

# dugan production corp

RECEIVED OGD

2015 09 10 P 2:55

September 8, 2015

Mr. David Catanach, Director  
NM Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505

Re: Notice Receipts  
Dugan Production's Application dated 8/7/15  
Add 38 wells to Dugan's Big Band Gathering System (PLC-191A)  
Add 8 wells to Dugan's Rusty Chacra Gathering System (PLC-147A)  
Consolidate both systems to form the Rusty Gathering System  
San Juan & Sandoval Counties, New Mexico

RECEIVED OGD  
2015 09 10 P 2:54

Dear Mr. Catanach,

For your consideration of the captioned application, attached are copies of the receipts for notices mailed to the interest owners in the wells to be added to the Big Band Gathering System (Attachment A), Rusty Chacra Gathering System (Attachment B), plus the interest owners in wells previously approved for the Big Band & Rusty Chacra Gathering Systems (Attachment C).

Attachment A presents receipts for all working interest owners in addition to Dugan Production Corp. (DPC), plus two royalty interest owners. Since the application was addressed to the State Land Office and BLM, their mailings were not sent by certified mail. Note that the State Land Office has approved our application, a copy of which is presented in Attachment D. Of the eight overriding royalty interest owners in addition to DPC, we have receipts for three, plus two have been delivered according to the USPS tracking system. Three were not delivered as we do not have current address information and to date have been unable to obtain the current address information. Please note that our application was published in the local paper and a copy of that notice was presented in Attachment No. 8 (page 20) of our application.

Attachment B presents receipts for all working interest owners in addition to PC. All royalty interest is either state or federal and the application was addressed to the State Land Office and the BLM. Thus all royalty interest owners have received our application and as stated above, the State Land Office has approved our application (Attachment D). For the 13 overriding royalty interest owners in addition to DPC, we have receipts for nine plus the USPS tracking system presents one as delivered but to date we have not received the receipt. Also the USPS tracking systems shows one has been noticed but our application not picked up by the addressee. In addition, two were not delivered as we do not have current address information and to date have been unable to obtain the current address information.

Attachment C presents receipts for the only other working interest owner other than DPC, plus the only other royalty interest owner in addition to the state and BLM. Thus all working interest and royalty interest owners have received notice of our application. For the 52 overriding royalty interest owners in addition to DPC, we have receipts for 32 plus eight received notice and we have receipts for the notices mailed to interest owners in wells being added to Big Band or Rusty Chacra.

In addition, the USPS tracking system presents that three overriding royalty interest owners have been notified but our notice has not been picked up, and there are nine overriding royalty interest owners for which we do not have current address information and are not able to obtain anything more current. We

did know that some of the overriding royalty interest owners did not have current addresses and did publish notice of our application in the Farmington Daily Times which was presented in Attachment No. 8 (page 20) of our application.

Should you have questions, please let me know.

Sincerely,

A handwritten signature in black ink that reads "Kevin Smaka". The signature is written in a cursive, flowing style.

Kevin Smaka  
Production Engineer

JDR/tmf

enclosures

Attachment  
#  
page 1 of 6

**Wells to be Added**  
**Big Band Gas Gathering System Interest Owners Address List**  
(wells with ownership interest in parentheses)

a=Cleve Kyle A & infill; b=Cleve Kyle B & infill; c=Cleve Kyle C & infill; d=Cleve Kyle D & infill; e=Cochran 3 & infill;  
f=Gillespie Com 1 & infill; g=Lennon Com 1 & 2; h=Mancini 1, 2, 3, 4, 7, 8 and Warner Federal 1; i=Mancini Com 5, 6;  
j=Mary Rose Com 2 & infill; k=McCartney 1; l=Satchmo Com 1 & infill; m=Satchmo Com 2 & infill; n=Satchmo Com 3 & infill;  
o=Susana Com 1 & infill; p=Tom Wood Denn 1, 2; q=Wood Denn 1, 2

**Working Interest Owners**

- Dugan Production Corp. (all)  
P. O. Box 420  
Farmington, NM 87499-0420
- ① Cross Timbers Energy, LLC (f)  
400 West Seventh Street  
Fort Worth, TX 76102
- ① XTO Energy Inc. (a,b)  
810 Houston Street  
Fort Worth, TX 76102-6203
- ① Navajo Nation (c,d)  
P O Box 2350  
Window Rock, AZ 86515

**Royalty Interest Owners**

- ① Navajo Nation (c,d)  
P O Box 2350  
Window Rock, AZ 8651
- ① Navajo Allotted (g,j,p,q)  
c/o Federal Indian Minerals Office  
6251 College Blvd., Suite B  
Farmington, NM 87402
- ② New Mexico State Land Office (i,k,o)  
Office of Commissioner of Public Lands  
P O Box 1148  
Santa Fe, NM 87504-1148
- ② USA-c/o Bureau of Land Management (a,b,c,d,e,f,g,h,i,j,k,l,m,n,p,q)  
6251 College Blvd., Suite A  
Farmington, NM 87402

**Overriding Royalty Interest Owners**

- ④ Charles B. & Susan J. Adams (j)  
BAD ADDRESS  
979 Windflower  
San Diego, CA 92106
- ③ J. Roger Friedman (h)  
425 Park Avenue  
New York, NY 10022
- ③ Patricia M. Friedman (h)  
c/o Lebhar-Friedman  
425 Park Avenue  
New York, NY 10022
- ① Harvey Royalty Partners LP (l,m)  
1875 Laws Street  
Dallas, TX 75202-1700
- ④ M. J. Harvey, Jr. (i)  
3811 Turtle Creek, Suite 2150  
Dallas, TX 75219
- ④ Cathy Jean Hendrickson (m,n)  
BAD ADDRESS  
7375 Rolling Dell Drive #79  
Cupertino, CA 95014
- ① The Blanco Company (f,j)  
11611 Campos  
Houston, TX 77065
- ① Phillip L. White  
P O Box 25968  
Albuquerque, NM 87125
- Dugan Production Corp.  
P O Box 420  
Farmington, NM 87499-0420

