

8/23/2014 DATE IN	SUSPENSE	MAM ENGINEER	8/25/2014 LOGGED IN	CTB TYPE	PMAM1423756347 APP NO.
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ABOVE THIS LINE FOR DIVISION USE ONLY

O' Only

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



**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Application Acronyms:**

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]  
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]  
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]  
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]  
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]  
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]  
[A] Location - Spacing Unit - Simultaneous Dedication  
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement  
☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- [D] Other: Specify \_\_\_\_\_

- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] ☒ Working, Royalty or Overriding Royalty Interest Owners  
[B] ☐ Offset Operators, Leaseholders or Surface Owner  
[C] ☐ Application is One Which Requires Published Legal Notice  
[D] ☐ Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office  
[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,  
[F] ☒ Waivers are Attached

- [3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

- [4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Miriam Morales  
Print or Type Name

*[Signature]*  
Signature

Production Analyst  
Title

8/20/14  
Date

mmorales@yatespetroleum.com  
e-mail Address

CTB 729  
Yates Petroleum  
Comp  
25575  
2014 AUG 25 P 3:01  
RECEIVED OGD  
RW 24  
Cutter APC #24  
30-015-41786  
- Patriot A12 #144  
30-015-41787  
Pool  
- N. Seven Rivers  
Glorieta - yes  
97565

District I  
1625 N. French Drive, Hobbs, NM 88240  
District II  
1301 W. Grand Ave, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St Francis Dr, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised June 10, 2003

### OIL CONSERVATION DIVISION

1220 S. St Francis Drive  
Santa Fe, New Mexico 87505

Submit the original  
application to the Santa Fe  
office with one copy to the  
appropriate District Office.

#### APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Yates Petroleum Corporation  
OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210  
APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☒ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. \_\_\_\_\_  
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling  
☐ Yes ☒ No

#### (A) POOL COMMINGLING

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

- (2) Are any wells producing at top allowables? ☐ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.  
(4) Measurement type: ☐ Metering ☐ Other (Specify)  
(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

#### (B) LEASE COMMINGLING

Please attach sheets with the following information

- (1) Pool Name and Code. N. Seven Rivers; Glorieta-Yeso #97565  
(2) Is all production from same source of supply? ☒ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No  
(4) Measurement type: ☒ Metering ☐ Other (Specify)

#### (C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

- (1) Complete Sections A and E.

#### (D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

- (1) Is all production from same source of supply? ☐ Yes ☐ No  
(2) Include proof of notice to all interest owners.

#### (E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.  
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.  
(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: Miriam Morales TITLE: Production Analyst DATE: 8/20/14

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

E-MAIL ADDRESS: mmorales@yatespetroleum.com

Submit 1 Copy To Appropriate District  
Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-41754
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cutter APC
8. Well Number 2H
9. OGRID Number 025575
10. Pool name or Wildcat N Seven Rivers; Glorieta-Yeso

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  
PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Yates Petroleum Corporation

3. Address of Operator  
105 S. Fourth Street Artesia, NM 88210

4. Well Location

Unit Letter M : 551 feet from the S line and 95 feet from the W line

Section 21 Township 19S Range 25E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3515' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Surface Lease Commingle oil only ☒

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum respectfully requests administrative approval to Surface Lease Commingle oil production only on the following wells:

Cutter APC #2H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41786  
Fee  
Eddy County, NM

Patriot AIZ #14H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41787  
Fee  
Eddy County, NM

The battery is located at the Hooper AMP tank facilities, Sec. 21-T19S-25E, SWSW. Please see attached plats and site security diagram.  
The ownership is diversified. All owners have been notified and copies of certified receipts and letters are attached.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Hooper AMP battery. Total sales/production will be allocated back to each individual well using the metered (daily well test) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery shall be included in this application.

Estimated daily oil production for the Cutter APC #2H and for the Patriot AIZ #14H is 116 bbls each.

Gas Measurement

Each well will have its own meter and no surface commingling will take place.

The purpose of the Surface Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

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

SIGNATURE Miriam Morales  
Type or print name Miriam Morales

TITLE Production Analyst

DATE 8/20/09

E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

DISTRICT I  
1825 N. French Dr., Hobbs, NM 88240  
Phone (505) 393-8181 Fax: (505) 393-0720

DISTRICT II  
811 S. First St., Artesia, NM 88210  
Phone (505) 334-8178 Fax: (505) 748-0720

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 478-3460 Fax: (505) 478-3462

State of New Mexico  
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

1220 South St. Francis  
Santa Fe, New Mexico 87505

RECEIVED

JAN 31 2014

Submit one copy to appropriate District Office

Form C-102  
Revised August 1, 2011

## WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-41786	Pool Code 97565	Pool Name North Seven Rivers; Glorieta-Yeso
Property Code 16871	Property Name CUTTER APC	Well Number 2H
OGRID No. 025575	Operator Name YATES PETROLEUM CORPORATION	Elevation 3515

### Surface Location

UL or lot No. M	Section 21	Township 19 S	Range 25 E	Lot Idn	Feet from the 551	North/South line SOUTH	Feet from the 95	East/West line WEST	County EDDY
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### Bottom Hole Location If Different From Surface

UL or lot No. P	Section 21	Township 19 S	Range 25 E	Lot Idn	Feet from the 400	North/South line SOUTH	Feet from the 330	East/West line EAST	County EDDY
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Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

N.: 601645.0 E.: 490543.1 (NAD83)	N.: 601628.3 E.: 493188.3 (NAD83)	N.: 601611.7 E.: 495833.6 (NAD83)		
Projection Point 535 FSL 565 FWL			Producing Zone	Project Area
SURFACE LOCATION Lat - N 32°38'26.35" Long - W 104°29'52.96" NMSPC- N 596840.6 E 490636.7 (NAD-83)			PROPOSED BOTTOM HOLE LOCATION Lat - N 32°38'24.82" Long - W 104°28'55.95" NMSPC- N 596878.3 E 495511.2 (NAD-83)	
N.: 596289.6 E.: 490540.5 (NAD83)			N.: 596277.6 E.: 495842.1 (NAD83)	

**OPERATOR CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Bill McCrory* 1-30-14  
Signature Date

Bill McCrory  
Printed Name

bmccrory@yatespetroleum.com  
Email Address

**SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

OCTOBER 13 2013  
Date Surveyed

*[Signature]*  
Signature of Professional Surveyor

Certificate of Survey 7977  
Basin Survey

0' 1000' 2000' 3000' 4000'  
SCALE: 1" = 2000'  
WO Num.: 29606

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
Phone (575) 393-6161 Fax: (575) 393-0720

DISTRICT II  
811 S. First St., Artesia, NM 88210  
Phone (505) 746-1293 Fax: (505) 746-0720

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1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 334-6176 Fax: (505) 334-6170

DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

RECEIVED

FEB 07 2014

Form C-102  
Revised August 1, 2011

Submit one copy to appropriate  
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-41787	Pool Code 97565	Pool Name N. Seven Rivers Undesignated, Yes
Property Code 15788	Property Name PATRIOT AIZ	Well Number 14H
OGRID No. 025575	Operator Name YATES PETROLEUM CORPORATION	Elevation 3515

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	21	19 S	25 E		551	SOUTH	65	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	20	19 S	25 E		400	SOUTH	330	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160			

