

**STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION**

**APPLICATION OF NADEL AND GUSSMAN PERMIAN,  
L.L.C. FOR COMPULSORY POOLING, EDDY COUNTY,  
NEW MEXICO.**

**Case No. 13,851**

**AFFIDAVIT OF NOTICE**

COUNTY OF SANTA FE    )  
                                  ) ss.  
STATE OF NEW MEXICO    )

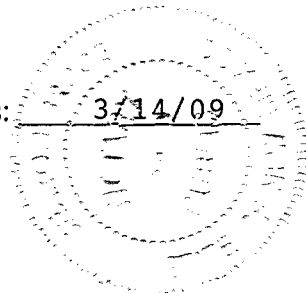
James Bruce, being duly sworn upon his oath, deposes and states:

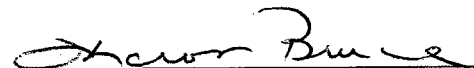
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Nadel and Gussman Permian, L.L.C..
3. Nadel and Gussman Permian, L.L.C. has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct, last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 31<sup>st</sup> day of January, 2007 by James Bruce.

My Commission Expires: 3/14/09



  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 6

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

January 11, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

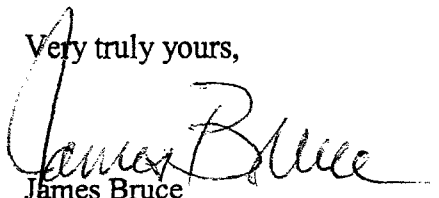
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding the S½ of Section 12, Township 21 South, Range 21 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 1, 2007, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, January 25, 2007 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce  
Attorney for Nadel and Gussman Permian, L.L.C.

---

EXHIBIT A

EXHIBIT A

Pathfinder Exploration Company  
Suite 1510-A  
415 West Wall  
Midland, Texas 79701

Hollyhock Corporation  
Suite 1510-A  
415 West Wall  
Midland, Texas 79701

Cannon Exploration Company  
3608 South County Road 1184  
Midland, Texas 79701

TARA-JON Corporation  
6003 Meadow View Lane  
Midland, Texas 79707

Crown Oil Partners III, LP  
303 Veterans Airpark Lane  
Midland, Texas 79705

James D. Brown, Jr.  
6105 Red Cedar Trail  
Dallas, Texas 75248

Roy L. Crow  
P.O. Box 5527  
Granbury, Texas 76049

Roy L. Crow  
1414 Brandt Road, No. 23  
Vancouver, Washington 98661

Los Chicos  
207 South Fourth Street  
Artesia, New Mexico 88210

Roger Elliott  
415 W. Wall, Suite 1510A  
Midland, Texas 79701

Rio Pecos Corporation  
Mark Wilson  
4501 Greentree Blvd.  
Midland, Texas 79707

Heather Wilson Echols  
6003 Meadowview Lane  
Midland, Texas 79707

Scott Wilson  
4601 Mirador Drive  
Austin, Texas 78735

Todd Wilson  
3608 SCR 1184  
Midland, Texas 79701

---

ER: 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, on the front if space permits.

Article Addressed to:

James D. Brown, Jr.  
6105 Red Cedar Trail  
Dallas, Texas 75248

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
B. Received by (Printed Name) James D. Brown, Jr.  
C. Date of Delivery 1/17/07  
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 7006 0100 0005 5774 8280  
(Transfer from service label)  
Form 3811, February 2004 111 Domestic Return Receipt NE 102595-02-M-1540

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

DO NOT WRITE IN THESE SPACES

Postage	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
James D. Brown, Jr.  
6105 Red Cedar Trail  
Dallas, Texas 75248  
City, State, ZIP+4  
PS Form 3800, June 2002 See Reverse for Instructions

9006 0100 0005 5774 8280

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

DO NOT WRITE IN THESE SPACES

Postage	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
TARA-JON Corporation  
6003 Meadow View Lane  
Midland, Texas 79707  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
PS Form 3800, June 2002 See Reverse for Instructions

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:

TARA-JON Corporation  
6003 Meadow View Lane  
Midland, Texas 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
B. Received by (Printed Name) James D. Brown, Jr.  
C. Date of Delivery 1/17/07  
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 7006 0100 0005 5774 8266  
(Transfer from service label)  
Form 3811, February 2004 111 Domestic Return Receipt NE 102595-02-M-1540

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:

Los Chinos  
207 South Fourth Street  
Artista, New Mexico 88210

Article Number  
(Transfer from service label)

7006 0100 0005 5774 8327

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Melissa Sanchez*  
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 ☐ No

**U.S. Postal Service<sup>TM</sup>**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$0.39
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
Los Chinos  
207 South Fourth Street  
Artista, New Mexico 88210  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

**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:

Roger Elliott  
415 W. Wall, Suite 1510A  
Midland, Texas 79701

2. Article Number  
(Transfer from service label)

7006 0100 0005 5774 8327

PS Form 3811, February 2004

Domestic Return Receipt

DCP

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*S. Perez*  
B. Received by (Printed Name)  
C. Date of Delivery  
1-16-07  
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 ☐ No

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

Postage	\$	\$0.39
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
Roger Elliott  
415 W. Wall, Suite 1510A  
Midland, Texas 79701  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**PROHIBITED FOR OFFICIAL USE**

Postage	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
Scott Wilson  
4001 Mirador Drive  
Austin, Texas 78735  
Street, Apt. No.,  
or PO Box No.  
City, State, Zip+4