Unknown Interests (j)

- ①- Receipt Attached
- ② Application addressed to NMSLD, NMICD & BLM
- ③ USPS Tracking shows Application Delivered.
- ④ Bad Address

Attachment  
A  
Page 2 of 6

*Rustin / Bin Bond / CDP*

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 X <i>R. Aljo Summan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery <i>8/17/15</i>
1. Article Addressed to: <i>Cross Timbers Energy, LLC            400 West Seventh St.            Fort Worth, TX 76102</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 2120 0001 2396 3830		
PS Form 3811, July 2013 Domestic Return Receipt		

W10

*Rustin / Bin Bond / CDP*

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 X <i>Orlando Croft</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery AUG 17 2015
1. Article Addressed to: <i>XTD Energy, Inc.            810 Houston Street            Fort Worth, TX 76102-6203</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 2120 0001 2396 3847		
PS Form 3811, July 2013 Domestic Return Receipt		

W10

Attachment  
A  
Page 3 of 6

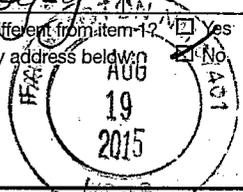
RI  
+  
WI

*Restr. Mail Card CDP Aug 8/2015*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Elmer D. Johns</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:  <i>Navajo Nation Minerals Dept.            PO Box 1910            Window Rock, Az 86515</i></p>		<p>B. Received by (Printed Name)  <i>Elmer D. Johns</i></p> <p>C. Date of Delivery  <i>8/24/15</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>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</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number          (Transfer from service label)</p>		<p>7014 2120 0001 2397 1811</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

RI

*Restr. Mail Card CDP*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Heorak Begay</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:  <i>Navajo allotted            c/o Federal Indian Min. Office            6251 College Blvd, Suite B            Farmington, NM 87402</i></p>		<p>B. Received by (Printed Name)  <i>Heorak Begay</i></p> <p>C. Date of Delivery  </p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>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</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number          (Transfer from service label)</p>		<p>7014 2120 0001 2396 3908</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

A Attachment  
A  
page 4 of 6

Rush / Big Band / CDP

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Phil White <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Phil White C. Date of Delivery <input type="checkbox"/> 8/21/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:            The Blanco Company            11611 Campos            Houston, TX 77065</p>		<p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p>7014 2120 0001 2396 3915</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

Rush / Big Band / CDP

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> G. Washam <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> G. Washam C. Date of Delivery <input type="checkbox"/> 8/21/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:            Harvey Rozelty Partners LP            1875 Lewis Street            Dallas, TX 75202-1700</p>		<p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p>7014 2120 0001 2396 3885</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

Rush / Big Band / CDP

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Phil White <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Phil White C. Date of Delivery <input type="checkbox"/> 8/21/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:            Philip L. White            PO Box 25968            Albuquerque, NM 87125</p>		<p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p>7014 2120 0001 2396 3922</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

English

Customer Service

USPS Mobile

Register / Sign In



Attachment  
A  
pg 5 of 6

USPS Tracking®



Customer S  
Have questio



Get Easy Ti  
Sign up for M

Tracking Number: 70142120000123963861

J. Roger Friedman

Product & Tracking Information

Available Acti

Postal Product:

Features:  
Certified Mail™

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
September 2, 2015 , 2:56 pm	Delivered	NEW YORK, NY 10001

Your item was delivered at 2:56 pm on September 2, 2015 in NEW YORK, NY 10001.

August 21, 2015 , 2:31 pm	Undeliverable as Addressed	NEW YORK, NY 10022
August 21, 2015 , 2:30 pm	Undeliverable as Addressed	NEW YORK, NY 10022
August 21, 2015 , 7:24 am	Out for Delivery	NEW YORK, NY 10022
August 21, 2015 , 7:14 am	Sorting Complete	NEW YORK, NY 10022
August 21, 2015 , 6:55 am	Arrived at Unit	NEW YORK, NY 10022
August 21, 2015 , 5:09 am	Departed USPS Facility	NEW YORK, NY 10199
August 20, 2015 , 11:10 am	Arrived at USPS Facility	NEW YORK, NY 10199
August 18, 2015 , 7:45 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
August 18, 2015 , 2:22 am	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

English

Customer Service

USPS Mobile

Register / Sign In



*Attachment  
A  
page 6 of 6*

# USPS Tracking®



Customer Service  
Have questions?



Get Easy Tracking  
Sign up for Mailing Alerts

Tracking Number: 70142120000123963878

*Patricia M. Friedman*

## Product & Tracking Information

Postal Product:

Features:  
Certified Mail™

## Available Actions

Text Updates

Email Updates

DATE & TIME

STATUS OF ITEM

LOCATION

September 2, 2015 , 2:56 pm

Delivered

NEW YORK, NY 10001

Your item was delivered at 2:56 pm on September 2, 2015 in NEW YORK, NY 10001.