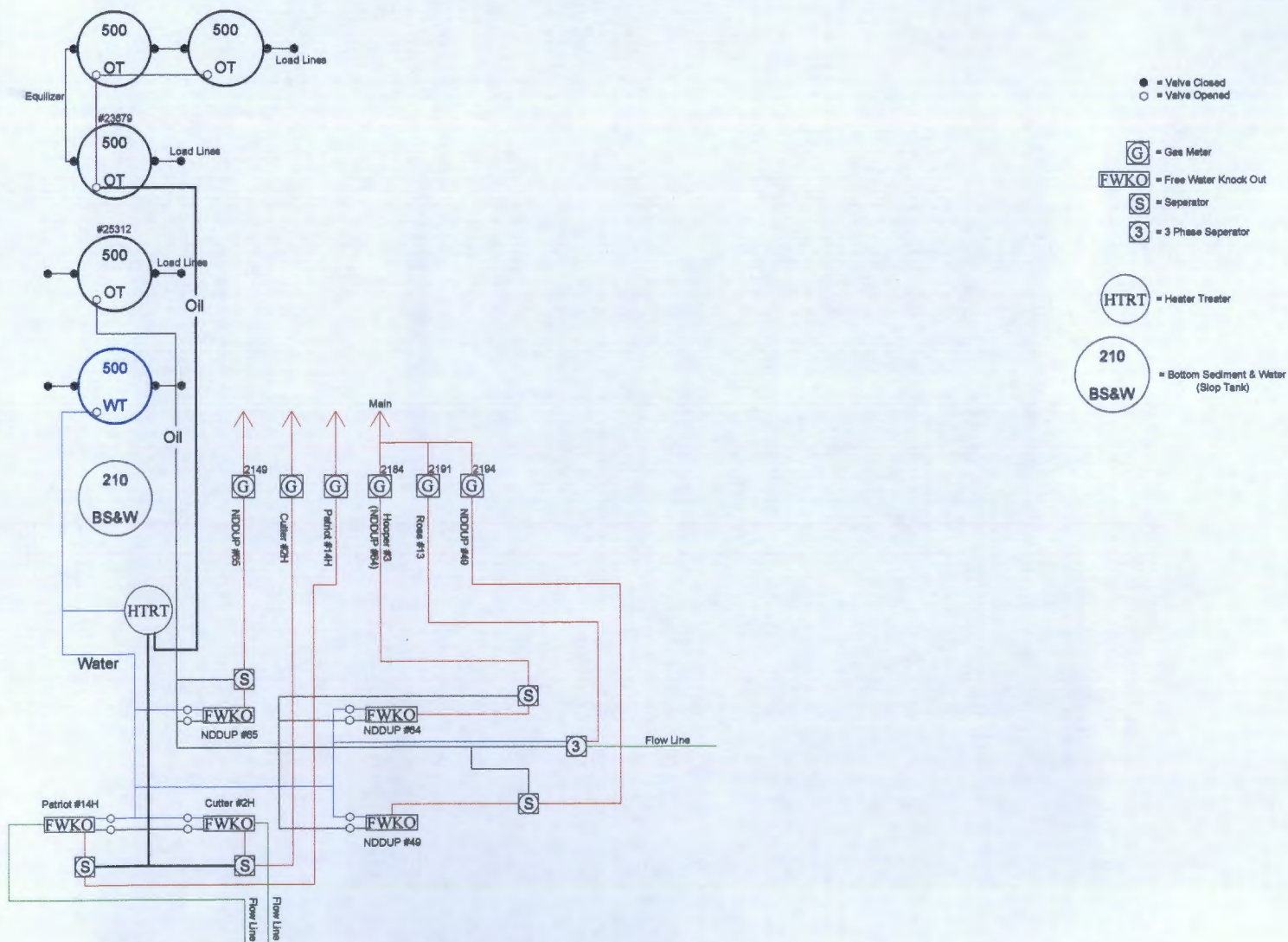
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>N: 601622.2 E: 485219.5 (NAD83)</p> <p>N: 601633.6 E: 487881.3 (NAD83)</p> <p>N: 601645.0 E: 490543.1 (NAD83)</p> <p>N: 601628.3 E: 493188.3 (NAD83)</p> <p>N: 601611.7 E: 495833.6 (NAD83)</p> <p>Project Area: 20 Penetration Point: Producing Zone: 538 FSL &amp; 42' FEL</p> <p>N: 596309.3 E: 485223.1 (NAD83)</p> <p>330'</p> <p>65' S.L.</p> <p>551'</p> <p>N: 596277.6 E: 495842.7 (NAD83)</p>	<p><b>OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>Signature: <u>Travis Hahn</u> Date: <u>2/6/14</u></p> <p>Printed Name: <u>Travis Hahn</u></p> <p>Email Address: <u>thahn@yatespetroleum.com</u></p> <p><b>SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>OCTOBER 1 2013</p> <p>Date Surveyed: <u>10/1/13</u></p> <p>Signature: <u>[Signature]</u> of Professional Surveyor</p> <p>Certification: <u>7977</u></p> <p>Scale: 0' 1000' 2000' 3000' 4000'</p> <p>SCALE: 1" = 2000'</p> <p>WO Num.: 29605</p>
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# Hooper AMP Battery

820' FSL & 660' FWL \* Sec 21 - T19S-R25E\* Unit M  
Eddy County, NM  
API - 3001527335



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



MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

[www.yatespetroleum.com](http://www.yatespetroleum.com)

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Surface lease commingle oil only  
Cutter APC #2H  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface Lease commingle oil production only for the Cutter APC #2H and Patriot AIZ #14H.

The commingle production will be measured and sold at the Hooper AMP tank battery facilities located at SWSW, Sec. 21-T19S-R25E.

Cutter APC #2H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41786  
Fee  
Eddy County, NM

Patriot AIZ #14H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41787  
Fee  
Eddy County, NM

The ownership is diversified.

#### Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Hooper AMP battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in for this application.

Estimated daily oil production for the Cutter APC #2H and for the Patriot AIZ #14H is 116 bbls each

#### Gas Measurement

Each well will have its own meter and no surface commingling will take place.

The purpose of the Surface Lease Commingle of production is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well.

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

I hereby approve this application

Company: Abo Petroleum Corporation

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
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CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Surface lease commingle oil only  
Cutter APC #2H  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface Lease commingle oil production only for the Cutter APC #2H and Patriot AIZ #14H.

The commingle production will be measured and sold at the Hooper AMP tank battery facilities located at SWSW, Sec. 21-T19S-R25E.

Cutter APC #2H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41786  
Fee  
Eddy County, NM

Patriot AIZ #14H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41787  
Fee  
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The ownership is diversified.

#### Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Hooper AMP battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in for this application.

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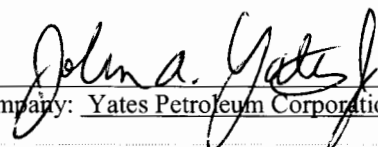
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Company: Yates Petroleum Corporation

KATHY H. PORTER  
SECRETARY

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CHIEF FINANCIAL OFFICER

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RE: Surface lease commingle oil only  
Cutter APC #2H  
Eddy County, New Mexico

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Fee  
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N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41787  
Fee  
Eddy County, NM

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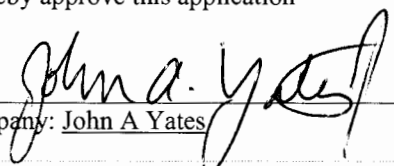
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TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Surface lease commingle oil only  
Cutter APC #2H  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface Lease commingle oil production only for the Cutter APC #2H and Patriot AIZ #14H.

The commingle production will be measured and sold at the Hooper AMP tank battery facilities located at SWSW, Sec. 21-T19S-R25E.

Cutter APC #2H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41786  
Fee  
Eddy County, NM

Patriot AIZ #14H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41787  
Fee  
Eddy County, NM

The ownership is diversified.

#### Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Hooper AMP battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in for this application.

Estimated daily oil production for the Cutter APC #2H and for the Patriot AIZ #14H is 116 bbls each

#### Gas Measurement

Each well will have its own meter and no surface commingling will take place.

The purpose of the Surface Lease Commingle of production is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well.

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

I hereby approve this application

Company: Trust Q U/W/O Peggy A Yates, Deceased

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

[www.yatespetroleum.com](http://www.yatespetroleum.com)

JOHN A. YATES  
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EXECUTIVE VICE PRESIDENT  
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JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Surface lease commingle oil only  
Cutter APC #2H  
Eddy County, New Mexico

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N Seven Rivers;Glorieta-Yeso  
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API #30-015-41786  
Fee  
Eddy County, NM

Patriot AIZ #14H  
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Fee  
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If you have any questions, please call me at (575) 748-4200 (direct line)

I hereby approve this application

  
Company: Sharbro Energy, LLC

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Surface lease commingle oil only  
Cutter APC #2H  
Eddy County, New Mexico

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N Seven Rivers;Glorieta-Yeso  
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API #30-015-41786  
Fee  
Eddy County, NM

Patriot AIZ #14H  
N Seven Rivers;Glorieta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-41787  
Fee  
Eddy County, NM

The ownership is diversified.

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

I hereby approve this application

  
Company: Myco Industries, Inc.

KATHY H. PORTER  
SECRETARY

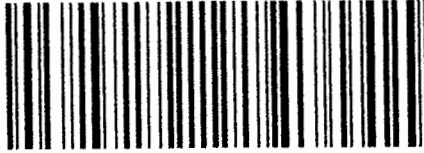
DENNIS G. KINSEY  
TREASURER



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

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7014 0510 0001 0742 7537

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<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
CITY OF ARTESIA, NM 88210	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, All	

W T AND JEANETTE J PROBANDT  
5 RIDGMAR CT  
MIDLAND, TX 79707

W T AND JEANETTE J PRO  
5 RIDGMAR CT  
MIDLAND, TX 79707

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

W T AND JEANETTE J PROBANDT  
5 RIDGMAR CT  
MIDLAND, TX 79707

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

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PS Form 3811, July 2013

Domestic Return Receipt

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YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	
MIKE H ROBERTS, 1108 LA VACA ST #110-282 AUSTIN, TX 78701	
PS Form 3800, Aug 2003	

MIKE H ROBERTS  
1108 LA VACA ST #110-2  
AUSTIN, TX 78701

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MIKE H ROBERTS  
1108 LA VACA ST #110-282  
AUSTIN, TX 78701

2. Article Number  
(Transfer from se)

7014 0510 0001 0742 7544

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt



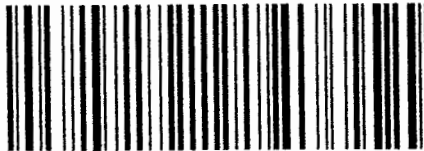




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7568

7014 0510 0001 0742 7568

PS Form 3800, AI

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

WILLIAM ROSS  
3401 S 13 STREET  
ARTESIA, NM 88210

Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
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WILLIAM ROSS  
3401 S 13 STREET  
ARTESIA, NM 88210

