

# Affidavit of Publication

STATE OF NEW MEXICO  
COUNTY OF LEA

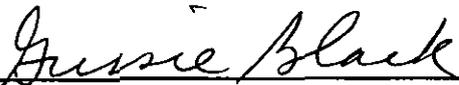
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated  
March 07, 2015  
and ending with the issue dated  
March 07, 2015.



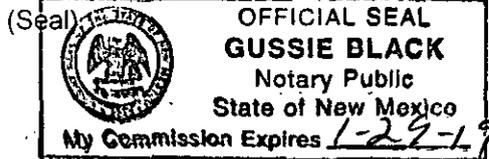
Publisher

Sworn and subscribed to before me this  
7th day of March 2015.



Business Manager

My commission expires  
January 29, 2019



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

*Final Notice — interval changes (matching GSA & one surface location)*

STATE ENGINEER OFFICE  
ROSWELL, NEW MEXICO

2015 MAR 11 AM 11:16

LEGAL NOTICE  
March 7, 2015

RECEIVED  
2015 MAR 11 AM 11:16

Before the Oil Conservation Division of the State of New Mexico

APPLICANT: ConocoPhillips Company

**RELIEF SOUGHT:** Administrative Approval for an expansion of current East Vacuum Unit project to inject produced water, alternating with carbon dioxide and hydrocarbon gas via the wells listed below. Injection target is the unitized interval of the Grayburg and San Andres formations. Two previously noticed project requests are being consolidated.

**Notice is Given That:** the applicant is requesting that the New Mexico Oil Conservation Division administratively authorize the project expansion to inject produced water, alternating with carbon dioxide and hydrocarbon gas into wells listed below.

The wells are located in Township 17S, Range 35E, Lea County, NM.

**East Vacuum GBSA Unit 523W (new well):** Surface location – Sec. 23; 2003' FNL & 1529' FWL; bottom hole location – 2254' FNL & 1540' FWL; injection interval 4045-5045' TVD (est.)

**East Vacuum GBSA Unit 522W (new well):** Surface location – Sec. 27; 2310' FSL & 1120' FWL; bottom hole location – 2338' FSL & 895' FWL; injection interval 4037-5037' TVD (est.)

**East Vacuum GBSA Unit 525W (new well):** Surface location – Sec. 27; 1690' FSL & 2230' FEL; bottom hole location – same as surface; injection interval 4030-5030' TVD (est.)

**East Vacuum GBSA Unit 512W (new well):** Surface location – Sec. 32; 1587' FNL & 186' FEL; bottom hole location – same as surface; injection interval 4048-5048' TVD (est.)

**East Vacuum GBSA Unit 513W (new well):** Surface location – Sec. 32; 2455' FNL & 442' FEL; bottom hole location – 2332' FNL & 1054' FEL; injection interval 4041-5041' TVD (est.)

**East Vacuum GBSA Unit 511W (new well):** Surface location – Sec. 33; 1073' FNL & 418' FWL; bottom hole location – same as surface; injection interval 4039-5039' TVD (est.)

**East Vacuum GBSA Unit 520W (new well):** Surface location – Sec. 33; 471' FSL & 1759' FWL; bottom hole location – same as surface; injection interval 4140-5140' TVD (est.)

**East Vacuum GBSA Unit 521W (new well):** Surface location – Sec. 33; 991' FSL & 2290' FWL; bottom hole location – same as surface; injection interval 4120-5120' TVD (est.)

**East Vacuum GBSA Unit 516W (new well):** Surface location – Sec. 33; 2321' FSL & 940' FWL; bottom hole location – same as surface; injection interval 4059-5059' TVD (est.)

**East Vacuum GBSA Unit 517W (new well):** Surface location – Sec. 33; 1815' FSL & 405' FWL; bottom hole location – 1660' FSL & 300' FWL; injection interval 4081-5081' TVD (est.)

**East Vacuum GBSA Unit 527W (new well):** Surface location – Sec. 27; 1168' FSL & 2141' FWL; bottom hole location – 1015' FSL & 2250' FWL; injection interval 4040-5040' TVD (est.)