August 21, 2015 , 2:31 pm	Undeliverable as Addressed	NEW YORK, NY 10022
August 21, 2015 , 2:30 pm	Undeliverable as Addressed	NEW YORK, NY 10022
August 21, 2015 , 7:24 am	Out for Delivery	NEW YORK, NY 10022
August 21, 2015 , 7:14 am	Sorting Complete	NEW YORK, NY 10022
August 21, 2015 , 6:55 am	Arrived at Unit	NEW YORK, NY 10022
August 21, 2015 , 5:09 am	Departed USPS Facility	NEW YORK, NY 10199
August 20, 2015 , 11:10 am	Arrived at USPS Facility	NEW YORK, NY 10199
August 18, 2015 , 7:45 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
August 18, 2015 , 2:22 am	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

**Wells to be Added**  
**Rusty Chacra Gas Gathering System Interest Owners Address List**

(wells with ownership interest in parentheses)

a=Basie Com 1 & infill; b=Lombardo Com 1 BPO & APO & infill; c=Miller Com 1 & infill; d=Shaw Com 1 & infill;

**Working Interest Owners**

Dugan Production Corp. (all)  
P. O. Box 420  
Farmington, NM 87499-0420

① Mark Chapman (b)  
P O Box 450  
Sealy, TX 77474

① Moon Royalty, LLC (b)  
P O Box 720070  
Oklahoma City, OK 73172-0070

**Royalty Interest Owners**

② New Mexico State Land Office (c,d)  
Office of Commissioner of Public Lands  
P O Box 1148  
Santa Fe, NM 87504-1148

② USA-c/o Bureau of Land Management (a,b)  
6251 College Blvd., Suite A  
Farmington, NM 87402

**Overriding Royalty Interest Owners**

① Black Stone Natural Resources II LP (a,b)  
P O Box 301404  
Dallas, TX 75303-1404

① Black Stone Natural Resources II-B LP (a,b)  
P O Box 301407  
Dallas, TX 75303-1407

Dugan Production Corp. (a,b)  
P. O. Box 420  
Farmington, NM 87499-0420

⑤ Paul Charles Ellison (a,b)  
BAD ADDRESS  
7973 South Vance Street  
Littleton, CO 80123

① James S. Jameson (a,b)  
11611 Campos  
Houston, TX 75202-1700

① Kent A. Johnson (a,b)  
7862 South Valentia Way  
Englewood, CO 80112

③ Kochergen Enterprises Family LP (a,b)  
8163 W. McKinley Ave.  
Fresno, CA 95014

① Magnum Hunter Production Inc. (a,b)  
#774031  
4031 Solutions Center  
Chicago, IL 60677-4000

① Douglas McCallum (a,b)  
191 University Blvd. #839  
Denver, CO 80206-4613

① F. Michael Murphy (a,b)  
3364 Wabash Street  
Denver, CO 80238

⑤ Kurt T. Nelson (a,b)  
BAD ADDRESS  
695 South Corona  
Denver, CO 80209

① O'Connell Partners LP (a)  
P O Box 301491  
Dallas, TX 75303-1491

① R.K. O'Connell Revocable Trust (e)  
R.K. & Sue O'Connell, Co-Trustees  
P O Box 2003  
Casper, WY 82602

④ William T. & Betty Jean Philo (a,b)  
Joint Tenants  
708 Sunny Lane  
Corsicana, TX 75110

- ① Receipt attached
- ② Application addressed to BLM, NMOED + NMSLO
- ③ USPS Tracking shows notice delivered
- ④ USPS Tracking shows notice given
- ⑤ Bad Address

Attachment  
B  
page 2 of 5

w10

*1 Russell/Baird CDC w1*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Carla Reichart</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Mark Chapman</i>  <i>PO Box 450</i>  <i>Sealy, TX 77474</i></p>	<p>B. Received by (Printed Name)  <i>Carla Reichart</i></p>	<p>C. Date of Delivery</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No  <i>PO BOX 450</i></p>	
<p>2. Article Number          (Transfer from service label)</p>	<p>7014 2120 0001 2396 3694</p>	
	<p>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</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

w10

*1 Russell/Baird CDC w1*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Moon Royalty, LLC</i>  <i>PO Box 720070</i>  <i>Oklahoma City, OK 73172-0070</i></p>	<p>B. Received by (Printed Name)  <i>C. SCHEFF</i></p>	<p>C. Date of Delivery  <i>8/17/15</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number          (Transfer from service label)</p>	<p>7014 2120 0001 2396 3687</p>	
	<p>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</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

Attachment B  
Page 3 of 5

ORR1

1 Rusty / Big Band CDP ORR1

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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>James Hill</i>	
1. Article Addressed to: Black Stone Natural Res. II LP PO Box 301404 Dallas, TX 75303-1404		B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> _____ <span style="float: right;">AUG 20 2013</span>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		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	
PS Form 3811, July 2013		7014 2120 0001 2396 3724 Domestic Return Receipt	

ORR1

1 Rusty / Big Band CDP ORR1

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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>James Hill</i>	
1. Article Addressed to: Black Stone Natural Resources II LP PO Box 301407 Dallas, TX 75303-1407		B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> _____ <span style="float: right;">AUG 20 2015</span>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		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	
PS Form 3811, July 2013		7014 2120 0001 2396 3731 Domestic Return Receipt	

ORR1

1 Rusty / Big Band CDP ORR1

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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>James Hill</i>	
1. Article Addressed to: James S. Jameson 11611 Campos Houston, TX 77065		B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> James Jameson <span style="float: right;">8/22/15</span>	
		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)		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	
PS Form 3811, July 2013		7014 2120 0001 2396 3748 Domestic Return Receipt	

A Attachment  
B  
page 4 of 5

O P P I

Russell/Bia bond CDE

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Kent A. Johnson 7862 South Valentia Way Englewood, CO 80112	B. Received by (Printed Name) Johnson, Kent	C. Date of Delivery 8/28/11
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 2120 0001 2396 3755	
	PS Form 3811, July 2013 Domestic Return Receipt	
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		