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

1. Article Addressed to:

WILLIAM ROSS  
3401 S 13 STREET  
ARTESIA, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

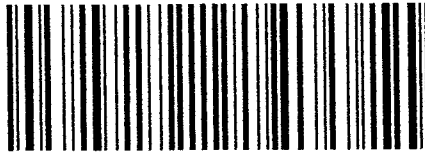
2. Article Number  
(Transfer from servi

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ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 7575

7014 0510 0001 0742 7575

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

GARY ROSS  
205 INDIAN TR  
SEARCY, AR 72143

PS Form 3800, 7-13

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

Postmark  
Here

*Cyrcy 7/24/13*  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

GARY ROSS  
205 INDIAN TR  
SEARCY, AR 72143

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

GARY ROSS  
205 INDIAN TR  
SEARCY, AR 72143

2. Article Number  
(Transfer from ser

7014 0510 0001 0742 7575

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

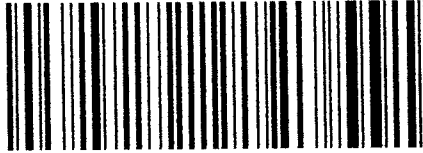
☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

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7014 0510 0001 0742 7582

<b>U.S. Postal Service™</b>	
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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>PS Form 3800, A</i>	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, A	
S P III & BARBARA J JOHNSON P O BOX 1641 ROSWELL, NM 88202-1641	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

S P III & BARBARA J JOHNSON  
P O BOX 1641  
ROSWELL, NM 88202-1641

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

S P III & BARBARA J JOHNSON  
P O BOX 1641  
ROSWELL, NM 88202-1641

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from :)

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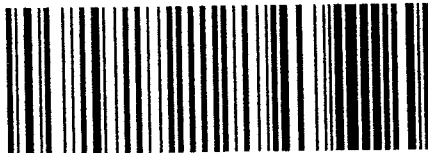
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ARTESIA, NEW MEXICO 88210

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	<i>C40 24 C75 Min 11 15</i> <i>Postmark Here</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+ PS Form 3800, 7	
RALPH E AND LAURIE A ROSS REV LIVING TRUST P O BOX 234 LAKEWOOD, NM 88254-0234	

RALPH E AND LAURIE A  
REV LIVING TRUST  
P O BOX 234  
LAKEWOOD, NM 88254-

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

RALPH E AND LAURIE A ROSS  
REV LIVING TRUST  
P O BOX 234  
LAKEWOOD, NM 88254-0234

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from serv.)

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PS Form 3811, July 2013

Domestic Return Receipt

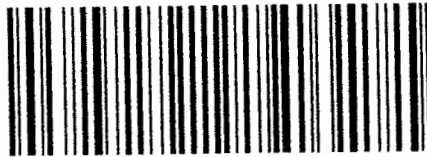




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7612

7014 0510 0001 0742 7612

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
CASH 54 078 8/16/11 U.S. Mail	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, Aug	

RONALD ROSS  
1902 HERMOSA DRIVE  
ARTESIA, NM 88210

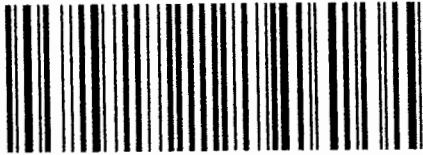
RONALD ROSS  
1902 HERMOSA DRIVE  
ARTESIA, NM 88210

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RONALD ROSS 1902 HERMOSA DRIVE ARTESIA, NM 88210	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 se	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
7014 0510 0001 0742 7612	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0742 7629

7014 0510 0001 0742 7629

PS Form 3800, A  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

Sent To  
SANTO LEGADO LLLP  
P O BOX 1020  
ARTESIA, NM 88211-1020

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

Postmark  
Here

*Call for details*  
CPS 10/20/03

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

SANTO LEGADO LLLP  
P O BOX 1020  
ARTESIA, NM 88211-1020

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SANTO LEGADO LLLP  
P O BOX 1020  
ARTESIA, NM 88211-1020

2. Article Number  
(Transfer from sel)

7014 0510 0001 0742 7629

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0742 7636

7014 0510 0001 0742 7636

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to NANCY T CUTTER REV TRUST 1524 PARK AVENUE SW ALBUQUERQUE NM 87104	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, A	

NANCY T CUTTER REV TRUST  
1524 PARK AVENUE SW  
ALBUQUERQUE NM 87104

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NANCY T CUTTER REV TRUST  
1524 PARK AVENUE SW  
ALBUQUERQUE NM 87104

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from sel)

7014 0510 0001 0742 7636

PS Form 3811, July 2013

Domestic Return Receipt

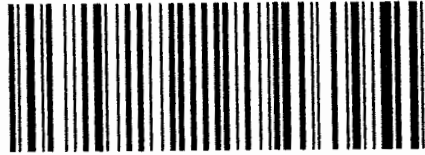




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7650

7014 0510 0001 0742 7650

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, All

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

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

Postmark  
Here

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

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

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0742 7650





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7674

7014 0510 0001 0742 7674

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Curtis J. Smith</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	SOLARI LUZ LLC
Street Apt. No., or PO Box No.	P O BOX 1783
City, State, Zip+4	EL PRADO NM 87529
PS Form 3800, Apr 01	

SOLARI LUZ LLC  
P O BOX 1783  
EL PRADO NM 87529

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SOLARI LUZ LLC  
P O BOX 1783  
EL PRADO NM 87529

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0742 7674



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0742 7681

7014 0510 0001 0742 7681

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, A

UNIT PETROLEUM COMPANY  
P O BOX 702500  
TULSA, OK 74170-2500

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

Postmark  
Here

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

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

*Charles J. Smith*

UNIT PETROLEUM COMPANY  
P O BOX 702500  
TULSA, OK 74170-2500

**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:

UNIT PETROLEUM COMPANY  
P O BOX 702500  
TULSA, OK 74170-2500

2. Article Number  
(Transfer from ser

7014 0510 0001 0742 7681

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7698

7014 0510 0001 0742 7698

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Cathy T. O'Brien</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	EGL RESOURCES INC
Street, Apt. No., or PO Box No.	P O BOX 10886
City, State, ZIP+4	MIDLAND, TX 79702
PS Form 3800, A	

EGL RESOURCES INC  
P O BOX 10886  
MIDLAND, TX 79702

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

EGL RESOURCES INC  
P O BOX 10886  
MIDLAND, TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from ser)

7014 0510 0001 0742 7698



**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0742 7704

7014 0510 0001 0742 7704

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Certified Mail Return Receipt Fee Restricted Delivery Fee (Endorsement Required)	
Postage	\$
Certified Fee	
Return Receipt Fee	
Restricted Delivery Fee	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
EVA TROIKE 630 32 <sup>ND</sup> STREET RICHMOND, CA 94804	
PS Form 3800, A	

EVA TROIKE  
630 32<sup>ND</sup> STREET  
RICHMOND, CA 94804

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

EVA TROIKE  
630 32<sup>ND</sup> STREET  
RICHMOND, CA 94804

2. Article Number  
(Transfer from servi

7014 0510 0001 0742 7704

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 7711

7014 0510 0001 0742 7711

Sent to  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, Apr

TULIPAN LLC  
428 SANDOVAL STE 200  
SANTA FE, NM 87501

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

Postmark  
Here

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

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

TULIPAN LLC  
428 SANDOVAL STE 200  
SANTA FE, NM 87501

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

TULIPAN LLC  
428 SANDOVAL STE 200  
SANTA FE, NM 87501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from se

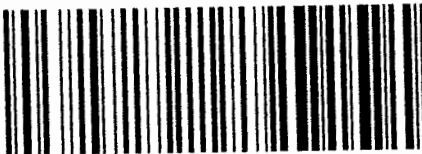
7014 0510 0001 0742 7711



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7728

7014 0510 0001 0742 7728

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Cite 24 075 State Division	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to WEDDERBURN PROPERTIES LLC C/O ELOISE N JONES 1121 LONDONDERRY ROAD CHARLESTON, WV 25314-2213	
Street, Apt. No., or PO Box No. City, State, Zip+4 PS Form 3800, A1	

WEDDERBURN PROPERTIES  
C/O ELOISE N JONES  
1121 LONDONDERRY ROAD  
CHARLESTON, WV 25314

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

WEDDERBURN PROPERTIES LLC  
C/O ELOISE N JONES  
1121 LONDONDERRY ROAD  
CHARLESTON, WV 25314-2213

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type



Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from st

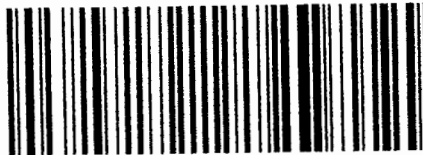
7014 0510 0001 0742 7728



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0742 7735

7014 0510 0001 0742 7735

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
CHAS OTS 8/24/14 11:04 AM	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To YATES INDUSTRIES LLC P O BOX 1091 ARTESIA, NM 88211-1091	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, A	