**East Vacuum GBSA Unit 3308 #400 (existing water injection well):** Surface location – Sec. 33; 800' FNL & 330' FWL; injection interval 4057' to 5057' TVD.

**Maximum Surface Injection Pressure and Rate:** Maximum injection surface pressure will be 1350 psi for produced water and 1800 psi for CO2 with hydrocarbon gas. Maximum injection rate will be 3500 barrels of produced water per day alternating with 2.5 MMSCF of CO2 and hydrocarbon gas per day.

**Notice is Further Given That:** Interested parties must file objections or request for hearing with the New Mexico Oil Conservation Division, 1220 South Saint Francis Drive; Santa Fe, New Mexico 87504 within 15 days of this notice.

**Name and Address of Applicant:** ConocoPhillips Company, 600 N. Dairy Ashford Rd, Houston, TX 77079-1175; Susan B. Maunder (281) 206-5281 #29834

67111011 00152819

SUSAN MAUNDER  
CONOCOPHILLIPS (HOUSTON)  
600 N. DAIRY ASHFORD ROAD  
ATTN: P10-4-4054  
HOUSTON, TX 77079

**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:  
  
Stovall Energy LTD  
Attn: Norman D. Stovall, Jr  
PO Box 10  
Graham, TX 76046

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Lila Clarke*  Agent  Addressee

B. Received by (Printed Name) *LILA CLARKE* C. Date of Delivery *8/29/14*

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

**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:  
  
ZPZ Delaware I LLC  
Attn: Michelle Hanson  
303 Veterans Airpark Lane, Suite 3000  
Midland, TX 79705-4561

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Norman Stovall*  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

Article Number (Transfer from service label) **7014 1200 0000 7813 5120**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7014 1200 0000 7813 5106**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**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:  
  
Boyd Laughlin Management Trust  
Nicholas C. Taylor Succ. Trustee  
214 W. Texas Ave.  
Midland, TX 79701-4600

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Anna M. Cahillo*  Agent  Addressee

B. Received by (Printed Name) *Anna M. Cahillo* C. Date of Delivery *8/28/14*

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

**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 D. Fleming Walsh  
Attn: Gary F. Goble  
500 West Seventh St., Suite 1007  
Fort Worth, TX 76102

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Stephanie Perez*  Agent  Addressee

B. Received by (Printed Name) *Stephanie Perez* C. Date of Delivery *8/28*

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

Article Number (Transfer from service label) **7014 1200 0000 7813 5137**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7014 1200 0000 7813 5113**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**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:

OBO, Inc.  
% Lowell S. Dunn II  
PO Box 22577  
Hialeah, FL 33002-2577

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Wally Ricard*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Wally Ricard* *8/28/14*

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

**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 Leonard Revocable Trust  
Bank One Texas, NA, Trustee  
PO Box 2605  
Fort Worth, TX 76113

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Robert Boley*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Robert Boley* *8/28*

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

Article Number (Transfer from service label) **7014 1200 0000 7813 5151**

2. Article Number (Transfer from service label) **7014 1200 0000 7813 5373**

S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**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:

John R. Bryant  
% John Thomas Bryant POA  
PO Box 655  
Addison, TX 75001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Vickie Mann*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Vickie Mann* *8/28/14*

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

**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:

Marathon Oil Company  
ATTN: Permian OBO  
PO Box 3128  
Mail Stop 35:01  
Houston, TX 77253-3128

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*James Felder*  Agent  Addressee

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

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

Article Number (Transfer from service label) **7014 1200 0000 7813 5168**

2. Article Number (Transfer from service label) **7014 1200 0000 7813 5144**

S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



**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.  
% Cimarex Energy Co.  
ATTN: Manager – Outside Operated  
202 S. Cheyenne Ave., Suite 1000  
Tulsa, OK 74103

2. Article Number  
(Transfer from service label) 7014 1200 0000 7813 5199

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Justin Wallace* Agent  
X Justin Wallace Addressee

