8/25/2014

<u>_</u>7B

PMAM14237563 47

ABOVE THIS LINE FOR DIVISION USE ONLY

App

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 ADMIN WHICH REQUIR	IISTRATIVE APPLICATIONS FOR EXCE E PROCESSING AT THE DIVISION LEV	
lication 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] Location - Spacing Unit - Simultaneous Dedication □ NSL □ NSP □ SD Check One Only for [B] or [C] Commingling - Storage - Measurement [B] \square DHC \boxtimes CTB \square PLC \square PC \square OLS \square OLM [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery RWE4 C4HERAPC#ZH 30-015-41786 □ WFX □ PMX □ SWD □ IPI □ EOR □ PPR [D] Other: Specify NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply - Patrio + 412 they [2] 30-015-41787 Working, Royalty or Overriding Royalty Interest Owners Poul - N. Seven Rivers Glonieta-yeso 97565 [B]Offset Operators, Leaseholders or Surface Owner [C] Application is One Which Requires Published Legal Notice Notification and/or Concurrent Approval by BLM or SLO [D] 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.

Miriam Morales	A Come Warles	Production Analyst	8/20/14
Print or Type Name	Signature	Title	Date

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

<u>District I</u>
1625 N. French Drive, Hobbs, NM 88240
<u>District II</u>
1301 W. Grand Ave, Artesia, NM 88210
<u>District III</u>
1000 Rio Brazos Road, Aztec, NM 87410

E-MAIL ADDRESS: __mmorales@yatespetrolem.com

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.

	ATION FOR SURFACE	COMMINGLING	(DIVERSE	OWNERSHIP)		
OPERATOR NAME:	Yates Petroleum Corporation					
OPERATOR ADDRESS:	105 South Fourth St. Artesia, 1	NM 88210				
APPLICATION TYPE:	_					
_	Commingling Pool and Lease Co	mmingling Off-Lease	Storage and Measur	rement (Only if not Surface	e Commingled)	
LEASE TYPE: Fe						
	sting Order? Yes No If				ingling	
		OL COMMINGLIN ts with the following in				
(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 a	t top allowables? Yes No					
(3) Has all interest owners bee	en notified by certified mail of the pro	oposed commingling?	□Yes □No.			
	Metering Other (Specify)	[]N 16 % - 2 1 - 3		Sanata 111ban - 1		
(5) Will commingling decreas	se the value of production? Yes	□No If "yes", descri	be why commingli	ing should be approved		
		SE COMMINGLIN				
(1) Paul Name and Cade N	Please attach sheet I. Seven Rivers; Glorieta-Yeso #975	s with the following in	iformation			
	ie source of supply? Yes N					
	notified by certified mail of the proj		⊠Yes □N	o		
(4) Measurement type: ⊠M	etering					
	(C) POOL and	LEASE COMMIN	GLING			
		s with the following in	ıformation			
(1) Complete Sections A and	E					
	(D) OFF-LEASE ST	ORAGE and MEA	SUREMENT			
		ets with the following				
(1) Is all production from sam	— —	o		<u> </u>		
(2) Include proof of notice to all interest owners.						
(E) ADDITIONAL INFORMATION (for all application types)						
(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: Zhun	~ eforales TI	ITLE: Production Analys	t	DATE:_ <i>3</i> /	10/19	
TYPE OR PRINT NAME Miriam Morales TELEPHONE NO.: (575) 748-1471						