YATES INDUSTRIES LLC  
P O BOX 1091  
ARTESIA, NM 88211-1091

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

YATES INDUSTRIES LLC  
P O BOX 1091  
ARTESIA, NM 88211-1091

2. Article Number  
(Transfer from s

7014 0510 0001 0742 7735

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

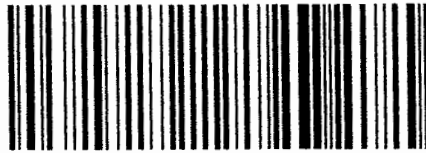
4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7742

7014 0510 0001 0742 7742

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided) For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
<i>Cathy H. Cook, MS, DNP</i>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Street, Apt. No., or PO Box No.	NANCY P TONKIN REV TRUST
City, State, ZIP+4	1524 PARK AVENUE SW ALBUQUERQUE NM 87104-1024
PS Form 3800, A	

NANCY P TONKIN REV T  
1524 PARK AVENUE SW  
ALBUQUERQUE NM 871

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NANCY P TONKIN REV TRUST  
1524 PARK AVENUE SW  
ALBUQUERQUE NM 87104-1024

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

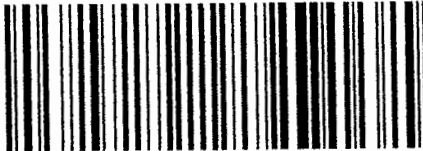
7014 0510 0001 0742 7742



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7759

7014 0510 0001 0742 7759

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	SCHERO LTD
Street, Apt. No., or PO Box No.	P O BOX 62490
City, State, ZIP+4	SAN ANGELO TX 76906
PS Form 3800, Aug	

SCHERO LTD  
P O BOX 62490  
SAN ANGELO TX 76906

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SCHERO LTD  
P O BOX 62490  
SAN ANGELO TX 76906

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0742 7759

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7766

7014 0510 0001 0742 7766

**ADDRESS SERVICE REQUESTED**

PS Form 3800, Aug.

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

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

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

Postmark  
Here

*Certified Mail & Restricted Delivery*

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

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

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

2. Article Number  
(Transfer from se

7014 0510 0001 0742 7766

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**

7014 0510 0001 0742 7773  
7014 0510 0001 0742 7773

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

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

*Frank W Podpechan Rev Trust*

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

FRANK W PODPECHAN REV TRUST  
P O BOX 3226  
TULSA OK 74101-3226

PS Form 3800, All

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

Postmark Here

FRANK W PODPECHAN REV  
P O BOX 3226  
TULSA OK 74101-3226

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><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>1. Article Addressed to:</p> <p>FRANK W PODPECHAN REV TRUST P O BOX 3226 TULSA OK 74101-3226</p> <p>2. Article Number (Transfer from s 7014 0510 0001 0742 7773</p>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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 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>

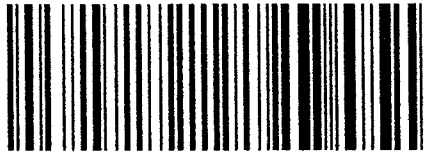
PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**CERTIFIED MAIL™**



7014 0510 0001 0742 7780  
7014 0510 0001 0742 7780

**ADDRESS SERVICE REQUESTED**

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

JOHN SLADE SELLMEYER  
#2 PECAN GROVE CIRCLE  
LUCAS TX 75002

JOHN SLADE SELLMEYER  
#2 PECAN GROVE CIRCLE  
LUCAS TX 75002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOHN SLADE SELLMEYER  
#2 PECAN GROVE CIRCLE  
LUCAS TX 75002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0742 7780

PS Form 3811, July 2013

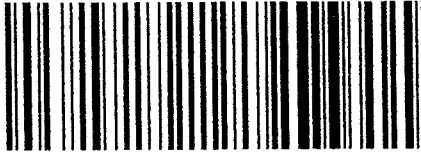
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0742 7797

7014 0510 0001 0742 7797

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, AI

RONKAR PROPERTIES  
312 CRIMSON CLOUD LANE  
EL PASO TX 79912

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
C. Ronkar Properties  
312 Crimson Cloud Lane  
El Paso, TX 79912

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

RONKAR PROPERTIES  
312 CRIMSON CLOUD LANE  
EL PASO TX 79912

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RONKAR PROPERTIES  
312 CRIMSON CLOUD LANE  
EL PASO TX 79912

2. Article Number  
(Transfer from se

7014 0510 0001 0742 7797

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

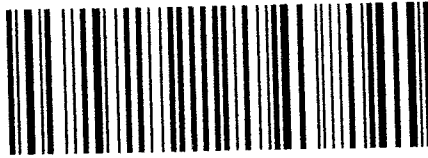
4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 7803

7014 0510 0001 0742 7803

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, Zip+4	
SALLY RODGERS COLL 152 B ARROYO HONDO RD SANTA FE, NM 87508	
PS Form 3800, Aug.	

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from s)

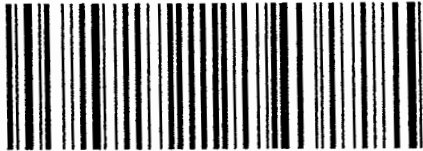
7014 0510 0001 0742 7803



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0742 7810

7014 0510 0001 0742 7810

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

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

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

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 serv.)

7014 0510 0001 0742 7810



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7827

7014 0510 0001 0742 7827

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Cathy B. Smith</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	MAX W COLL II
Street, Apt. No., or PO Box No.	83 LA BARBARITA TRAIL
City, State, ZIP+4	SANTA FE, NM 87505-9008
PS Form 3800, April 2012	

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0742 7827



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7834  
7014 0510 0001 0742 7834

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

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

*Letter to BP America Production Co*

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

Sent to: BP AMERICA PRODUCTION CO  
P O BOX 277897  
ATLANTA, GA 30384-7897

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

PS Form 3800, April 2012

BP AMERICA PRODUCTION  
P O BOX 277897  
ATLANTA, GA 30384-7897

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

BP AMERICA PRODUCTION CO  
P O BOX 277897  
ATLANTA, GA 30384-7897

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7014 0510 0001 0742 7834

(Transfer from service label)

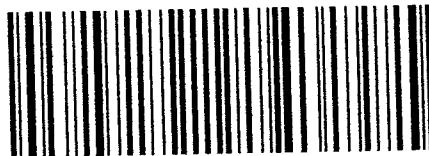
PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 7841

7014 0510 0001 0742 7841

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<b>Sent To:</b> <b>Patricia A Barber</b> <b>341 N Bolton Rd</b> <b>Artesia, NM 88210</b>	
<b>Street, Apt. No., or PO Box No.</b> <b>City, State, ZIP+4</b>	
PS Form 3800, April 2007	

PATRICIA A BARBER  
341 N BOLTON RD  
ARTESIA, NM 88210

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>PATRICIA A BARBER</b> <b>341 N BOLTON RD</b> <b>ARTESIA, NM 88210</b>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from st <b>7014 0510 0001 0742 7841</b> )		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013

Domestic Return Receipt

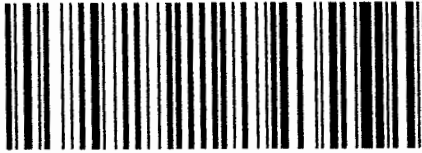




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7858

7014 0510 0001 0742 7858

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

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

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

Postmark Here

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

FRANCES B BUNN REV LVG TRUST  
2493 MAKIKI HEIGHTS DR  
HONOLULU, HI 96822-2547

PS Form 3800, All

FRANCES B BUNN REV LVG  
2493 MAKIKI HEIGHTS DR  
HONOLULU, HI 96822-2547

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

FRANCES B BUNN REV LVG TRUST  
2493 MAKIKI HEIGHTS DR  
HONOLULU, HI 96822-2547

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s) 7014 0510 0001 0742 7858

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7865

7014 0510 0001 0742 7865

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Cite # 24 CB 86414 Houston TX	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, Zip+ PS Form 3800, 4	
ROBERT E CHAMBERS JR 2441 STANMORE DRIVE HOUSTON, TX 77019	

ROBERT E CHAMBERS JR  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT E CHAMBERS JR  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0742 7865

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0742 7872

7014 0510 0001 0742 7872

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	<b>CHAMBERS JR</b> <b>AS TTEE OF LOLLIE D CHAMBERS</b> <b>2441 STANMORE DRIVE</b> <b>HOUSTON, TX 77019</b>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, Zip+4	
ROBERT E CHAMBERS JR AS TTEE OF LOLLIE D CHAMBERS 2441 STANMORE DRIVE HOUSTON, TX 77019	
PS Form 3800, 4	

ROBERT E CHAMBERS JR  
AS TTEE OF LOLLIE D CH  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT E CHAMBERS JR  
AS TTEE OF LOLLIE D CHAMBERS  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

2. Article Number  
(Transfer from s

7014 0510 0001 0742 7872

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

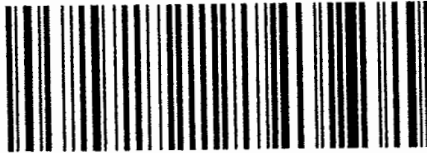
☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0742 7889