B. Received by (Printed Name) JUSTIN WALLACE C. Date of Delivery 8/28/14

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

**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:

McRae Management Trust  
PO Box 5401  
Midland, TX 79704

Article Number  
(Transfer from service label) 7014 1200 0000 7813 5175

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Ferri L Wisger* Agent  
X Ferri L Wisger Addressee

B. Received by (Printed Name) Ferri L Wisger C. Date of Delivery 9/8/14

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

**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:

XTO Energy  
Attn: Steve Cobb  
810 Houston Street  
Fort Worth, TX 76102

2. Article Number  
(Transfer from service label) 7014 1200 0000 7813 5212

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Steve Cobb* Agent  
X Steve Cobb Addressee

B. Received by (Printed Name) Steve Cobb C. Date of Delivery AUG 28 2014

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

**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 Leonard Children's Trust  
Bank One Texas, NA, Trustee  
PO box 2605  
Fort Worth, TX 76113

Article Number  
(Transfer from service label) 7014 1200 0000 7813 5182

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Robert Wiley* Agent  
X Robert Wiley Addressee

B. Received by (Printed Name) Robert Wiley C. Date of Delivery 8/28/14

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

**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:  
  
Development Oil & Gas LLC  
ATTN: Frances M Gray  
PO Box 55809  
Jackson, MS 39296-5809

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *A Toombs*  Agent  Addressee

B. Received by (Printed Name) *A Toombs* C. Date of Delivery *8/29/14*

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

**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:  
  
Miranda Leonard Revocable Trust  
Bank One Texas, NA, Trustee  
PO Box 2605  
Fort Worth, TX 76113-2605

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Robert Boley*  Agent  Addressee

B. Received by (Printed Name) *Robert Boley* C. Date of Delivery *8/26*

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 *7014 1200 0000 7813 5243* (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number *7014 1200 0000 7813 5229* (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**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:  
  
C.W. Seely  
815 W. 10<sup>th</sup> Street  
Fort Worth, TX 76102

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Susan Little*  Agent  Addressee

B. Received by (Printed Name) *Susan Little* C. Date of Delivery *8/25*

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

**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:  
  
Frost National Bank FAO  
% Bright Hawk Resources, Inc.  
PO Box 79790  
Houston, TX 77279-9790

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *J. Carroll*  Agent  Addressee

B. Received by (Printed Name) *J. Carroll* C. Date of Delivery *9-4-2014*

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 *7014 1200 0000 7813 5250* (Transfer from service label)  
 S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number *7014 1200 0000 7813 5236* (Transfer from service label)  
 S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**RECIPIENT: 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:

The Josephine Laughlin Living Trust  
Josephine Laughlin, Trustee  
13505 McCall Court, N.E.  
Albuquerque, N.M. 87123-1468

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Josephine Laughlin*  Agent  Addressee

B. Received by (Printed Name)  
*Leann McCade*

C. Date of Delivery  
*8/30/14*

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

**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:

Davoil, Inc.  
PO Box 122269  
Fort Worth, TX 76121-2269

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Ron Coffey*  Agent  Addressee

B. Received by (Printed Name)  
*Ron Coffey*

C. Date of Delivery  
*8-29-14*

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

Article Number (Transfer from service label) **7014 1200 0000 7813 5359**

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7014 1200 0000 7813 5267**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**RECIPIENT: 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:

Patricia Penrose Schieffer Test. Tr.  
Bank of America, N.A., Agent  
P.O. Box 2546  
Fort Worth, TX 76113-2546

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Patricia Penrose Schieffer*  Agent  Addressee

B. Received by (Printed Name)  
*Patricia Penrose Schieffer*

C. Date of Delivery  
*8/28/14*

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

**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:

Madelon L. Bradshaw  
2120 Ridgmar Blvd., Suite 12  
Fort Worth, TX 76116

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Patricia Penrose Schieffer*  Agent  Addressee

B. Received by (Printed Name)  
*Patricia Penrose Schieffer*

C. Date of Delivery  
*8/28/14*

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

Article Number (Transfer from service label) **7014 1200 0000 7813 5342**

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7014 1200 0000 7813 5274**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**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:

