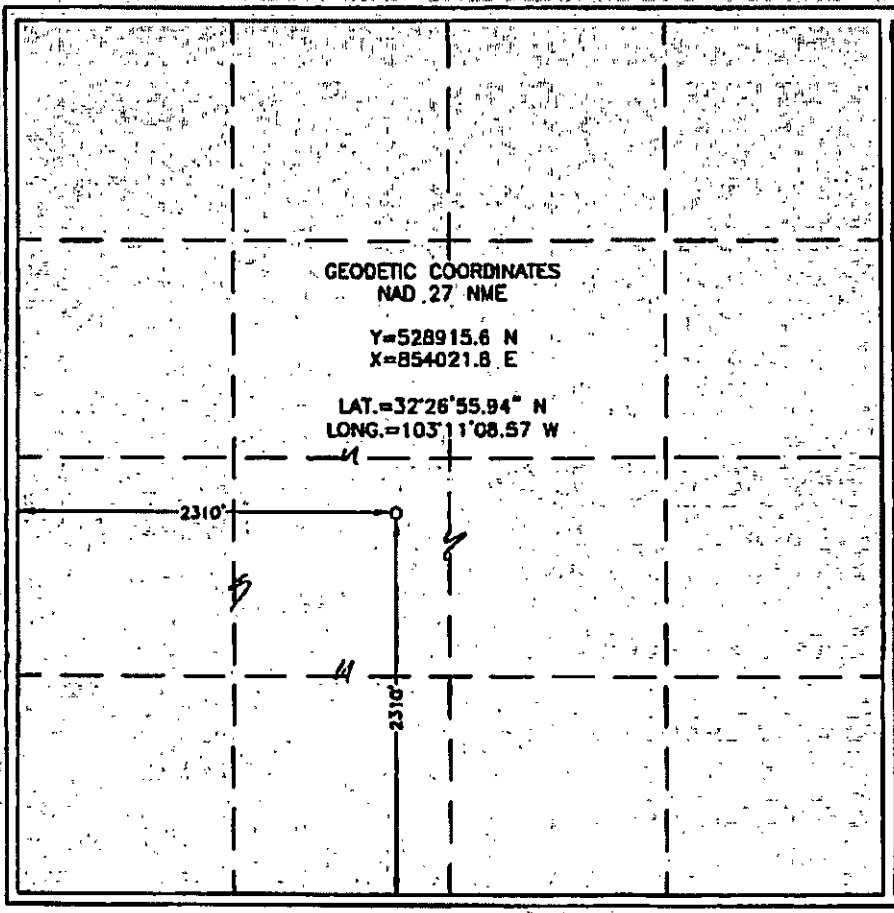

OPERATOR CERTIFICATION

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

Signature: Randall Hicks

Printed Name: RANDALL Hicks

Title: Ops Engineer

Date: 7/25/2014

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1625 N. FRENCH DR., HOBBS, NM 88240

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State of New Mexico
Energy, Minerals and Natural Resources Department

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1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

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WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code	Pool Name
30-025- 37161	6660	Blinebry Oil & Gas (Oil)

Property Code	Property Name	Well Number
312380	WH Turner	3

OGRID No.	Operator Name	Elevation
258350	Vanguard Permian, LLC	3483'

Surface Location

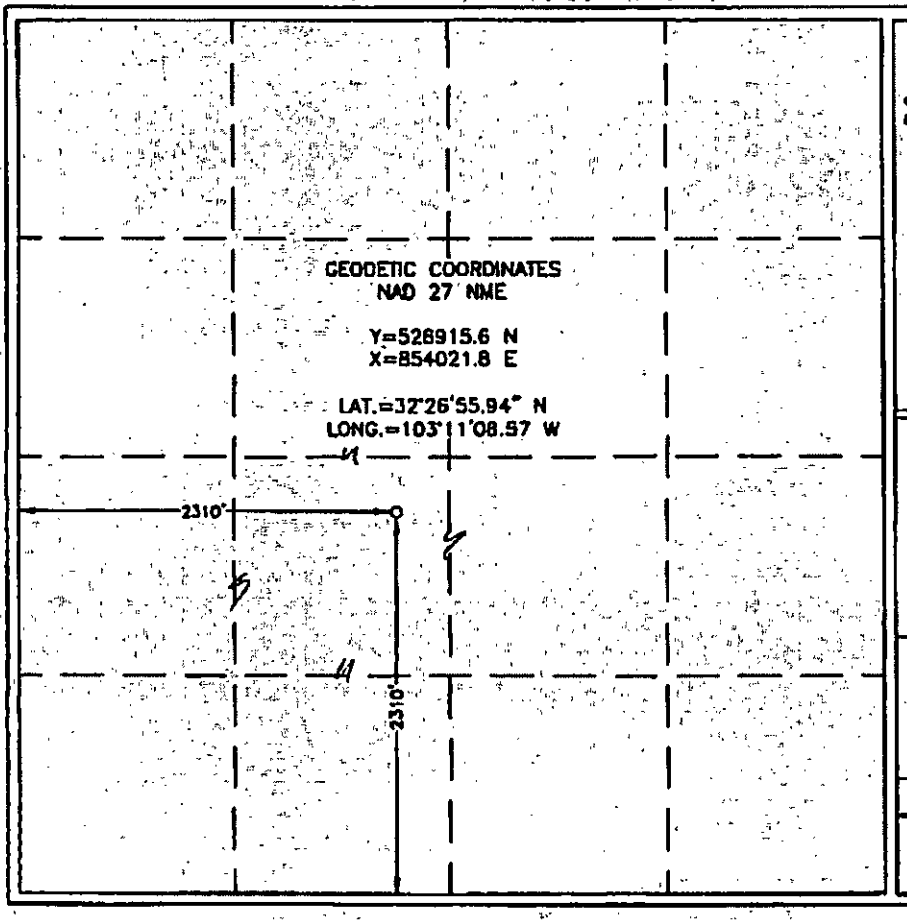
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	29	21-S	37-E		2310'	SOUTH	2310'	WEST	LEA