Submit 1 Copy To Appropriate District Office	State of New Mex	ico	Form	
<u>District I</u> – (575) 393-6161 Energy	y, Minerals and Natura	al Resources	Revised August WELL API NO.	1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	CONSERVATION I	NIVISION 3	30-015-41754	
611 S. Filst St., Altesia, NW 66210	1220 South St. Franc		5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 875		STATE FEE 5. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND R		i i	7. Lease Name or Unit Agreement 1	Vame
(DO NOT USE THIS FORM FOR PROPOSALS TO DRIL DIFFERENT RESERVOIR. USE "APPLICATION FOR P		CLICH	Cutter APC	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well [Other		3. Well Number 2H	
2. Name of Operator			O. OGRID Number 025575	
Yates Petroleum Corporation			10. Pool name or Wildcat	-
3. Address of Operator 105 S. Fourth Street Artesia, NM 88210			N Seven Rivers; Glorieta-Yeso	
4. Well Location			· · · · · · · · · · · · · · · · · · ·	
Unit Letter M : 551 feet from	the S line and	95feet from the	ne <u>W</u> line	
	ownship 19S Range		MPM Eddy County	
11. Elevati	ion (Show whether DR, F 3515' GR	RKB, RT, GR, etc.)		
12. Check Appropriate		ture of Notice, R	eport or Other Data	
NOTICE OF INTENTION	ITO:	SUBS	EQUENT REPORT OF:	
	D ABANDON 🔲	REMEDIAL WORK	☐ ALTERING CASI	1G □
TEMPORARILY ABANDON CHANGE	_	COMMENCE DRILL	<u> </u>	
PULL OR ALTER CASING MULTIPLE DOWNHOLE COMMINGLE	COMPL	CASING/CEMENT .	ю Ц	
_				
OTHER: Surface Lease Commingle oil only 13. Describe proposed or completed operations.		OTHER:	rive pertinent dates, including estimate	<u></u> ated date
of starting any proposed work). SEE RU				
proposed completion or recompletion. Yates Petroleum respectfully requests administrative	e approval to Surface Lease C	Commingle oil production	on only on the following wells:	
	Patriot AIZ			
Cutter APC #2H N Seven Rivers;Glorieta-Yeso	N Seven Riv	ers;Glorieta-Yeso		
Sec. 21-T19S-R25E API #30-015-41786	Sec. 21-T199 API #30-015			
Fee	Fee			
Eddy County, NM	Eddy County			
The battery is located at the Hooper AMP tank facilities, The ownership is diversified. All owners have been notif	Sec. 21-T19S-25E, SWSW. ied and copies of certified rec	Please see attached plat ceipts and letters are atta	s and site security diagram. ached.	
Oil Measurement	·	•		
Each of the wells will be equipped with continuously met-				
Total sales/production will be allocated back to each indiv battery volumes daily and monthly for accuracy. Any vap	or recovery shall be included	in this application.	es. Metered volumes will be compared to	totai
Estimated daily oil production for the Cutter APC #2H an	d for the Patirot AIZ #14H is	s 116 bbls each.		
Gas Measurement				
Each well will have its own meter and no surface commin	igling will take place.			
The purpose of the Surface Lease Commingle is in the int				
result in reduced royalty or improper measurement of pro- facilities for each well. This will greatly increase costs ar			tery, it will become necessary to build sep	arate
I hereby certify that the information above is true and	complete to the best of my l	knowledge and belief.		
SIGNATURE Som Storakes	TITLE_Production Anal		DATE 8/20/14	
Type or print name Miriam Morales For State Use Only	E-mail address: mmorale	es@yatespetroleum.com	m PHONE: <u>575-748-4200</u>	
	TITLE		DATE	
APPROVED BY:Conditions of Approval (if any):	TITLE		DATE	

DISTRICT I
1825 N. French Dr., Hobbs, NM 88240
Phone (876) 393-5181 Fax: (576) 393-0720
DISTRICT II
811 S. First St., Artesia, NM 88210
Phone (878) 748-1283 Fax: (576) 748-9720
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 67410
Phone (898) 334-8178 Fax: (508) 334-8170
DISTRICT IV
1220 S. St. Francis Dr., Santa Pe, NM 87505
Phone (906) 478-5460 Fax: (508) 478-3462

State of New Mexico Energy, Minerals and Natural Resources

RECEIVED

Form C-102 Revised August 1, 2011

one copy to appropriate
District Office

OIL CONSERVATION DIVISION

1220 South St. Francis DAMOCD ARTESIA

□ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code				
30-015-41786	97565	North Seven Rivers; Glorieta-Y	eso		
Property Code	Pı	operty Name	Well Number		
16871	CU.	TTER APC	2H		
OGRID No.	Op	perator Name	Elevation		
025575	5575 YATES PETROLEUM CORPORATION				