7014 0510 0001 0742 7889

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To FLORENCE M ESSMAN CURRY	
Street, Apt. No., or PO Box No. 804 PALOMINO	
City, State, ZIP+4 MIDLAND, TX 79705	
PS Form 3800, A	

FLORENCE M ESSMAN CUR  
804 PALOMINO  
MIDLAND, TX 79705

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

FLORENCE M ESSMAN CURRY  
804 PALOMINO  
MIDLAND, TX 79705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

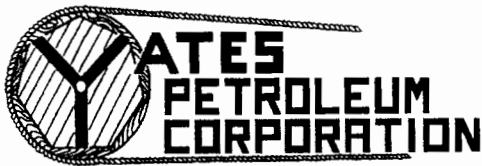
- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from)

7014 0510 0001 0742 7889

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 7896

7014 0510 0001 0742 7896

PS Form 3800, A  
Sent To:  
Street Apt. No.,  
or PO Box No.,  
City, State, Zip+4

NEVA CHAMBERS DAWSON  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

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

Postmark  
Here

*NEVA CHAMBERS DAWSON*  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

NEVA CHAMBERS DAWSON  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEVA CHAMBERS DAWSON  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

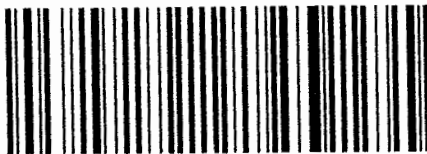
7014 0510 0001 0742 7896



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7902

7014 0510 0001 0742 7902

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to NEVA CHAMBERS DAWSON AS TTEE OF LOLLIE D CHAMBERS 8 S WEST OAK DR HOUSTON, TX 77056-2122	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, AI	

NEVA CHAMBERS DAWSON  
AS TTEE OF LOLLIE D CHAMBERS  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NEVA CHAMBERS DAWSON  
AS TTEE OF LOLLIE D CHAMBERS  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

2. Article Number  
(Transfer from s)

7014 0510 0001 0742 7902

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7919

7014 0510 0001 0742 7919

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Cathy J. Smith</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	DEVON ENERGY PRODUCTION CO
Street, Apt. No., or PO Box No.	P O BOX 842485
City, State, ZIP+4	DALLAS, TX 75284-2485
PS Form 3800, 4	

DEVON ENERGY PRODUCTION  
P O BOX 842485  
DALLAS, TX 75284-2485

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

DEVON ENERGY PRODUCTION CO  
P O BOX 842485  
DALLAS, TX 75284-2485

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

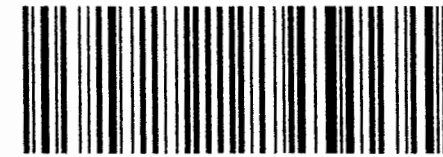
☐ Yes

2. Article Number  
(Transfer from si)

7014 0510 0001 0742 7919

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7926

7014 0510 0001 0742 7926

**ADDRESS SERVICE REQUESTED**

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, A

COG OPERATIONG LLC  
P O BOX 844857  
DALLAS, TX 75284-4857

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

\$

Postmark  
Here

*COG OPERATIONG LLC  
P O BOX 844857  
DALLAS, TX 75284-4857*

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

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

COG OPERATIONG LLC  
P O BOX 844857  
DALLAS, TX 75284-4857

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COG OPERATIONG LLC  
P O BOX 844857  
DALLAS, TX 75284-4857

2. Article Number  
(Transfer from s

7014 0510 0001 0742 7926

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

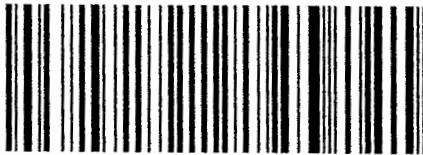




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7933

7014 0510 0001 0742 7933

PS Form 3800, AI

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

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

*Handwritten:* C/O GARY EICHENBERGER, 2015 MATHENY AVE, MARION OH 43302

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

**Sent To:** NEVA EICHENBERGER  
C/O GARY EICHENBERGER  
2015 MATHENY AVE  
MARION OH 43302

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

Postmark Here

NEVA EICHENBERGER  
C/O GARY EICHENBERGER  
2015 MATHENY AVE  
MARION OH 43302

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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- 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:

NEVA EICHENBERGER  
C/O GARY EICHENBERGER  
2015 MATHENY AVE  
MARION OH 43302

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7014 0510 0001 0742 7933  
(Transfer from sen

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 7940  
7014 0510 0001 0742 7940

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 <b>JAMES H ESSMAN 1209 COUNTRY CLUB DR MIDLAND, TX 79701</b>	
PS Form 3800, AI	

JAMES H ESSMAN  
1209 COUNTRY CLUB DR  
MIDLAND, TX 79701

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>JAMES H ESSMAN 1209 COUNTRY CLUB DR MIDLAND, TX 79701</b>		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number  
(Transfer from serial number)  
**7014 0510 0001 0742 7940**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 7957

7014 0510 0001 0742 7957

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to GOOD EARTH MINERALS LLC C/O DEBORAH L GOLUSKA P O BOX 1090 ROSWELL, NM 88202-1090	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, All	

GOOD EARTH MINERALS  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

GOOD EARTH MINERALS LLC  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0742 7957

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7964

7014 0510 0001 0742 7964

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	<i>ALICE A HANKS FREEMAN</i> 10/24/13
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Street, Apt. No., or PO Box No. City, State, ZIP+4 <b>ALICE A HANKS FREEMAN</b> <b>P O BOX 9087</b> <b>WICHITA FALLS, TX 76308-9087</b>	
PS Form 3800, 7-13	

ALICE A HANKS FREEMAN  
P O BOX 9087  
WICHITA FALLS, TX 76308-9

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ALICE A HANKS FREEMAN  
P O BOX 9087  
WICHITA FALLS, TX 76308-9087

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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 se

7014 0510 0001 0742 7964

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7971

7014 0510 0001 0742 7971

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
C/O CHARLEY HEARD 33 MARCUS LANE CASTLE ROCK, CO 80108	
Sent To	MYRTLE HEARD
Street, Apt. No., or PO Box No.	C/O CHARLEY HEARD
City, State, ZIP+4	33 MARCUS LANE CASTLE ROCK, CO 80108
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Postmark Here	

MYRTLE HEARD  
C/O CHARLEY HEARD  
33 MARCUS LANE  
CASTLE ROCK, CO 80108

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MYRTLE HEARD  
C/O CHARLEY HEARD  
33 MARCUS LANE  
CASTLE ROCK, CO 80108

2. Article Number  
(Transfer from s

7014 0510 0001 0742 7971

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

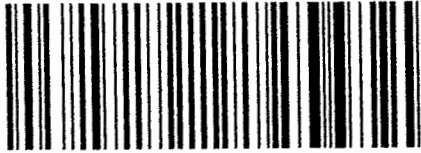




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0742 7995

7014 0510 0001 0742 7995

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

CELESTE CHAMBERS LIPSCOMB  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

CELESTE CHAMBERS LIPSCOMB  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CELESTE CHAMBERS LIPSCOMB  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0742 7995



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8008

7014 0510 0001 0742 8008

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

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

*Celeste Chambers Lipscomb*

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

Sent to: CELESTE CHAMBERS LIPSCOMB  
Street, Apt. No.: AS TTEE OF LOLLIE D CHAMBERS  
or PO Box No. 480 N WARSON ROAD  
City, State, ZIP+4 ST LOUIS, MO 63124-1343

PS Form 3800, All

CELESTE CHAMBERS LIPSCO  
AS TTEE OF LOLLIE D CHAMI  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CELESTE CHAMBERS LIPSCOMB  
AS TTEE OF LOLLIE D CHAMBERS  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s)

7014 0510 0001 0742 8008

PS Form 3811, July 2013

Domestic Return Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8015

7014 0510 0001 0742 8015

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>C/O Deborah L Goluska</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	MATLOCK MINERALS LTD CO
Street, Apt. No., or PO Box No.	C/O DEBORAH L GOLUSKA
City, State, ZIP+4	P O BOX 1090 ROSWELL, NM 88202-1090
PS Form 3800, 7-03	

MATLOCK MINERALS LTD CC  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MATLOCK MINERALS LTD CO  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7014 0510 0001 0742 8015

(Transfer from Service Receipt)

PS Form 3811, July 2013

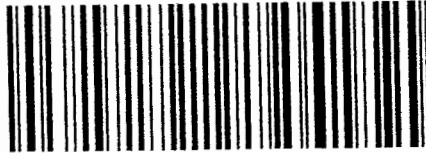
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8022

7014 0510 0001 0742 8022

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or P.O. Box No. City, State, ZIP+4	
MARIGOLD LLLP P O BOX 1290 ARTESIA, NM 88211-1290	
PS Form 3800, A	

MARIGOLD LLLP  
P O BOX 1290  
ARTESIA, NM 88211-1290

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MARIGOLD LLLP  
P O BOX 1290  
ARTESIA, NM 88211-1290