Belva Little  
PO Box 279  
Cross Plains, TX 76443

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5311

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Belva Little*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/28/14

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

**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:

S.B. Street & Company  
PO Box 206  
Graham, TX 76046

Article Number

(Transfer from service label)

7014 1200 0000 7813 5335

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *M. Bryant*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/29/14

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

AUG 29 2014

**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:

Great Western Drilling Co.  
Attn: Donald Knipe  
PO Box 1659  
Midland, TX 79701

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5304

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *D. Coffin*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/2/14

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

**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:

Larry O. Husley  
220 Oak Street  
PO box 1143  
Graham, TX 76450

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Larry O. Husley*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/29/14

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

**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:

Rachel Kathleen Williams  
2901 FM 205  
Stephenville, TX 76401

2. Article Number  
(Transfer from service label) **7014 1200 0000 7813 5281**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Rachel Williams*

B. Received by (Printed Name)  
**RACHEL WILLIAMS**

C. Date of Delivery  
**2 2004**

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

**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:

AYCO Energy, LLC  
2909 Hillcroft Ave., Suite 103  
Houston, TX 77057

2. Article Number  
(Transfer from service label) **7014 1200 0000 7813 5366**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*J. MARRANTEL*

B. Received by (Printed Name)  
**J. MARRANTEL**

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

*we will re-send.  
Susan  
MarranTEL*

*Betelgeuse Production  
did not return card  
and package did not  
come back.*

**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 Payne Stacks  
1514 W. Pine  
Midland, TX 79705

2. Article Number  
(Transfer from service label) **7014 1200 0000 7813 5298**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Nancy Payne Stacks*

B. Received by (Printed Name)  
**NANCY PAYNE STACKS**

C. Date of Delivery  
**9-20-04**

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.

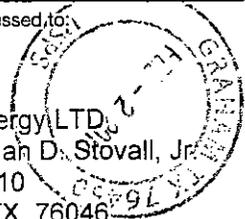
4. Restricted Delivery? (Extra Fee)  Yes

**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:

Stovall Energy LTD.  
Attn: Norman D. Stovall, Jr.  
P. O. Box 10  
Graham, TX 76046



2. Article Number  
(Transfer from service label) 7012 3460 0003 2134 9591

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Lila Clarke*  Agent  Addressee

B. Received by (Printed Name) *LILA CLARKE* 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

**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:

ZPZ Delaware I LLC  
Attn: Michelle Hanson  
303 Veterans Airpark Ln, Suite 3000  
Midland, TX 79705-4561

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Sheila Treat*  Agent  Addressee

B. Received by (Printed Name) *Sheila Treat* C. Date of Delivery *2-2-15*

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

9577

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**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:

Boyd Laughlin Management Trust  
Nicholas C. Taylor Succ. Trustee  
214 W. Texas Ave.  
Midland, TX 79701-4600

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Dana Howard*  Agent  Addressee

B. Received by (Printed Name) *Dana Howard* C. Date of Delivery *2/2/15*

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

**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 D. Fleming Walsh  
Attn: Gary F. Goble  
500 West Seventh St., Suite 1007  
Fort Worth, TX 76102

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *S. Perez*  Agent  Addressee

B. Received by (Printed Name) *S. Perez* C. Date of Delivery *2/2/15*

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) 7012 3460 0003 2134 9607

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

2. Article Number  
(Transfer from service label) 7012 3460 0003 2134 9584

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

2. Article Number  
(Transfer from service label) 7012 3460 0003 2134 9584

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**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:

OBO, Inc.  
c/o Lowell S. Dunn II  
P. O. Box 22577  
Hialeah, FL 33002-2577

2. Article Number (Transfer from service label) 7012 3460 0003 2134 9720

PS Form 3811, July 2013 Domestic Return Receipt EV6SAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *ARELYS RICARD* C. Date of Delivery *2/3/15*

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

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) 7012 3460 0003 2134 9720

PS Form 3811, July 2013 Domestic Return Receipt EV6SAU 3308-400

**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 Leonard Revocable Trust  
JPMorgan Chase Bank, N.A.  
Oil & Gas Management, Mail Cde TX1-1315  
420 Throckmorton, Suite 900  
Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7012 3460 0003 2134 9706