Surface Location

٢	UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	М	21	. 19 S	25 E		551	SOUTH	95	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
Р	21	19 S	25 E		400	SOUTH	330	EAST	EDDY
Dedicated Acres Joint or Infill Consolidation Code		Code Or	der 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

- 12-12-12-14-1	OR R NON BIRN	DARD UNIT HAS BEI	ATTROVED BY TE	IB BIVISION
N.: 601645.0 ' E.; 490543.1 (NADB3)	N.: 601628.3 E.: 493188.3 (NAD83)		N.: 601611.7 E.: 495833.6 (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 woluntary pooling agreement or a compulsory pooleng green heretofore entered by the division
			 	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
	Projection Point 535 FSL 565 FWL	Producing Zone	Project Area	actual surveys made by me or under my supervison and that the same is true and correct to the hard of my belief.
SURFACE LOCATION Lat - N 32'38'26.35"			PROPOSED BOTTOM HOLE LOCATION	Date Salveyor MEA Signature & State of Professional Surveyor
Long — W 104'29'52.96" NMS CE — N 595840.6 490636.7 (NAD-83)			Lat - N 32'38'24.82" Long - W 104'28'55.95" NMSPCE- N 596678.3 (NAD-83) (NAD-83)	Certification COV 1000 3000 4000 1
M N.: 596289.6 M E.: 490540.5 (NAD83)	*	14. EM.	N.: 596277.6 E.: 495842.1 (NADB3)	SCALE: 1" = 2000' WO Num.: 29606 ·

2. -DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 Phone (575) 393-5151 Fax: (576) 393-0720 DISTRICT II 811 S. First St., Artesia, NM 88210 Phone (576) 748-1283 Fax: (575) 748-9720 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone (505) 334-6176 Fax: (505) 334-6170

1220 S. St. Francis Dr., Santa Fe, NM 67505 Phone (505) 476-3460 Fex: (505) 476-3462

DISTRICT IV

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised August 1, 2011

FEB 07 28 in the copy to appropriate District Office

OIL CONSERVATION DIVISION

1220 South St. Francis Dr. NMOCD ARTES A

Santa Fe, New Mexico 87505

☐ AMENDED REPORT

Frame (000) 970-2000 FEE: (300) 970-3002	WELL LOCATION AND ACREAGE DEDICATION PLAT	□ AMENDED REPORT			
API Number	Pool Code N. Seven GIOVES Pool Name				
30-015-41787	Jindeoignated, Yeso				
Property Code	Property Name	Well Number			
15788	PATRIOT AIZ 14H				
OGRID No.	Operator Name Elevation				
025575	YATES PETROLEUM CORPORATION	3515			

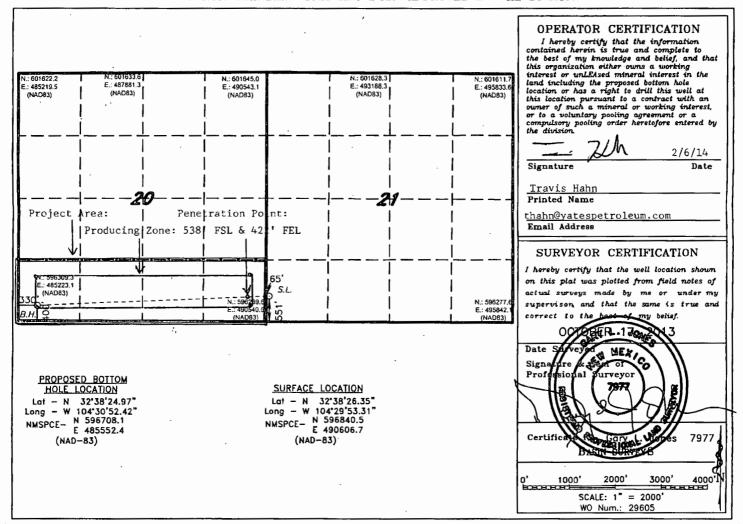
Surface Location

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

Bottom Hole Location If Different From Surface

	bottom note botation if bifferent From Surface									
UL	or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	М	20	19 S	25 E		400	SOUTH	330	WEST	EDDY
Ded	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