O P P I

Russell/Bia bond CDE 811

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Magnum Hunter Production Inc. #774031 4031 Selections Center Chicago, IL 60677-4000	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 checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 2120 0001 2396 3779	
	PS Form 3811, July 2013 Domestic Return Receipt	
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		

O P P I

Russell/Bia bond CDE 811

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Douglas McCallum 191 University Blvd, #839 Denver, CO 80206-4613	B. Received by (Printed Name) M. Hall	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 2120 0001 2396 3786	
	PS Form 3811, July 2013 Domestic Return Receipt	
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		

A Harbment  
B  
page 5 of 5

ORFI

Registered Air Mail CDX 001

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 checked="" type="checkbox"/> <i>J. Michael Murphy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: J. Michael Murphy 3364 Wabash Street Denver, CO 80238		B. Received by (Printed Name) <input type="checkbox"/> Agent <i>F. MICHAEL MURPHY</i> <input type="checkbox"/> Addressee C. Date of Delivery 8/21/15	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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	
PS: Form 3811, July 2013		Domestic Return Receipt	

7014 2120 0001 2396 3793

ORFI

Registered Air Mail CDX 001

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 checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: O'Connell Partners PO Box 301491 Dallas, TX 75303-1491		B. Received by (Printed Name) <input type="checkbox"/> Agent C. Date of Delivery AUG 20 2015	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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	
PS: Form 3811, July 2013		Domestic Return Receipt	

7014 2120 0001 2396 3809

ORFI

Registered Air Mail CDX 001

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 checked="" type="checkbox"/> <i>Cheri Newma</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: R.K. O'Connell Revocable Trust R.K. + Sue O'Connell Co. Trustees. PO Box 2003 Casper, WY 82602		B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Cheri Newma</i> <input type="checkbox"/> Addressee C. Date of Delivery 8/21/15	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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	
PS: Form 3811, July 2013		Domestic Return Receipt	

7014 2120 0001 2396 3816

**Wells Approved for Gathering Systems  
Big Band/Rusty Chacra Gas Gathering System Interest Owners Address List**

*(wells with ownership interest in parentheses)*

a=Bear 2; b=Belushi 1; c=Billie 2; d=Chacra 1 & 2; e=Cleve Kyle 2; f=Cochran 1; h=Dome Federal 1-21-7 1;  
i=Dome Federal 10-22-7 1; j=Dome Federal 15-22-7 1; k=Dome Federal 18-22-6 3; m=Dome Federal 19-22-6 1; n=Dome Federal 29-22-6 2;  
o=Dome Federal 29-22-6 3; p=Dome Federal 30-22-6 1; q=Dome Navajo 3-22-7 1; r=Dome Navajo 17-22-7 2;  
t=Dome Navajo 20-22-7 1; u=Dome Navajo 27-22-6 1; v=Dome Navajo 28-22-6 2; w=Dome Navajo 28-22-6 4; x=Dome Navajo 33-22-6 2;  
y=Dome Navajo 34-22-6 1; z=Dome Rusty 20-22-7 1; ab=Dome Rusty 30-22-6 1; ac=Dome State 32-22-6 2;  
ad=Dome Tesoro 22 4; ae=Dome Tesoro 23 1; af=Dome Tesoro 27 3; ag=Dorsey 1; ah=Ellington 1; ai=Federal 25-22-7 1;  
aj=Federal 26-22-7 1; ak=Federal 29-22-6 1 & 2; al=Federal 31-22-6 1; am=Gaye 1; an=Goodman 2 & 3; ao=Goodman 90; ap=Harrison 1;  
aq=Harrison Com 90; ar=Hendrix 1; as=James 1 & 2; at=James 90; au=Joplin 1; av=Marley 1; aw=Morrison 1; ax=Navajo 1;  
ay=Navajo 10-22-7 1; bb=Presley 1; bc=Rusty Nail Com 90; bf=Zappa 3,3S,91,91S,92,93,93S; bg=Billie Com 90,91;  
bh=Dorsey Com 90,90S; bi=Ellington Com 90,90S

*Attachment  
C  
Page 1 of 13*

**Working Interest Owners**

Dugan Production Corp. (a thru bi)  
P. O. Box 420  
Farmington, NM 87499-0420

① Key Exploration (h,x)  
P O Box 52963  
Lafayette, LA 70505

**Royalty Interest Owners**

② Navajo Allotted (q,r,t thru y,ad,ae,af,ax,ay,bc)  
Farmington Indian Minerals Office  
c/o Bureau of Land Management  
1235 La Plata Highway  
Farmington, NM 87401

State of New Mexico (f,g,ac,av,be)  
State Land Office  
P. O. Box 1148  
Santa Fe, NM 87504-1148

USA - BLM (a thru e, h thru p, s,z,ab,ag thru  
1235 La Plata Highway au, aw,bc, bf)  
Farmington, NM 87401

**Overriding Royalty Interest Owners**

⑥ Charles Breck & Susan J. Adams (bf)  
979 Windflower Way - **BAD ADDRESS**  
San Diego, CA 92106

② Cathy Jean Hendrickson (ar)  
7375 Rolline Dell Drive #79 - **BAD ADDRESS**  
Cupertino, CA 95014

① O'Brien Family, LLC (ai,aj)  
5461 W. Kent Place  
Denver, CO 80235

① Blu-Chip Resoures, LLC (h)  
P. O. Box 504  
Cheyenne, WY 82003-0504

⑥ Cynthia E. Huff (ax)  
1912 Lancaster Drive  
Edmond, OK 73003

③ R.K. O'Connell (i)  
P O Box 2003  
Casper, WY 82602

① Sam Boltz Family Trust (j,ai,aj)  
Sam T. Boltz, Trustee  
509 Princeton Drive  
Tyler, TX 75703-5164