PS Form 3811, July 2013 Domestic Return Receipt EV6SAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery *2/2*

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

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) 7012 3460 0003 2134 9706

PS Form 3811, July 2013 Domestic Return Receipt EV6SAU 3308-400

**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 R. Bryant  
C/O John Thomas Bryant POA  
PO Box 655  
Addison, TX 75001

2. Article Number (Transfer from service label) 7012 3460 0003 2134 9737

PS Form 3811, July 2013 Domestic Return Receipt EV6SAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *Diana* C. Date of Delivery *2/3/15*

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

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) 7012 3460 0003 2134 9737

PS Form 3811, July 2013 Domestic Return Receipt EV6SAU 3308-400

**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:

Marathon Oil Company  
ATTN: WYAT OBO Joint Interest Rep.  
5555 San Felipe Street, Mail Stop 35:01  
Houston, TX 77253-3128

2. Article Number (Transfer from service label) 7012 3460 0003 2134 9713

PS Form 3811, July 2013 Domestic Return Receipt EV6SAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *Marcus Camey* C. Date of Delivery *2-2-15*

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

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) 7012 3460 0003 2134 9713

PS Form 3811, July 2013 Domestic Return Receipt EV6SAU 3308-400

<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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>[Signature]</i>
Magnum Hunter Production, Inc. c/o Cimarex Energy Co. Attn: Manager - Outside Operated 202 S. Cheyenne Ave., Suite 1000 Tulsa, OK 74103		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 service label)		3. Service Type	
7002 3150 0001 5931 1332		<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		EVGSAU 3308-400	

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, A	

7012 3460 0003 2134 9744

McRae Management Trust  
P. O. Box 5401  
Midland, TX 79704

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, J	

6487 7655 1000 057E 2002

Betelgeuse Production  
Box 1937  
Fredericksburg, TX 78624

<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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>[Signature]</i>
Mary Leonard Children's Trust JPMorgan Chase Bank, N.A. Oil & Gas Management, Mail Cde TX1-1315 420 Throckmorton, Suite 900 Fort Worth, TX 76102		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 service label)		3. Service Type	
7002 3150 0001 5931 1325		<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		EVGSAU 3308-400	

**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:

Development Oil & Gas LLC  
 Attn: Frances M Gray  
 PO Box 55809  
 Jackson, MS 39296-5809

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*WITHERS*

B. Received by (Printed Name) *WITHERS* C. Date of Delivery *2-3-15*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

**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:

XTO Energy  
 Attn: Steve Cobb  
 810 Houston Street  
 Fort Worth, TX 76102

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Shannon Paul*

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®  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) 7002 3150 0001 5931 1370

PS Form 3811, July 2013 Domestic Return Receipt *EVGSAU 3308-400*

2. Article Number (Transfer from service label) 7002 3150 0001 5931 1356

PS Form 3811, July 2013 Domestic Return Receipt *EVGSAU 3308-400*

7002 3150 0001 5931 1370

**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)  
**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	\$	

Sent To  
 Street, Apt. No., or PO Box No. *C. W. Seely*  
*815 W. 10th Street*  
 City, State, ZIP+4 *Fort Worth, TX 76102*

PS Form 3800, July 2013

**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:

Bright Hawk Burkard Venture 0.00  
 C/O FROST NATIONAL BANK  
 P.O. Box 79790  
 Houston, TX 77279-9790

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*J. Cannon*

B. Received by (Printed Name) *J. Cannon* C. Date of Delivery *2-17-2015*

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

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) 7002 3150 0001 5931 1363

PS Form 3811, July 2013 Domestic Return Receipt *EVGSAU 3308-400*

**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:

The Josephine Laughlin Living Trust  
Terri Laughlin McCaslin, Trustee  
13505 McCall Court, N.E.  
Albuquerque, NM 87123-1468

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1417

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Terri McCaslin*  Agent  Addressee