105 South 4th Street * Artesia, NM 88210 (575) 748-1471

> -Michael Farmer -May, 2014

Hooper AMP Battery

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



= Velve Closed= Valve Opened

G = Gee Meter

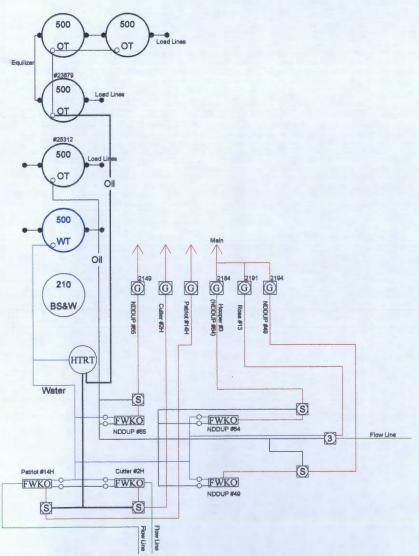
FWKO = Free Water Knock Out
S = Seperator
3 = 3 Phase Seperator

(Slop Tank)

HTRT

210

BS&W



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



JOHN A. YATES

JOHN A. YATES JR.

PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

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 Patirot 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

DENNIS G. KINSEY

MARTIN YATES. III 1912-1985 FRANK W. YATES 1936-1986 S.P YATES 1914-2008



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

105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210-2118

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www.vatespetroleum.com

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Eddy County, NM

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

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Yates Petroleu

KATHY H. PORTER SECRETARY

DENNIS G. KINSEY TREASURER

MARTIN YATES, III 1912-1985 FRANK W. YATES 1936-1986 S.P YATES

1914-2008



JOHN A. YATES CHAIRMAN EMERITUS

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JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

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

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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 Eddy County, NM

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I hereby approve this application

KATHY H. PORTER SECRETARY

DENNIS G. KINSEY

TREASURER

MARTIN YATES, III 1912-1985 FRANK W. YATES 1936-1986

S.P YATES

1914-2008



JOHN A. YATES

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

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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

MARTIN YATES, III 1912-1985

FRANK W. YATES 1936-1986

> S.P YATES 1914-2008



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

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

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I hereby approve this application

Company: Sharbro Energy, LLC

MARTIN YATES, III 1912-1985

FRANK W. YATES 1936-1986

> S.P YATES 1914-2008



JOHN A. YATES

CHAIRMAN EMERITUS

JOHN A. YATES JR. CHAIRMAN OF THE BOARD PRESIDENT

JOHN D. PERINI

EXECUTIVE VICE PRESIDENT CHIEF FINANCIAL OFFICER

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ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.vatespetroleum.com

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 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 Patirot 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: Myco Industries, Inc.

DENNIS G. KINSEY TREASURER

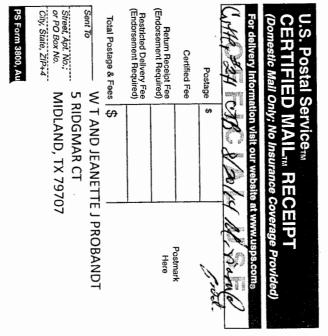


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



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ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: W T AND JEANETTE J PROBANDT 5 RIDGMAR CT MIDLAND, TX 79707 	A. Signature X
	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Ret	





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

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Return Receipt Fee Endorsement Required)	Here
Restricted Delivery Fee Endorsement Required)	
Total Postage & Fees	€9
Sent To N Street, Apt. No.; 1 or PO Box No. 1 City, State, ZIP+4 A	MIKE H ROBERTS. 1108 LA VACA ST #110-282 AUSTIN, TX 78701
PS Form 3800, Aug	

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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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. 	A. Signature X B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
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MIKE H ROBERTS 1108 LA VACA ST #110-282		
AUSTIN, TX 78701	2 Canica T	
7,031m, 17,70701	3. Service Type Certified Mail® Priority Mail Registered Return Recu	eipt for Merchandise
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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