2. Article Number  
(Transfer from se

7014 0510 0001 0742 8022

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

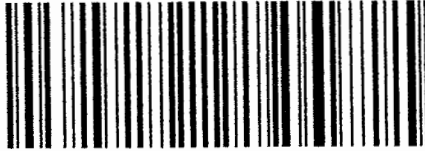
☐ Yes

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8039

7014 0510 0001 0742 8039

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, All

PHYLLIS J MILLER  
10205 LEXINGTON AVE NE  
ALBUQUERQUE, NM 87112

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

Postmark  
Here

*Phyllis J Miller*

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

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

PHYLLIS J MILLER  
10205 LEXINGTON AVE NE  
ALBUQUERQUE, NM 87112

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

PHYLLIS J MILLER  
10205 LEXINGTON AVE NE  
ALBUQUERQUE, NM 87112

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from st

7014 0510 0001 0742 8039

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8046

7014 0510 0001 0742 8046

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	CLARKE C COLL
Street, Apt. No., or PO Box No.	P O BOX 1818
City, State, ZIP+4	ROSWELL, NM 88202-1818
PS Form 3800, A	

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from si) 7014 0510 0001 0742 8046

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8053

7014 0510 0001 0742 8053

Sent to  
Street, Apt. No.,  
or P.O. Box No.  
City, State, ZIP+4  
PS Form 3800, Au

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

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

Postmark  
Here

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

ERIC J COLL  
P O BOX 1818  
ROSWELL, NM 88202-181

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s)

7014 0510 0001 0742 8053

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8060

7014 0510 0001 0742 8060

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <b>CHARLES H COLL</b>	
Street, Apt. No., or PO Box No. <b>P O BOX 1818</b>	
City, State, ZIP+4 <b>ROSWELL, NM 88202-1818</b>	
PS Form 3800, All	

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from st

7014 0510 0001 0742 8060

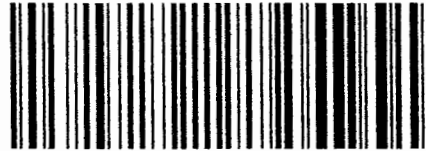
PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8077

7014 0510 0001 0742 8077

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to NEARBURG EXPLORATION CO LLC DEPARTMENT #41530 P O BOX 650823 DALLAS, TX 75265	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, All	

NEARBURG EXPLORATION  
DEPARTMENT #41530  
P O BOX 650823  
DALLAS, TX 75265

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NEARBURG EXPLORATION CO LLC  
DEPARTMENT #41530  
P O BOX 650823  
DALLAS, TX 75265

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from s

7014 0510 0001 0742 8077





**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8091

7014 0510 0001 0742 8091

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>C. H. &amp; H. 1078 Steelsville, MO</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, A	
PANHANDLE OIL & GAS INC 5400 N GRAND BLVD SUITE 300 OKLAHOMA CITY, OK 73112-5672	

PANHANDLE OIL & GAS INC  
5400 N GRAND BLVD SUITE 300  
OKLAHOMA CITY, OK 73112

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

PANHANDLE OIL & GAS INC  
5400 N GRAND BLVD SUITE 300  
OKLAHOMA CITY, OK 73112-5672

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s)

7014 0510 0001 0742 8091

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
 ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0742 8107

7014 0510 0001 0742 8107

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	Postmark Here
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
Sent To MELANIE COLL DETEMPE 5653 TOBIAS AVE VAN NUYS, CA 91411	

MELANIE COLL DETEMPE  
 5653 TOBIAS AVE  
 VAN NUYS, CA 91411

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MELANIE COLL DETEMPE  
 5653 TOBIAS AVE  
 VAN NUYS, CA 91411

2. Article Number  
 (Transfer from ser

7014 0510 0001 0742 8107

**COMPLETE THIS SECTION ON DELIVERY**

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

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

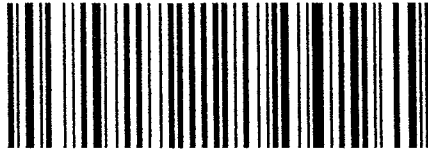
4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8114

7014 0510 0001 0742 8114

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
C. HO POWELL	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	JAY POWELL
Street, Apt. No., or PO Box No.	5153 RIO PENASCO RD
City, State, ZIP+4	HOPE, NM 88250
PS Form 3800, A	

JAY POWELL  
5153 RIO PENASCO RD  
HOPE, NM 88250

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JAY POWELL  
5153 RIO PENASCO RD  
HOPE, NM 88250

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from se

7014 0510 0001 0742 8114

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8121

7014 0510 0001 0742 8121

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, All	
CONCHO OIL & GAS LLC P O BOX 849929 DALLAS, TX 75284-9929	

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

2. Article Number  
(Transfer from se

7014 0510 0001 0742 8121

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8138

7014 0510 0001 0742 8138

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
MAX W COLL III 7625 EL CENTROL BLVD #2 LAS CRUCES, NM 88012-9323	
PS Form 3800, A	

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT BOTTOM LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0742 8138



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8145

7014 0510 0001 0742 8145

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
C-16-2014 CBS 4/26/14 Midland, TX	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: HOLLYHOCK LTD	
Street, Apt. No., or PO Box No.: 3300 N A STREET BLDG 2-212	
City, State, ZIP+4: MIDLAND, TX 79705	
PS Form 3800, 4	

HOLLYHOCK LTD  
3300 N A STREET BLDG 2-21  
MIDLAND, TX 79705

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

HOLLYHOCK LTD  
3300 N A STREET BLDG 2-212  
MIDLAND, TX 79705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0742 8145

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**

7014 0510 0001 0742 8152  
7014 0510 0001 0742 8152

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

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

*John W. Lodewick*

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

Postmark Here

Sent To  
Street, Apt. No., or P.O. Box No.  
City, State, ZIP+4

JOHN W LODEWICK  
3305 WENTWOOD  
DALLAS, TX 75225

PS Form 3800, 1-00

JOHN W LODEWICK  
3305 WENTWOOD  
DALLAS, TX 75225

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOHN W LODEWICK  
3305 WENTWOOD  
DALLAS, TX 75225

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s)

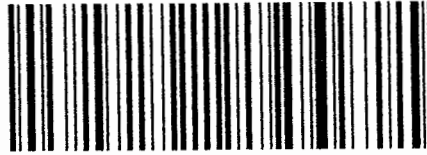
7014 0510 0001 0742 8152



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8169

7014 0510 0001 0742 8169

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
C. O. D. 8/20/14	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
LAURA PATRICIA LODEWICK	
511 NEWELL AVE	
DALLAS, TX 75223-1155	
PS Form 3800, April 2012	

LAURA PATRICIA LODEWICK  
511 NEWELL AVE  
DALLAS, TX 75223-1155

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

LAURA PATRICIA LODEWICK  
511 NEWELL AVE  
DALLAS, TX 75223-1155

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from se)

7014 0510 0001 0742 8169

PS Form 3811, July 2013

Domestic Return Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8176

7014 0510 0001 0742 8176

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

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

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

Postmark Here

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

PS Form 3800, A

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

7014 0510 0001 0742 8176

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

2. Article Number  
(Transfer from s)

7014 0510 0001 0742 8176

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X ☐ Agent  
☐ Addressee

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

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

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

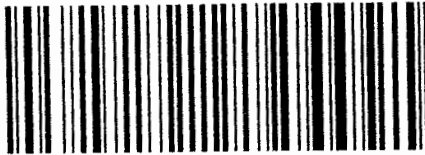
4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8183

7014 0510 0001 0742 8183

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
C. L. H. 24075 Block 10000	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, Zip+4	
ANGELA ESSMAN SPENCER	
P O BOX 7501	
MIDLAND, TX 79708	
PS Form 3800, Au	

ANGELA ESSMAN SPENCER  
P O BOX 7501  
MIDLAND, TX 79708

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ANGELA ESSMAN SPENCER  
P O BOX 7501  
MIDLAND, TX 79708

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s) 7014 0510 0001 0742 8183

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7014 0510 0001 0742 8190  
7014 0510 0001 0742 8190

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

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

*Attchd to C/PB 8/24/13*

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

Postmark Here

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

PS Form 3800, All

PJC LIMITED PARTNERSHIP  
P O BOX 1713  
ROSWELL NM 88202-1713

PJC LIMITED PARTNERS  
P O BOX 1713  
ROSWELL NM 88202-17

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

PJC LIMITED PARTNERSHIP  
P O BOX 1713  
ROSWELL NM 88202-1713

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se 7014 0510 0001 0742 8190

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8206

7014 0510 0001 0742 8206

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Elizabeth J Norman Liv Trust</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To Street, Apt. No. or PO Box No. City, State, Zip	
ELIZABETH J NORMAN LIV TRUST 6637 S NEW HAVEN AVENUE TULSA OK 74136	
PS Form 3801	

ELIZABETH J NORMAN LIV TR  
6637 S NEW HAVEN AVENUE  
TULSA OK 74136

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ELIZABETH J NORMAN LIV TRUST  
6637 S NEW HAVEN AVENUE  
TULSA OK 74136

2. Article Number  
(Transfer from s

7014 0510 0001 0742 8206

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

PS Form 3800, A

Sent to  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
ROBERT G HOOPER  
P O BOX 733  
ROSWELL, NM 88202-0733