B. Received by (Printed Name) TERRI McCASLIN C. Date of Delivery 2/3/15

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

**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:

Davoil, Inc.  
P. O. Box 122269  
Fort Worth, TX 76121-2269

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1394

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

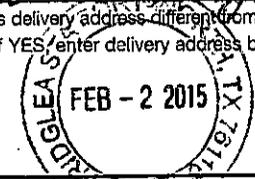
A. Signature  
*Ron Caffey*  Agent  Addressee

B. Received by (Printed Name) Ron Caffey C. Date of Delivery 2-2-15

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



**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:

Patricia Penrose Schieffer Test. Tr.  
Bank of America, N.A., Agent  
P. O. Box 2546  
Fort Worth, TX 76113-2546

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1424

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Patricia Schieffer*  Agent  Addressee

B. Received by (Printed Name) Patricia Schieffer C. Date of Delivery 2-2-15

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

**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:

Madelon L. Bradshaw  
2120 Ridgmar Blvd., Suite 12  
Fort Worth, TX 76116

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1400

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Terri Littlefield*  Agent  Addressee

B. Received by (Printed Name) Terri Littlefield C. Date of Delivery 2-2-15

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

**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:

Belva Little  
P.O. Box 279  
Cross Plains, TX 76443

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *B Little*  Agent  
 Addressee

B. Received by (Printed Name)  
*B. LITTLE*

C. Date of Delivery  
*2/2/2015*

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**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:

S. B. Street & Company  
P. O. Box 206  
Graham, TX 76046

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *M Bryant*  Agent  
 Addressee

B. Received by (Printed Name)  
*M Bryant*

C. Date of Delivery  
*2/2/15*

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

7002 3150 0001 5931 1455

Domestic Return Receipt *EVGSAU 3308-400*

7002 3150 0001 5931 1431

Domestic Return Receipt *EVGSAU 3308-400***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:

Great Western Drilling Co.  
Attn: Donald Knipe  
P. O. Box 1659  
Midland, TX 79701

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Eric Mendez*  Agent  
 Addressee

B. Received by (Printed Name)  
*Eric Mendez*

C. Date of Delivery  
*2-5-15*

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**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:

Larry O. Hulsey  
220 Oak Street  
P. O. Box 1143  
Graham, TX 76450

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

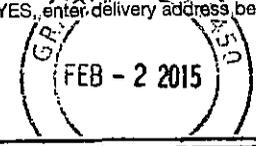
A. Signature  
 *Larry O. Hulsey*  Agent  
 Addressee

B. Received by (Printed Name)  
*LARRY O. HULSEY*

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7002 3150 0001 5931 1462

Domestic Return Receipt *EVGSAU 3308-400*

7002 3150 0001 5931 1448

Domestic Return Receipt *EVGSAU 3308-400*

**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:

Rachel Kathleen Williams  
2797 E. Washington ST.  
Stephenville, TX 76401

2. Article Number (Transfer from service label) 7002 3150 0001 5931 1493

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Danielle Hess*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Danielle Hess* *2/2/15*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

**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:

AYCO Energy, L.L.C.  
2909 Hillcroft Ave., Suite 103  
Houston, Texas 77057

Article Number (Transfer from service label) 7002 3150 0001 5931 1479

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *J. Marcantel*  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

**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:

Miranda Leonard Revocable Trust  
JPMorgan Chase Bank, N.A.  
Oil & Gas Management, Mail Cde TX1-1315  
420 Throckmorton, Suite 900  
Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7002 3150 0001 5931 1509

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Nancy Payne Stacks*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*NANCY STACKS* *2/2*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

**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 Payne Stacks  
1303 Lakeshore Dr  
Marble Falls, TX 78654

2. Article Number (Transfer from service label) 7002 3150 0001 5931 1486

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Nancy Payne Stacks*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*NANCY STACKS* *2/3/15*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  New Mexico State Land Office Attn: Nick Jaramillo P.O. Box 1148 Santa Fe, New Mexico 87504	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	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7002 3150 0001 5931 1516	
PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 8308-400		