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
40			

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



OPERATOR CERTIFICATION

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

Randall Hicks
Signature

RANDALL Hicks
Printed Name

Ops Engineer
Title

2/25/2014
Date

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.

FEBRUARY 14, 2005

Date Surveyed

Signature & Seal of Professional Surveyor

Gary L. Eidson 2/20/05

05.11.0206

Certificate No. GARY EIDSON 12641

30-025-37161
HOB-0140

DOWNHOLE COMMINGLE CALCULATIONS:

OPERATOR: Range Operating New Mexico Inc.

PROPERTY NAME: W. H. Turner

WNULSTR: 3-K, 29-21-37

SECTION I: **ALLOWABLE AMOUNT**

06660 **POOL NO. 1** Blinebry Oil + Gas (Oil) 107 428 **MCF** 4000

60240 **POOL NO. 2** Tubb Oil + Gas (Oil) 142 284 **MCF** 2000

POOL NO. 3 _____ ____ ____ **MCF**

POOL NO. 4 _____ ____ ____ **MCF**

POOL TOTALS 249 712

Oil Gas

SECTION II:

POOL NO. 1 Blinebry Oil + Gas 90% X 249 = 224.10 75%

POOL NO. 2 Tubb Oil + Gas 10% 25%

POOL NO. 3 _____

POOL NO. 4 _____

	OIL	**GAS**
SECTION III:	107 ÷ 90% = 118.88 (119)	
SECTION IV:	119 X 90% = 107.10 (107)	
	119 X 10% = 11.90 (12)	

WH Turner #3

API # 30-025-37161

Pool Name	Paddock			Blinebry			Tubb		
Pool Code	49210			6660			60240		
Pay Interval	5092' - 5308'			5566' - 5574'			6176' - 6184'		
Status	Producing			Shut in			Shut in		
Rates, O,G,W	22	41	291	2.7	117	83	0.3	39	82
Allocation %	88	21		11	59		1	20	

Combined Tests

PADDOCK				25	197	456			
Pool 24 hrTest	22								
Combined Test oil	25	88.00%							
Pool 24 hrTest		41							
Combined Test gas		197	20.81%						

Test of previous Pool

DHC-HOB 0140				3	156	3			
TUBB									
Previous DHC 90%	0.9			2.7					
				25	10.80%				
Previous DHC 75%	0.75				117				
					197	59.39%			
BLINEBRY									
Previous DHC 10%	0.1						0.3		
							25	1.20%	
Previous DHC 25%	0.25							39	
								197	19.80%

VANGUARD
NATURAL RESOURCES, LLC
NASDAQ: VNR

August 5, 2014

Engineering and Geological Services Bureau, Oil Conservation Division
Attn: Michael A. McMillan
1220 South St. Francis Dr.
Santa Fe, NM 87505

Re: DHC Application
WH Turner #3 API#30-025-37161

Dear Mr. McMillan:

The Pools to be comingled in the WH Turner#3 well are the Paddock (49210), Blinebry (6660) and the Tubb (60240). The comingling of the pools will not reduce the value of total remaining production.

The production percentages were calculated based on a 24 hr production test from the Blienbry/Tubb before the workover and a 24 hr production test from the Paddock after the workover. Those tests were then divided by the combined tests to get a percentage for the Paddock. The remaining percentage was then divided among 2 remaining pools based on their percentages as noted in DHC-HOB-0140. This was done for oil, gas and water.

Ownership between all pools is different and notification letters will be sent to all interest owners.