③ James S. Jameson (z,aa,ab,ai,aj,ak,al,ay)  
11611 Campos  
Houston, TX 77065

① C. Pat Payne (j,ai,aj)  
4242 Lomo Alto Dr., Apt S-37  
Dallas, TX 75219

① Monty Brosious (j,ai,aj)  
2484 W. Dolphin Drive  
Citrus Springs, FL 34434

① Jen-Son Oil (bc)  
1505 116<sup>th</sup> Ave SE  
Lake Stevens, WA 98258

① Ann Lisa Pearson (j,ai,aj)  
7441 S. Fillmore Circle  
Littleton, CO 80122-1963

⑥ Billie Cloak (j,ai,aj)  
529 N. Ridley Circle - **BAD ADDRESS**  
Morton, PA 19070

③ Kent A. Johnson (z,a,ab,ai,aj,ak,al,ay)  
7862 South Valentia Way  
Englewood, CO 80112

⑤ William T. & Betty Jean Philo (z,ai,aj,ak,al,ay)  
708 Sunny Lane  
Corsicana, TX 75110

① David Family Oil & Gas Interest & Ptnshp (h)  
P O Box 1497  
Cheyenne, WY 82003

① Rebecca Ann Jones (j,ai,aj)  
119 Bedfords Bend  
Gun Barrel, TX 75156

⑤ R.W. Scott Investments, LLC (j,ai,aj)  
1275 Lupine Way, Genessee  
Golden, CO 80401

① Warren D. Driskell (j,ai,aj)  
1252 Pine Street  
Wheatland, WY 82201

① JWD III, Inc. (bc)  
P O Box 467  
Oklahoma City, OK 73101-0467

① Ricard Properties, LLC (j,ai,aj)  
P. O. Box 1478  
Parker, CO 80134

Dugan Production Corp. (h,i,n,o,p,u,x,z,ab,ai thru)  
P. O. Box 1497 al,ay)  
Cheyenne, WY 82003

① Robbie Riggs Kirkpatrick (j,ai,aj)  
13615 CR 2919  
Eustace, TX 75124

① Margaret Schwartz (a)  
115 Jones Street  
Gregory, SD 57533-1508

⑥ Paul Charles Ellison (z,aa,ab,ai thru al, ay)  
7973 South Vance Street - **BAD ADDRESS**  
Littleton, CO 80123

③ Kochergen Ent. Fam. Ltd. Ptnrshp (i,n,o,ab,ak)  
8163 W. McKinley Ave.  
Fresno, CA 93722

① Sidwell Investments, LLC (h)  
P. O. Box 1560  
Brewster, MA 02631

① EMG Revocable Trust (ah,ap,aq,bg,bh,bi),  
Eileen M Grooms, Trustee  
1000 W. Fourth Street  
Roswell, NM 88201

① Kellie M. Kross (ah,ap,aq,bg,bh,bi)  
P. O. Box 1453  
Roswell, NM 88202-1453

① David T. Sorenson (ah,ap,aq,bg,bh,bi)  
P. O. Box 1453  
Roswell, NM 88202-1453

① Irene R. Fellis (c,bg)  
725 Calle Del Pajarito, NW  
Albuquerque, NM 87114

③ Magnum Hunter Production Inc. (l,n,aa,ab,ak)  
#774031  
4031 Solutions Center  
Chicago, IL 60677-4000

① Matthew N. Sorenson (ah,ap,aq,bg,bh,bi)  
P. O. Box 1453  
Roswell, NM 88202-1453

① Geilser Family Ltd. Partnership (ab)  
c/o Michael Geilser, President  
5106 Springmeadow Drive  
Dallas, TX 75229

① J. Paul Mathias (j,ai,aj)  
8871 E. Easter Place  
Englewood, CO 80112

① Buck Stanley Family Trust (j,ai,aj)  
R. H. Stanley & C. Sullivan, Trustees  
38021 Fawn Meadows Trail  
Elizabeth, CO 80107

⑥ F. Andrew Grooms (bg,bh,ah,bi,ap,aq)  
P O Box 2328  
Roswell, NM 88202-2328

③ Douglas B. McCallum. (z,ab,ai,aj,ak,al,ay)  
191 University Blvd. #839  
Denver, CO 80206-4613

⑥ Elsie Stephens (j,ai,aj)  
Forestdell Apartments - **BAD ADDRESS**  
11851 Highdale #130B  
Dallas, TX 75234

① Gene Grubitz III Trust (c,bg)  
Gene Grubitz, III Trustee  
P O Box 1245  
Salem, VA 24153-1245

① Christine V. Grim Merchant (ah,ap,aq,bg,bh,bi)  
P O Box 1453  
Roswell, NM 88202-1453

① Elzalone Sullivan (bc)  
P. O. Box 1001  
Ft. Lauderdale, FL 33302

① John M. Hall (j,ai,aj)  
Marty Boss, Power of Attorney  
1300 Thoreau Lane  
Allen, TX 75002

① Merrion Oil & Gas Corp. (ax)  
610 Reilly Ave.  
Farmington, NM 87401

⑥ Dean Unruh (z,ai)  
5911 So. Middlefield Rd., Suite 100  
Littleton, CO 80123

① Ann Lee Harris (o)  
2100 Van Hess at Pacific  
San Francisco, CA 94109

③ F. Michael Murphy (z,ab,ai,aj,ak,al,ay)  
3364 Wabash St.  
Denver, CO 80238

② Harvey Royalty Partners LP (b)  
1875 Laws St.  
Dallas, TX 75202-1700

⑥ Kurt T. Nelson (z,ab,ai,aj,ak,al,ay)  
695 South Corona - **BAD ADDRESS**  
Denver, CO 80209