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>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  New Mexico Oil Conservation Div 1624 N. French Drive Hobbs, NM 88240	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	
	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7002 3150 0001 5931 1523	
PS Form 3811, July 2013 Domestic Return Receipt EVGSAU 3308-400		

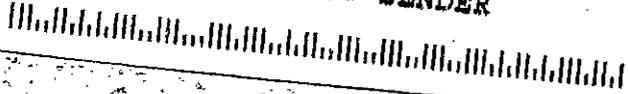
7002 3150 0001 5931 1349

NIXIE

786241094-1N

03/04/15

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
RETURN TO SENDER



Betelgeuse Production  
Box 1937  
Fredericksburg, TX 78624

Security Screened

MAR 09 2015

Security Screened

1st NOTICE  
2nd NOTICE  
RETURNED

2-2  
2-10  
2-17



2015 MAR 23 P 2: 29

Susan B. Maunder  
Sr. Regulatory Specialist  
Phone: (281) 206-5281

ConocoPhillips Company  
600 N. Dairy Ashford Rd., Office P10-3-3096  
Houston, TX 77079-1175

March 16, 2015 ✓

State of New Mexico  
Oil Conservation Division  
Attn: Mr. Phillip Goetze  
1220 South Saint Francis Drive  
Santa Fe, New Mexico 87505

SUBJECT: EAST VACUUM GRAYBURG SAN ANDRES UNIT C-108 APPLICATION AND EAST VACUUM GRAYBURG SAN ANDRES WELL 3308-400 C-108 APPLICATION CONSOLIDATION

Dear Mr. Goetze:

ConocoPhillips Company (COPC) respectfully requests that the two subject applications be consolidated into one review package. The eleven well application package submitted in August 2014 (additional information provided December 2014) is in the same project area as the single well application submitted January 2015 (EVGSAU 3308-400).

Legal Notices were published August 27, 2014 and December 14, 2014. The December 2014 legal notice indicated that COPC requests would be consolidated. However, during our recent meeting with NMOCD staff, you requested publication of a consolidated legal notice. The affidavit for publication verification of the March 7, 2015 legal notice will be sent, under separate cover, by the Hobbs Daily News-Sun.

Enclosed with this consolidation request is the affidavit of our December 14, 2014 legal notice and evidence of notification to interested parties of our single well application.

Our planning for this project is progressing with first injection planned for third or fourth quarter 2015, following NMOCD approval.

If you have questions regarding this request or need additional information prior to approval, I can be reached at 281-206-5281, 432-269-4378, or via email at [Susan.B.Maunder@conocophillips.com](mailto:Susan.B.Maunder@conocophillips.com).

Sincerely,

Susan B. Maunder  
Senior Regulatory Specialist  
ConocoPhillips Company

Cc: w/Enclosures

Xtra



Susan B. Maunder  
Sr. Regulatory Specialist  
Phone: (281) 206-5281

ConocoPhillips Company  
600 N. Dairy Ashford Rd., Office P10-3-3096  
Houston, TX 77079-1175

December 17, 2014

State of New Mexico  
Oil Conservation Division  
Attn: Mr. Phillip Goetze  
1220 South Saint Francis Drive  
Santa Fe, New Mexico 87505

SUBJECT: EAST VACUUM GRAYBURG SAN ANDRES UNIT C-108 APPLICATION, ADDITIONAL INFORMATION SUBMITTAL

Dear Mr. Goetze:

ConocoPhillips Company submitted the subject application in August 2014. Additional information was requested to complete our application for the eleven well expansion project. Our planning for this project is progressing with first injection planned for third quarter 2015, following NMOCD approval. The following is provided:

- Verification of Publication
- Verification of Notification of Interested Parties
- Copy of the New Mexico Form C-102 for each well

If you have questions regarding this request, I can be reached at 281-206-5281, 432-269-4378, or via email at [Susan.B.Maunder@conocophillips.com](mailto:Susan.B.Maunder@conocophillips.com).

Sincerely,

Susan B. Maunder  
Senior Regulatory Specialist  
ConocoPhillips Company

Cc: w/Enclosures