Respectfully,

Randall Hicks
Sr. Operations Engineer
Vanguard Natural Resources

C-103 Received 3-20-2006

pNRM0609335529

DHC No. Assigned 4-3-2006

Order Number	API Number	Operator	County
HOB-0140	30-025-37161	Range Operating New Mexico Inc	Lea

Order Date	Well Name	Number	Location UL	Sec	T (+Dir)	R (+Dir)
	W.H. Turner	003	K	29	21S	37E

	Pool Code	Pool Name	Oil %	Gas %
Pool 1	06660	Blinebry Oil & Gas (Oil)	90%	75%
Pool 2	60240	Tubb Oil & Gas (Oil)	10%	25%
Pool 3				
Pool 4				

Need Blinebry Plat

4/3

Comments:
Work completed effective ______
Work cancelled effective ______
Supplement ______ ______

Posted to RBDMS 4-3-2006

well 14427 -1 (2) WH Turner #3

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.

Article Addressed to:

AMN REVOCABLE TRUST
M BRADLEY CARTER TRUSTEE
PO BOX 1508
SEMINOLE, OK 74818-1508

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C. Kuhl ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Kuhl | C. Date of Delivery 10-6-14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) RE 326 596 478 US

Form 3811, July 2013 Domestic Return Receipt

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:

BRADFORD CHRISTMAS
PO BOX 173
WAGON MOUND, NM 87752-0000

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Becky Christmas ☒ Agent ☐ Addressee

B. Received by (Printed Name) Becky Christmas C. Date of Delivery 10/6/14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) RE 326 596 464 US

PS Form 3811, July 2013 Domestic Return Receipt

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.

Article Addressed to:

CANDY CHRISTMAS
PO BOX 771272
OCALA, FL 34477-1272

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Candy Christmas ☐ 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® ☐ Priority Mail Express™
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) RE 326 596 455 US

Form 3811, July 2013 Domestic Return Receipt

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:

CAROLYN K LISLE 1990 REV TRUST
PO BOX 21357
OKLAHOMA CITY, OK 73156

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carolyn K Lisle ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carolyn K Lisle C. Date of Delivery 10/8/14

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

OCT 8 2014 OKLAHOMA CITY, OK 73

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☒ Yes

2. Article Number (Transfer from service label) RE 326 596 447 US

PS Form 3811, July 2013 Domestic Return Receipt

well 14427-3(2)

ENDER: 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.

Article Addressed to:

GEORGE STARR DAVIS
1 CHECOTAH LANE
SHAWNEE, OK 74801-2414

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X George Davis ☐ Agent ☐ Addressee

B. Received by (Printed Name) GEORGE S DAVIS
C. Date of Delivery 10-6-14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) RE 326 596 345 US

Form 3811, July 2013 Domestic Return Receipt

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 L. HOOTEN
235 OTTO RD
VILONIA, AR 72173-0000

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gary Hooten ☐ Agent ☐ Address

B. Received by (Printed Name) Gary Hooten
C. Date of Deliv 10-6-1

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchand
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) RE 326 596 359 US

PS Form 3811, July 2013 Domestic Return Receipt

VANGUARD
NATURAL RESOURCES, LLC
NASDAQ:VNR

5847 San Felipe, Suite 3000
Houston, Texas 77057

UNITED STATES POSTAL SERVICE
REGISTERED MAIL™
773
OCT '14

RE 326 596 331 US

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 015.13⁰
0003172011 OCT 02 2014
MAILED FROM ZIP CODE 77057

Label 200, August 2005 PSN 7690-02-000-9311

A ☐ INSUFFICIENT ADDRESS
C ☒ ATTEMPTED NOT KNOWN ☐ OTHER
S ☐ NO SUCH NUMBER/ STREET
☐ NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD

RTS
RETURN TO SENDER

14427

THE MONTHLY DISTRIBUTION MLP™

VANGUARD
NATURAL RESOURCES, LLC
NASDAQ:VNR

5847 San Felipe, Suite 3000
Houston, Texas 77057

UNITED STATES POSTAL SERVICE
REGISTERED MAIL™

OCT 14

RE 326 596 265 US

Label 200, August 2005 PSN 7690-03-000-9311

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 015.13⁰
0003172011 OCT 02 2014
MAILED FROM ZIP CODE 77057

JANE JOHNSON WILSON
PO BOX 2682
MIDLAND, TX 79702-0002

REFUSED

REFUSED

REASON CHECKED
☒ Refused ☐ Unclaimed
☐ Deceased ☐ Vacant
☐ No Such Street ☐ No Such Number
☐ Return for Postage
☐ Undeliverable as Addressed

10-7

THE MONTHLY DISTRIBUTION MLP™

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.