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Certified Mail  
\$ 0.75  
8/20/14  
Chandra Jay

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

ROBERT G HOOPER  
P O BOX 733  
ROSWELL, NM 88202-0733

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROBERT G HOOPER  
P O BOX 733  
ROSWELL, NM 88202-0733

2. Article Number  
(Transfer from se

7014 0510 0001 0742 8213

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 8220

7014 0510 0001 0742 8220

**ADDRESS SERVICE REQUESTED**

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

KEVIN MOORE  
SSMTT GST EXEMPT TRUST  
P O BOX 2487  
FORT WORTH TX 76113

KEVIN MOORE  
SSMTT GST EXEMPT TRUST  
P O BOX 2487  
FORT WORTH TX 76113

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

KEVIN MOORE  
SSMTT GST EXEMPT TRUST  
P O BOX 2487  
FORT WORTH TX 76113

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from S)

7014 0510 0001 0742 8220

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0742 8237

7014 0510 0001 0742 8237

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Handwritten: <i>Kevin Moore</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	KEVIN MOORE
Street, Apt. No., or PO Box No.	SSMTT GST NONEXEMPT TRUST
City, State, ZIP+4	P O BOX 2487 FORT WORTH TX 76113
PS Form 3800, All	

KEVIN MOORE  
SSMTT GST NONEXEMPT TRU  
P O BOX 2487  
FORT WORTH TX 76113

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

KEVIN MOORE  
SSMTT GST NONEXEMPT TRUST  
P O BOX 2487  
FORT WORTH TX 76113

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from)

7014 0510 0001 0742 8237

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8244

7014 0510 0001 0742 8244

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	<i>Handwritten: Cite # 34 CTS &amp; back N. Moore good</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: <b>RYAN MOORE</b> Street, Apt. No.: <b>SSMTT GST EXEMPT TRUST</b> or PO Box No.: <b>P O BOX 2487</b> City, State, Zip+4: <b>FORT WORTH TX 76113</b>	
PS Form 3800, A	

RYAN MOORE  
SSMTT GST EXEMPT TRUST  
P O BOX 2487  
FORT WORTH TX 76113

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RYAN MOORE  
SSMTT GST EXEMPT TRUST  
P O BOX 2487  
FORT WORTH TX 76113

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s

7014 0510 0001 0742 8244

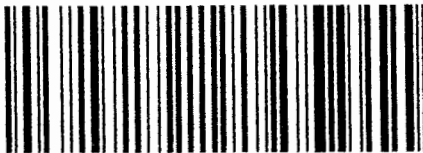




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8251

7014 0510 0001 0742 8251

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Ryan Moore	
Street, Apt. No., or PO Box No. SSMTT GST NONEXEMPT TRUST	
City, State, ZIP+4 P O BOX 2487	
PS Form 3800, All	
FORT WORTH TX 76113	

RYAN MOORE  
SSMTT GST NONEXEMPT TRUST  
P O BOX 2487  
FORT WORTH TX 76113

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RYAN MOORE  
SSMTT GST NONEXEMPT TRUST  
P O BOX 2487  
FORT WORTH TX 76113

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
**X**  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from si)

7014 0510 0001 0742 8251

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0742 8268  
7014 0510 0001 0742 8268

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, All

RICHARD LYONS MOORE  
P O BOX 2487  
FORT WORTH TX 76113-2487

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

Postmark  
Here

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Handwritten: *Chloe E. H. 10/25/13 8:41 PM*

RICHARD LYONS MOORE  
P O BOX 2487  
FORT WORTH TX 76113-2

**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:

RICHARD LYONS MOORE  
P O BOX 2487  
FORT WORTH TX 76113-2487

2. Article Number  
(Transfer from se

7014 0510 0001 0742 8268

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent  
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

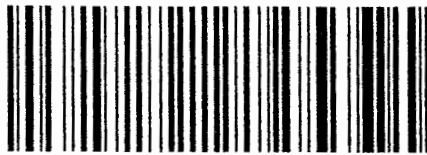
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8275

7014 0510 0001 0742 8275

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4 MICHAEL HARRISON MOORE P O BOX 51570 MIDLAND TX 79705	
PS Form 3800, A	

MICHAEL HARRISON MO  
P O BOX 51570  
MIDLAND TX 79705

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MICHAEL HARRISON MOORE  
P O BOX 51570  
MIDLAND TX 79705

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

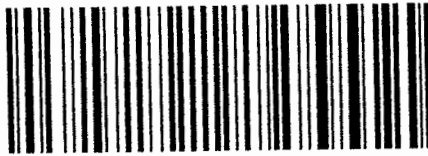
2. Article Number 7014 0510 0001 0742 8275  
(Transfer from si)

**CERTIFIED MAIL™**



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7014 0510 0001 0742 8282

7014 0510 0001 0742 8282

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to ERDIE BELLO ESTATE C/O ERIK BELLO 2 BRIGMORE AISLE IRVINE CA 92603-5720	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, All	

ERNIE BELLO ESTATE  
C/O ERIK BELLO  
2 BRIGMORE AISLE  
IRVINE CA 92603-5720

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ERNIE BELLO ESTATE  
C/O ERIK BELLO  
2 BRIGMORE AISLE  
IRVINE CA 92603-5720

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

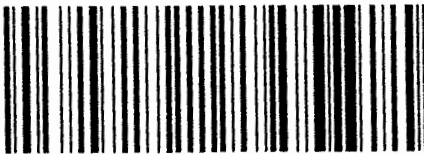
2. Article Number  
(Transfer from st 7014 0510 0001 0742 8282



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8299

7014 0510 0001 0742 8299

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

JOSEPH R HODGE  
P O BOX 5238  
AUSTIN TX 78763

JOSEPH R HODGE  
P O BOX 5238  
AUSTIN TX 78763

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOSEPH R HODGE  
P O BOX 5238  
AUSTIN TX 78763

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

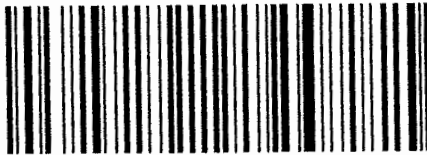
7014 0510 0001 0742 8299



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8305

7014 0510 0001 0742 8305

PS Form 3800, A  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

SANFORD J HODGE III  
4323 GILBERT AVE UNIT #2  
DALLAS TX 75219-2909

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

Postmark  
Here

*Sanford J Hodge III*

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

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

SANFORD J HODGE III  
4323 GILBERT AVE UNIT #2  
DALLAS TX 75219-2909

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SANFORD J HODGE III  
4323 GILBERT AVE UNIT #2  
DALLAS TX 75219-2909

2. Article Number  
(Transfer from s

7014 0510 0001 0742 8305

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

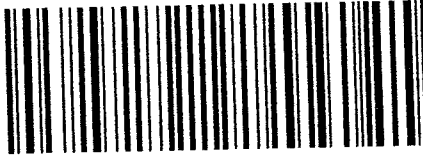
☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 4474

7014 0510 0001 0743 4474

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
C. H. 424 CB 8/20/14 [Signature]	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to AGNES CLUTHE OLIVER FOUNDATION TURTLE CREEK TRUST COMPANY 2626 COLE AVENUE STE 705 DALLAS TX 75204	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, AI	

AGNES CLUTHE OLIVER FOL  
TURTLE CREEK TRUST COM  
2626 COLE AVENUE STE 705  
DALLAS TX 75204

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AGNES CLUTHE OLIVER FOUNDATION  
TURTLE CREEK TRUST COMPANY  
2626 COLE AVENUE STE 705  
DALLAS TX 75204

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s)

7014 0510 0001 0743 4474



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 4481

7014 0510 0001 0743 4481

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

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

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

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

ROBERT A OLIVER  
TRUST U/W WILLIAM B OLIVER  
2626 COLE AVENUE STE 705  
DALLAS TX 75204

Postmark Here

PS Form 3800, Aug 2003

ROBERT A OLIVER  
TRUST U/W WILLIAM B OLIVER  
2626 COLE AVENUE STE 705  
DALLAS TX 75204

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT A OLIVER  
TRUST U/W WILLIAM B OLIVER  
2626 COLE AVENUE STE 705  
DALLAS TX 75204

2. Article Number  
(Transfer from se

7014 0510 0001 0743 4481

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent  
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

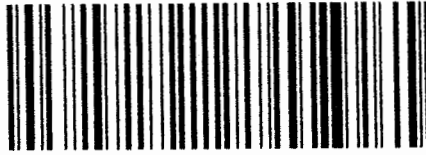




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 4498

7014 0510 0001 0743 4498

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

PS Form 3800, At

JUDITH C DEVINE  
TRUST U/W WILLIAM B OLIVER  
2626 COLE AVENUE STE 705  
DALLAS TX 75204

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

Postmark  
Here

*Cathy A. O'Brien, Dallas, TX*

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

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

JUDITH C DEVINE  
TRUST U/W WILLIAM B O  
2626 COLE AVENUE STE 7  
DALLAS TX 75204

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JUDITH C DEVINE  
TRUST U/W WILLIAM B OLIVER  
2626 COLE AVENUE STE 705  
DALLAS TX 75204