① Hawthorn Oil Co. (ai, aj)  
c/o Black Stone Family Mineral Co.  
1001 Fannin Suite 2020  
Houston, TX 77002

① Jean C. Oakason, Marital Trust (p)  
Bank of America, NA, Successor Trustee  
P O Box 830308  
Dallas, TX 75283-0308

⑤ Haymaker Minerals & Royalties, LLC (n,l,p,z,ab,ak,ai)  
4601 Washington Ave., Ste 220  
Houston, TX 77007

① The Oakason Jr. Co., LC (p)  
Bank of America NA, Agent  
P O Box 830308  
Dallas, TX 75283-0308

① - Receipt Attached  
② - Receipt presented in Attachment ①  
③ - Receipt presented in Attachment ②  
④ Application addressed to NMOC, BLM & NMSLO  
⑤ USPS Tracking Code  
⑥ Bad address

Attachment  
C  
page 2 of 13

Rush/Biz band Aug 2015 (WJ - as aad)

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 <i>Don Cannon</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>Key Exploration</b> <b>PO Box 52963</b> <b>Lafayette, LA 70505</b>		B. Received by (Printed Name) <i>Don Cannon</i> C. Date of Delivery <i>8-24-15</i>	
2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1774</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, July 2013		Domestic Return Receipt	

WJD

Rush/Biz band Aug 2015 (ORRI - as aad)

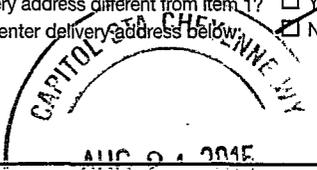
SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>Monty Brosius</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>Monty Brosius</b> <b>2484 W. Dolphin Drive</b> <b>Citrus Springs, FL 34434</b>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1323</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, July 2013		Domestic Return Receipt	

ORRI

Rush/Biz band Aug 2015 (ORRI - as aad)

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 <i>Lynn E Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>David Sam. Co. &amp; B. Hut &amp; Plastics</b> <b>PO Box 1497</b> <b>Cheyanne, WY 82003</b>		B. Received by (Printed Name) <i>Lynn Davis</i> C. Date of Delivery <i>8/24/15</i>	
2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1330</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, July 2013		Domestic Return Receipt	

ORRI



Attachment  
c  
Page 3 of 13

Rush / Big Band Dec 2015 (OKI received)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Greg Stone</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            EMG Revocable Trust            Billie M. Brooks, Trustee            1000 W. Fourth St.            Roswell, NM 88201</p>		<p>B. Received by (Printed Name)      C. Date of Delivery</p>	
<p>2. Article Number            (Transfer from service label)      7014 2120 0001 2397 1354</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013      Domestic Return Receipt</p>			

Rush / Big Band Dec 2015 (OKI received)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>J. Riordan</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            Irene R. Bellis            725 Calle Del Tajerito, N.M.            Albuquerque, NM 87114</p>		<p>B. Received by (Printed Name)      C. Date of Delivery</p>	
<p>2. Article Number            (Transfer from service label)      7014 2120 0001 2397 1361</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013      Domestic Return Receipt</p>			

Rush / Big Band Dec 2015 (OKI received)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Ada Logsdon</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            Beisler Gen. Ltd. Partnership            c/o Michael Beisler, President            5106 Springmeadow Drive            Dallas, TX 75229</p>		<p>B. Received by (Printed Name)      C. Date of Delivery</p>	
<p>2. Article Number            (Transfer from service label)      7014 2120 0001 2397 1378</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013      Domestic Return Receipt</p>			

Attachment  
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*Rusty Bin hand Aug 2015 (ORL on card)*

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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>Gene Brubitz III, Trust</i> <i>Gene Brubitz III, Trustee</i> <i>PO Box 1245</i> <i>Salem, VA 24153-1245</i>		B. Received by (Printed Name) <i>GENE BRUBITZ III</i>	
		C. Date of Delivery <b>AUG 21 2015</b>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		<b>7014 2120 0001 2397 1392</b>	
PS Form 3811, July 2013		Domestic Return Receipt	

*Rusty Bin hand Aug 2015 (ORL on card)*

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: <i>John M. Hall</i> <i>Marty Boss, POA</i> <i>1300 Shoreau Lane</i> <i>Allen, TX 75002</i>		B. Received by (Printed Name) <i>[Signature]</i>	
		C. Date of Delivery <b>8-21-15</b>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		<b>7014 2120 0001 2397 1408</b>	
PS Form 3811, July 2013		Domestic Return Receipt	

*Rusty Bin hand Aug 2015 (ORL on card)*

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: <i>Ann Lee Harris</i> <i>2100 Van Ness at Pacific</i> <i>San Francisco, CA 94109</i>		B. Received by (Printed Name) <i>MIKE BOBBIN</i>	
		C. Date of Delivery <b>8/24/15</b>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		<b>7014 2120 0001 2397 1415</b>	
PS Form 3811, July 2013		Domestic Return Receipt	

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*Rusty / big band Aug 2015 (ORR ex. card)*

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>P. Limchul</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>PAC</i> C. Date of Delivery <i>8-27-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:  <i>Hawthorn Oil Co.            40 Black Stone Family Min Co.            1001 Janna, Ste 2020            Houston, TX 77002</i></p>		<p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p><b>7014 2120 0001 2397 1439</b></p>	
PS Form 3811, July 2013		Domestic Return Receipt	