See Reverse for Instructions

PS Form 3800, June 2002

**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:

Roy L. Crow  
P.O. Box 5527  
Granbury, Texas 76049

3. Service Type
- ☒ Certified Mail
  - ☐ Registered
  - ☐ Insured Mail
  - ☐ Express Mail
  - ☐ Return Receipt for Merchandise
  - ☐ C.O.D.
  - ☐ Restricted Delivery? (Extra Fee)
  - ☐ Yes
  - ☐ No

4. Restricted Delivery? (Extra Fee)

102595-02-M-1540

Article Number  
(Transfer from service label)

PS Form 3811, February 2004

7006 0100 0005 5774 8297

Domestic Return Receipt

NEP

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Postage	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
Roy L. Crow  
P.O. Box 5527  
Granbury, Texas 76049  
Street, Apt. No.,  
or PO Box No.  
City, State, Zip+4

See Reverse for Instructions

PS Form 3800, June 2002

**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:

Scott Wilson  
4001 Mirador Drive  
Austin, Texas 78735

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Scott Wilson C. Date of Delivery 1-13-07
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)

Article Number  
(Transfer from service label)

PS Form 3811, February 2004

7006 0100 0005 5774 8358

Domestic Return Receipt

NEP

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:

Hollyhock Corporation  
Suite 1510-A  
415 West Wall  
Midland, Texas 79701

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label)

7006 0100 0005 5774 8792

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

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

Sent To  
 Hollyhock Corporation  
 Suite 1510-A  
 415 West Wall  
 Midland, Texas 79701  
 City, State, ZIP+4

**COMPLETE THIS SECTION ON DELIVERY**

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

Article Addressed to:

Hollyhock Corporation  
Suite 1510-A  
415 West Wall  
Midland, Texas 79701

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number  
(Transfer from service label)

7006 0100 0005 5774 8792

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:

Hollyhock Corporation  
Suite 1510-A  
415 West Wall  
Midland, Texas 79701

2. Article Number  
(Transfer from service label)

7006 0100 0005 5774 8341

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

Postage	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
 Heather Wilton Echols  
 6003 Meadowview Lane  
 Midland, Texas 79707  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

4. Article Number  
(Transfer from service label)

7006 0100 0005 5774 8341

PS Form 3800, June 2002

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:

Pathfinder Exploration Company  
Suite 1510-A  
415 West Wall  
Midland, Texas 79701

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

☐ Yes ☐ No

2. Article Number  
(Transfer from service label)

7006 0100 0005 5774 8839

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

NEP

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

**OFFICIAL USE**

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

Sent To  
Pathfinder Exploration Company  
Suite 1510-A  
415 West Wall  
Midland, Texas 79701  
City, State, ZIP+4

PS Form 3808, June 2002 See Reverse for Instructions

6528 4224 5005 0000 9002

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Carol Wilson C. Date of Delivery 1-13
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

☐ Yes ☐ No

**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:

Pathfinder Exploration Company  
Suite 1510-A  
415 West Wall  
Midland, Texas 79701

2. Article Number  
(Transfer from service label)

7006 0100 0005 5774 8259

PS Form 3811, February 2004

Domestic Return Receipt

NEP

102595-02-M-1540

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**OFFICIAL USE**

Postage \$	\$0.39
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees \$	\$4.64

Sent To  
Canon Exploration Company  
3608 South County Road 1184  
Midland, Texas 79701  
City, State, ZIP+4

PS Form 3808, June 2002

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Carol Wilson C. Date of Delivery 1-13
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)

☐ Yes ☐ No

7006 0100 0005 5774 8259

PS Form 3811, February 2004

Domestic Return Receipt

NEP

102595-02-M-1540

6528 4224 5005 0000 9002



**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:

Crown Oil Partners III, LP  
303 Veterans Airport Lane  
Midland, Texas 79703

3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7006 0100 0005 5774 8273

102595-02-M-1540

PS Form 3811, February 2004 11 Domestic Return Receipt *NGP*

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> 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	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
Crown Oil Partners III, LP  
303 Veterans Airport Lane  
Midland, Texas 79703

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name) *Carol Wilson* C. Date of Delivery *1-16-05*

D. Is delivery address different from item 1? ☐ Yes ☐ No

E. If YES, enter delivery address below:

16 JAN 16 2007

7006 0100 0005 5774 8273

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> 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	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

Sent To  
Todd Wilson  
3608 SCR 1184  
Midland, Texas 79701

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

**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:

Todd Wilson  
3608 SCR 1184  
Midland, Texas 79701

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *X Carol Wilson* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Carol Wilson* C. Date of Delivery *1-13*
- 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 ☐ No

2. Article Number (Transfer from service label) 7006 0100 0005 5774 8273

PS Form 3811, February 2004 11 Domestic Return Receipt *NGP*

102595-02-M-1540


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## Track & Confirm

### Search Results

Label/Receipt Number: 7006 0100 0005 5774 8334  
Status: **Unclaimed**

Your item was returned to the sender on January 31, 2007 because it was not claimed by the addressee.

### Track & Confirm

Enter Label/Receipt Number.

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### Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<div style="display: flex; justify-content: space-between;"> <div>7006 0100 0005 5774 8334</div> <div>MI 48101 TX 79707</div> </div>	
<b>OFFICIAL USE</b>	
Postage	\$ 0.39
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$4.64</b>
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;">             0500 19 Postmark Here JAN 17 2007 USPS 89801           </div> <div style="margin-left: 20px;">             Sent To              Rio Pecos Corporation              Mark Wilson              4501 Greentree Blvd.              Midland, Texas 79707              City, State, ZIP+4           </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div>PS Form 3800, June 2002</div> <div>See Reverse for Instructions.</div> </div>	