2. Article Number  
(Transfer from se

7014 0510 0001 0743 4498

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 4504

7014 0510 0001 0743 4504

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	<i>Handwritten:</i> Brian D Woehler Trust U/W William B Oliver 9840 Westpoint Drive Indianapolis IN 46256
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to: <b>BRIAN D WOEHLE</b> Street, Apt. No.: <b>TRUST U/W WILLIAM B OLIVER</b> or PO Box No.: <b>9840 WESTPOINT DRIVE STE 200</b> City, State, ZIP+4: <b>INDIANAPOLIS IN 46256</b>	
PS Form 3800, Au	

BRIAN D WOEHLE  
TRUST U/W WILLIAM B OLIVE  
9840 WESTPOINT DRIVE STE  
INDIANAPOLIS IN 46256

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

BRIAN D WOEHLE  
TRUST U/W WILLIAM B OLIVER  
9840 WESTPOINT DRIVE STE 200  
INDIANAPOLIS IN 46256

2. Article Number  
(Transfer from se

7014 0510 0001 0743 4504

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 4511

7014 0510 0001 0743 4511

**ADDRESS SERVICE REQUESTED**

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, All	
FREDERICK VAN VRANKEN JR P O BOX 264 JERICHO NY 11753	

FREDERICK VAN VRANK  
P O BOX 264  
JERICHO NY 11753

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

FREDERICK VAN VRANKEN JR  
P O BOX 264  
JERICHO NY 11753

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

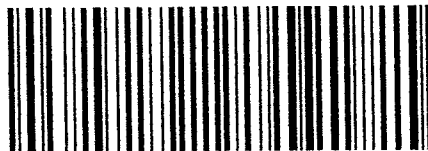
2. Article Number  
(Transfer from s

7014 0510 0001 0743 4511

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 4528

7014 0510 0001 0743 4528

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	<i>C. H. 2711 0743 1001 0743 4528</i> <i>Postmark Here</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<b>Sent To</b> Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, Aug	
SPACE BUILDING CORPORATION ATTN: SUZANN DICROCE P O BOX 283 EAST TAUNTON MA 02718-0283	

SPACE BUILDING CORP  
ATTN: SUZANN DICROCE  
P O BOX 283  
EAST TAUNTON MA 02718

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SPACE BUILDING CORPORATION  
ATTN: SUZANN DICROCE  
P O BOX 283  
EAST TAUNTON MA 02718-0283

**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 4528



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

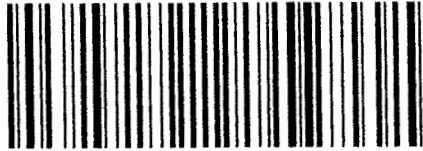
PS Form 3800, A  
Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, Zip+4

J W GENDRON ESTATE  
380 ABBEY RD  
INDIANA PA 15701-9276

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

Postmark  
Here

CERTIFIED MAIL™



7014 0510 0001 0743 4535

7014 0510 0001 0743 4535

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

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

J W GENDRON ESTATE  
380 ABBEY RD  
INDIANA PA 15701-9276

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J W GENDRON ESTATE  
380 ABBEY RD  
INDIANA PA 15701-9276

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from si)

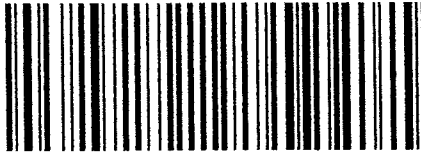
7014 0510 0001 0743 4535



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 4542

7014 0510 0001 0743 4542

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>DAVID GOODNOW</i>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To DAVID GOODNOW C/O ROBERT DEVELLIS ESQ P O BOX 1214 STAMFORD CT 06904	
Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, Au	

DAVID GOODNOW  
C/O ROBERT DEVELLIS ESQ  
P O BOX 1214  
STAMFORD CT 06904

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

DAVID GOODNOW  
C/O ROBERT DEVELLIS ESQ  
P O BOX 1214  
STAMFORD CT 06904

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent ☒ Addressee  
**X**
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
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 si) 7014 0510 0001 0743 4542



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 4559

7014 0510 0001 0743 4559

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

ELsie G HOLDEN  
TESTAMENTARY TRUST BETSY KELLER  
1945 WASHINGTON ST APT 201  
SAN FRANCISCO CA 94109-2968

ELSIE G HOLDEN  
TESTAMENTARY TRUST BETSY  
1945 WASHINGTON ST APT 2  
SAN FRANCISCO CA 94109-29

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ELSIE G HOLDEN  
TESTAMENTARY TRUST BETSY KELLER  
1945 WASHINGTON ST APT 201  
SAN FRANCISCO CA 94109-2968

2. Article Number  
(Transfer from s)

7014 0510 0001 0743 4559

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

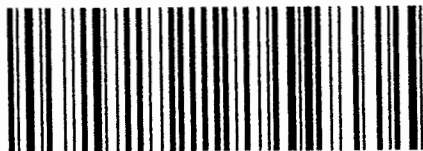
4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 4566

7014 0510 0001 0743 4566

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Isaac A Kawasaki</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, All	
ISAAC A KAWASAKI 734 KALANIPUU HONOLULU HI 96825	

ISAAC A KAWASAKI  
734 KALANIPUU  
HONOLULU HI 96825

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ISAAC A KAWASAKI  
734 KALANIPUU  
HONOLULU HI 96825

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 4566

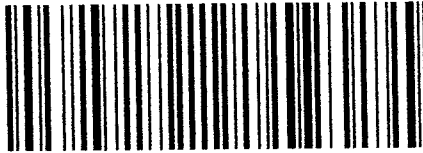




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 4573

7014 0510 0001 0743 4573

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, Apr 01

BETSY H KELLER  
228 WINDSOR RIVER RD  
WINDSOR CA 95492

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

Postmark  
Here

*Betsy H Keller*

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

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

BETSY H KELLER  
228 WINDSOR RIVER RD  
WINDSOR CA 95492

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BETSY H KELLER  
228 WINDSOR RIVER RD  
WINDSOR CA 95492

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 4573

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

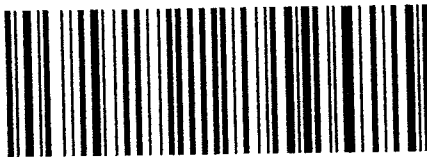
4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 4580

7014 0510 0001 0743 4580

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to	
ADOLPH P SCHUMAN	
C/O PAUL J SAX	
405 HOWARD ST	
SAN FRANCISCO CA 94105	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, Apr 01	

ADOLPH P SCHUMAN  
C/O PAUL J SAX  
405 HOWARD ST  
SAN FRANCISCO CA 94105

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ADOLPH P SCHUMAN  
C/O PAUL J SAX  
405 HOWARD ST  
SAN FRANCISCO CA 94105

2. Article Number  
(Transfer from st

7014 0510 0001 0743 4580

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type
- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

**CERTIFIED MAIL™**




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 4597

7014 0510 0001 0743 4597

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, Zip+4 PS Form 3800, All	
ROBERT B BUNN TRUSTEE REV LIVING TRUST 2493 MAKIKI HEIGHTS DR HONOLULU HI 96822-2547	

ROBERT B BUNN TRUSTEE  
REV LIVING TRUST  
2493 MAKIKI HEIGHTS DR  
HONOLULU HI 96822-2547

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT B BUNN TRUSTEE  
REV LIVING TRUST  
2493 MAKIKI HEIGHTS DR  
HONOLULU HI 96822-2547

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from serv) 7014 0510 0001 0743 4597

**CERTIFIED MAIL™**

YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 4603  
7014 0510 0001 0743 4603

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: OXY Y-1 COMPANY Street, Apt. No.: P O BOX 841803 or PO Box No. DALLAS TX 75284-1803 City, State, ZIP+4:	
PS Form 3800, 1-01	

OXY Y-1 COMPANY  
P O BOX 841803  
DALLAS TX 75284-1803

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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- 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:

OXY Y-1 COMPANY  
P O BOX 841803  
DALLAS TX 75284-1803

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from si)

7014 0510 0001 0743 4603

PS Form 3811, July 2013

Domestic Return Receipt

**McMillan, Michael, EMNRD**

---

**From:** Miriam Morales <MMorales@yatespetroleum.com>  
**Sent:** Tuesday, September 09, 2014 3:14 PM  
**To:** McMillan, Michael, EMNRD  
**Subject:** RE: Cutter APC #2H and Patriot AIZ #14H

That's correct. No production.

---

**From:** McMillan, Michael, EMNRD [<mailto:Michael.McMillan@state.nm.us>]  
**Sent:** Tuesday, September 09, 2014 3:10 PM  
**To:** Miriam Morales  
**Subject:** Cutter APC #2H and Patriot AIZ #14H

Ms. Morales:

I wanted to make sure that the Cutter APC #2H and patriot AIZ #14H have no production. The 20-day wait period ends September 15.

Thank You

**Michael A. McMillan**

Engineering and Geological Services Bureau, Oil Conservation Division  
1220 South St. Francis Dr., Santa Fe NM 87505  
O: 505.476.3448 F. 505.476.3462

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