Article Addressed to:

JANET ANDERSON LOEFFLER
C/O W D ANDERSON & SONS
PO BOX 136
MIDLAND, TX 79702

14477

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10-6-14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) RE 326 596 257 US

PS Form 3811, July 2013 Domestic Return Receipt

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:

KAREN SUE ANDERSON
C/O W. D. ANDERSON & SONS
PO BOX 136
MIDLAND, TX 79702

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10-6-14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) RE 326 596 230 US

PS Form 3811, July 2013 Domestic Return Receipt

well 14427-2

NDER: 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.

Article Addressed to:

ORRY CHAPMAN
ATTN: TERRY L LEVITAN, CPA
838 NORTH CENTRAL AVENUE, STE 1700
HOENIX, AZ 85012

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Salgado
☐ Agent
☐ Addressee

B. Received by (Printed Name) SALGADO
C. Date of Delivery 10/6/14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) RE 326 596 433 US

Form 3811, July 2013 Domestic Return Receipt

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:

M. KURT CHAPMAN
PO BOX 344
POST, TX 79356

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 10-4-14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) RE 326 596 420 US

PS Form 3811, July 2013 Domestic Return Receipt

NDER: 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.

Article Addressed to:

ORCHESTER MINERALS LP
838 OAK LAWN AVE, STE 300
ALLAS, TX 75219-4541

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Carol Crabtree
☐ Agent
☐ Addressee

B. Received by (Printed Name) CAROL CRABTREE
C. Date of Delivery 10-6-14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) RE 326 596 393 US

Form 3811, July 2013 Domestic Return Receipt

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:

FAY POWER TRUST UTA DTD 4/1/93
GAIL POWER TRUSTEE
PO BOX 9352
MIDLANT, TX 79708-0000

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gail Power
☐ Agent
☐ Addressee

B. Received by (Printed Name) Gail Power
C. Date of Delivery 10-4-20

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) RE 326 596 376 US

PS Form 3811, July 2013 Domestic Return Receipt

well 14427 - 4

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

HELEN JANE CHRISTMAS BARBY TR
BARBY TRUST
PO BOX 425
OKARCHE, OK 73762-2305

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name): Craig Barby C. Date of Delivery: 10/7/14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label): RE 326 596 328 US

PS Form 3811, July 2013 Domestic Return Receipt

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:

ILAMAE FORBES REV TR DTS/28/81
ELIZABETH ANN FORBES SUCC TTEE
PO BOX 843
TULSA, OK 74101-0843

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Address

B. Received by (Printed Name): BILL ANDRES C. Date of Deliv: 10/6/14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchand
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): RE 326 596 291 US

PS Form 3811, July 2013 Domestic Return Receipt

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.

Article Addressed to:

INEZ TATE TRUST DTD 1/2/73
PORTER MUIRHEAD CORNIA & HOWARD TRUSTEES
PO BOX 2270
CASPER, WY 82602-2270

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name): Kelly Bible C. Date of Delivery: 10/7/14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label): RE 326 596 288 US

Form 3811, July 2013 Domestic Return Receipt

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 DEAN WYATT AND BILLIE JOY
WYATT FAMILY TRUST OF MAY 7, 1998
3300 BRANDYWINE DR
YUBA CITY, CA 95993-9000

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Address

B. Received by (Printed Name): JAMES WYATT C. Date of Deliv: OCT-06-1

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchand
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): RE 326 596 274 US

PS Form 3811, July 2013 Domestic Return Receipt

Well 14427-6

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.

Article Addressed to:

M E TATE TRUST DTD 1/2/73
PORTER MUIRHEAD CORNIA & HOWARD TRUSTEES
PO BOX 2270
CASPER, WY 82602-2270

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Kelly Bove | C. Date of Delivery 10/7/14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) RE 326 596 212 US

PS Form 3811, July 2013 Domestic Return Receipt

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:

MARTHA A WITHERS
PO BOX 216
CARRIZOZO, NM 88301-0000

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Martha Withers ☐ Agent ☐ Addressee

B. Received by (Printed Name) Martha Withers | C. Date of Delivery 10/10/14

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

CARRIZOZO NM 883 OCT 10 2014 USPS

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☑ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) RE 326 596 209 US

PS Form 3811, July 2013 Domestic Return Receipt

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.

Article Addressed to:

MARY ANN CURTIS FAMILY TRUST
JOYCE E SILVERNAIL TRUSTEE
PO BOX 58095
OKLAHOMA CITY, OK 73157-8095

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] | 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® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) RE 326 596 190 US

PS Form 3811, July 2013 Domestic Return Receipt

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 ANDERSON OLSON
C/O WD ANDERSON & SONS
PO BOX 136
MIDLAND, TX 79702

14427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] | C. Date of Delivery 10/10/14

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) RE 326 596 186 US

PS Form 3811, July 2013 Domestic Return Receipt