*Rusty / big band Aug 2015 (ORR ex. card)*

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Jenette Croft</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JENETTE CROFT</i> C. Date of Delivery <i>8.27.15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:  <i>Jen-Son Oil            1505 116th Ave, SE            Lake Stevens, WA 98258</i></p>		<p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p><b>7014 2120 0001 2397 1477</b></p>	
PS Form 3811, July 2013		Domestic Return Receipt	

*Rusty / big band Aug 2015 (ORR ex. card)*

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Rebecca Jones</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rebecca Jones</i> C. Date of Delivery <i>8.21.15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:  <i>Rebecca Ann Jones            119 Redford Bend            Sun Barrel, TX 75156</i></p>		<p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p><b>7014 2120 0001 2397 1491</b></p>	
PS Form 3811, July 2013		Domestic Return Receipt	

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*Russia / his band Aug 2015 (ORR en route)*

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>Mpanar</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mpanar</i> C. Date of Delivery <i>8/25/15</i></p>	
<p>1. Article Addressed to:  <b>JWD III, Ave.          PO box 467          Oklahoma City, OK 73101-0467</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1507</b></p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

*Russia / his band Aug 2015 (ORR en route)*

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>Robbie Kirkpatrick</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Robbie Kirkpatrick</i> C. Date of Delivery <i>8/25/15</i></p>	
<p>1. Article Addressed to:  <b>Robbie Riggs Kirkpatrick          13615 CR 2919          Gustave, TX 75124</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1514</b></p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

*Russia / his band Aug 2015 (ORR en route)*

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>Heard J. Suman</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Heard J. Suman</i> C. Date of Delivery <i>8-24-15</i></p>	
<p>1. Article Addressed to:  <b>Kellie M. Kross          PO Box 1453          Roswell, NM 88202-1453</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1781</b></p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

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Page 7 of 13

*Rush to Air Mail Aug 2015 (OLD in used)*

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 checked="" type="checkbox"/> <i>Volma Mathias</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <i>J. Paul Mathias 8871 E. Easter Place Englewood, CO 80112</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	7014 2120 0001 2397 1552	
PS Form 3811, July 2013 Domestic Return Receipt		

*Rush to Air Mail Aug 2015 (OLD in used)*

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 checked="" type="checkbox"/> <i>David J. Sorensen</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <i>Christine V. Sirm Merchant PO Box 1453 Roswell, NM 88202-1453</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	7014 2120 0001 2397 1798	
PS Form 3811, July 2013 Domestic Return Receipt		

*Rush to Air Mail Aug 2015 (OLD in used)*

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 checked="" type="checkbox"/> <i>P. Garcia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <i>Merrion Oil &amp; Gas Corp. 601 Reilly Ave. Farmington, NM 87401</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	7014 2120 0001 2397 1804	
PS Form 3811, July 2013 Domestic Return Receipt		

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*Rush / Big Band (no 2015 (ORR) in card)*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            Jean C. Dakason Marital Trust            Bank of America Succ. Trustee            PO Box 830308            Dallas, TX 75283-0308</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number            (Transfer from service label) <b>7014 2120 0001 2397 1606</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

*Rush / Big Band (no 2015 (ORR) in card)*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            The Dakason Jr. Co. LLC            Bank of America, NA, Agent            PO Box 830308            Dallas, TX 75283-0308</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <b>AUG 21 2015</b></p>	
<p>2. Article Number            (Transfer from service label) <b>7014 2120 0001 2397 1613</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

*Rush / Big Band (no 2015 (ORR) in card)*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            Q'Brien Family LLC            5461 W. Kent Place            Denver, CO 80235</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <b>8-21</b></p>	
<p>2. Article Number            (Transfer from service label) <b>7014 2120 0001 2397 1620</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>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</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

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*Rush/Biz Card Aug 2015 (OK) on card*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Ann Lisa Pearson</p> <p>C. Date of Delivery            AUG 24 2015</p>	
<p>1. Article Addressed to:            Ann Lisa Pearson            7441 S. Gillmore Circle            Littleton, CO 80122-1963</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>	
	<p>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</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label) 7014 2120 0001 2397 1651</p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

*Rush/Biz Card Aug 2015 (OK) on card*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Nancy Schwartz</p> <p>C. Date of Delivery            8/27/15</p>	
<p>1. Article Addressed to:            Margaret Schwartz            115 Jones Street            Gregory, SD 57533-1508</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>	
	<p>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</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label) 7014 2120 0001 2397 1699</p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

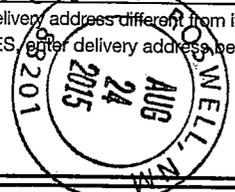
*Rush/Biz Card Aug 2015 (OK) on card*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Kathleen S. [unclear]</p> <p>C. Date of Delivery            AUG 26 2015</p>	
<p>1. Article Addressed to:            Sidwell Investments, LLC            PO Box 1560            Brewster, MA 02631</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>	
	<p>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</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label) 7014 2120 0001 2397 1705</p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

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 page 10 of 13

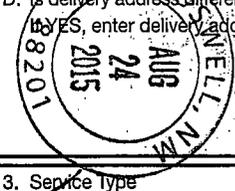
Rush/Biz Card Aug 2015 (PRR engaged)

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 <i>David J. Sorenson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>David J. Sorenson</b> <b>PO Box 1453</b> <b>Roswell, NM 88202-1453</b>		B. Received by (Printed Name) <i>David J. Sorenson</i>	C. Date of Delivery <b>8-24-15</b>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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)		<b>7014 2120 0001 2397 1712</b>	
PS Form 3811, July 2013 Domestic Return Receipt			



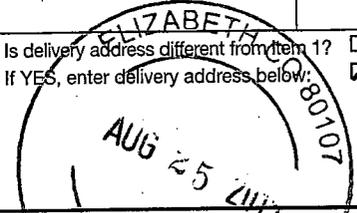
Rush/Biz Card Aug 2015 (PRR engaged)

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 <i>David J. Sorenson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>Matthew N. Sorenson</b> <b>PO Box 1453</b> <b>Roswell, NM 88202-1453</b>		B. Received by (Printed Name) <i>David J. Sorenson</i>	C. Date of Delivery <b>8-24-15</b>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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)		<b>7014 2120 0001 2397 1736</b>	
PS Form 3811, July 2013 Domestic Return Receipt			



Rush/Biz Card Aug 2015 (PRR engaged)

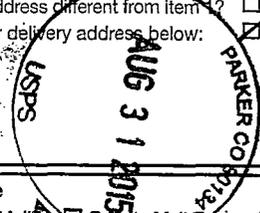
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>Calvin M. Sullivan</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <b>Buck Stanley Family Trust</b> <b>R.H. Stanley + C. Sullivan, Trustees</b> <b>38021 Sawn Meadows Trail</b> <b>Elizabeth, CO 80107</b>		B. Received by (Printed Name) <i>Calvin M. Sullivan</i>	C. Date of Delivery <b>8-25-15</b>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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)		<b>7014 2120 0001 2397 1743</b>	
PS Form 3811, July 2013 Domestic Return Receipt			



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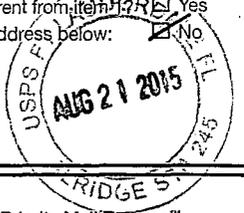
Rusta / Ala Band App 2015 (ORR) as a sub

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>x Richard</i></p>	
	B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p><i>Richard Properties, LLC            40 Box 1478            Parker, CO 80134</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><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</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>	<p>7014 2120 0001 2397 1682</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

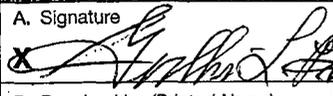


Rusta / Ala Band App 2015 (ORR) as a sub

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>x Nancy McKenney</i></p>	
	B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p><i>Elizabeth Sullivan            PO Box 1001            St. Landersdale, IL 33302</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><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</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>	<p>7014 2120 0001 2397 1750</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

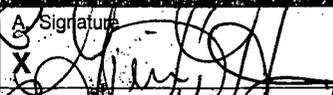


Restr/Biz band Dec 2015 (ORR)

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: Blue-Clip Resources, LLC PO Box 504 Cheyenne, WY 82003-0504	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 checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 2120 0001 2397 1309	
	PS Form 3811, July 2013 Domestic Return Receipt	
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		

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Restr/Biz band Dec 2015 (ORR - remail)

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: Sam Kaldy Family Trust 509 Princeton Drive Tyler, TX 75703-5164	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 checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 2120 0001 2397 1316	
	PS Form 3811, July 2013 Domestic Return Receipt	
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		

Rush to Air Mail Sep 2015 (CORR or. a. a. a.)

Attachment  
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**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Karen D. Driskell  
 1252 Pine Street  
 Wheatland, WY 82003

**COMPLETE THIS SECTION ON DELIVERY**

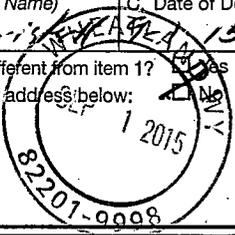
A. Signature  Agent  
 X *[Signature]*  Addressee

B. Received by (Printed Name) *Maureen D. Driskell* C. Date of Delivery *SEP 15 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



2. Article Number (Transfer from service label) **7014 2120 0001 2397 1347**

PS Form 3811, July 2013 Domestic Return Receipt

Rush to Air Mail Sep 2015 (CORR or. a. a. a.)

**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:  
 C. Pat Payne  
 4242 Tomo Alto Dr., Apt 5-37  
 Dallas, TX 75219

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *[Signature]*  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

2. Article Number (Transfer from service label) **7014 2120 0001 2397 1644**

PS Form 3811, July 2013 Domestic Return Receipt



A Attachment  
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Page 1 of 1

**Aubrey Dunn**  
COMMISSIONER

*State of New Mexico*  
*Commissioner of Public Lands*

COMMISSIONER'S OFFICE

Phone (505) 827-5760

Fax (505) 827-5766

www.nmstatelands.org

August 25, 2015

310 OLD SANTA FE TRAIL

P.O. BOX 1148

SANTA FE, NEW MEXICO 87504-1148

Dugan Production Corporation  
P.O. Box 420  
Farmington, New Mexico 87499-0420

Attention: Mr. Kevin Smaka

Re: Request to Surface Commingle and add 46 Wells @ Rusty Gathering System  
Consolidate Rusty Chacra Gathering System and Big Band Gathering System  
See attached List of Wells  
Central Delivery Sales Meter No 03049 @ SE/NW Sec 12-22N-07W  
See attached List of Pools  
San Juan County, New Mexico

Dear Mr. Smaka:

We are in receipt of your application requesting to surface commingle and off lease storage of natural gas in San Juan County, New Mexico at the Rusty Gathering System.

Since it appears that all the New Mexico Oil Conservation Division's rules and regulations have been complied with, and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request is hereby approved. Our approval is subject to like approval by the New Mexico Oil Conservation Division. Please submit a copy of the NMOCD's approval to this office.

Our approval does not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.

Your \$30.00 dollar filing fee has been received.

If you have any questions or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

AUBREY DUNN  
COMMISSIONER OF PUBLIC LANDS

AD/sk

cc: Reader File,

OCD-Mr. Daniel Sanchez

AUG 31 2015