PS Form 3800, Au

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ADDRESS SERVICE REQUESTED

JAMES T ROSS P O BOX 216 LAKEWOOD, NM 88254

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
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JAMES T ROSS P O BOX 216 LAKEWOOD, NM 88254	I. Service Type
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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



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ADDRESS SERVICE REQUESTED

CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.coms For delivery Information visit our website at www.usps.coms Certified Fee Return Receipt Fee Inforsement Required) Restricted Delivery Feo Inforsement Required) For Total Postage & Fees WILLIAM ROSS Fireet, Apr. Noz. FOR Box No. 3401 S 13 STREET FOR Box No. 3401 S 13 STREET FOR Box No. ARTESIA, NIM 88210
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WILLIAM ROSS 3401 S 13 STREET ARTESIA, NM 88210

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PS Form 3811, July 2013

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Domestic Return Receipt





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

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GARY ROSS
205 INDIAN TR
SEARCY, AR 72143

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GARY ROSS 205 INDIAN TR SEARCY, AR 72143

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SEARCY, AR 72143	3. Service Type ***Light Certified Mail** ☐ Priority Mail Express*** ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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ADDRESS SERVICE REQUESTED

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Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
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PS Form 3800, A	

S P III & BARBARA J JOH P O BOX 1641 ROSWELL, NM 88202-1

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X
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.	B. Received by (Printed Name) C. Date of Delivery
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ROSWELL, NM 88202-1641	3. Service Type tbad-Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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at www.usps.com⊛	For delivery information visit our website at www.usps.com®	For delivery informa
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RALPH E AND LAURIE A REV LIVING TRUST P O BOX 234 LAKEWOOD, NM 88254-

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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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. 	A. Signature X
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RALPH E AND LAURIE A ROSS	
REV LIVING TRUST	
P O BOX 234	
LAKEWOOD, NM 88254-0234	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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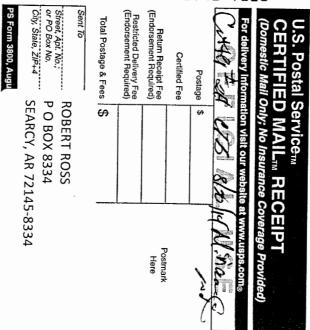




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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ADDRESS SERVICE REQUESTED



ROBERT ROSS P O BOX 8334 SEARCY, AR 72145-8334

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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. 	A. Signature X		
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ROBERT ROSS P O BOX 8334			
SEARCY, AR 72145-8334	3. Service Type		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

PS Form 3811, July 2013

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ADDRESS SERVICE REQUESTED

Street, Apr. No.; or PO Box No. 1902 HERMOSA DRIVE City, State, ZiP+4 ARTESIA, NM 88210	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Costar 54 OB 8/2/4 University Information visit our website at www.usps.come	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
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RONALD ROSS 1902 HERMOSA DRIVE ARTESIA, NM 88210

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Х Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: **RONALD ROSS** 1902 HERMOSA DRIVE 3. Service Type Certified Mail® ☐ Priority Mail Express™ ARTESIA, NM 88210 Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7014 0510 0001 0742 7612 (Transfer from se

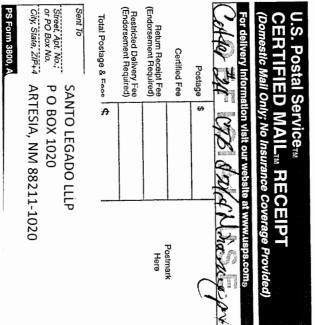
Domestic Return Receipt



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

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ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
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ARTESIA, NM 88211-1020	3. Service Type Certified Mail Priority Mail Express™ Registered Return Receipt for Merchand Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from ser 7014 0510 0001	0742 7629
PS Form 3811, July 2013 Domestic Retu	

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



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ADDRESS SERVICE REQUESTED

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Street Apt. No.; 1524 PARK AVENUE SW or PO Box No. ALBUQUERQUE NM 87104	87104

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature
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.	B. Received by (Printed Name) C. Date of Delivery
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NANCY T CUTTER REV TRUST	
1524 PARK AVENUE SW	
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ADDRESS SERVICE REQUESTED

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201	SPIRAL INC P O BOX 1933 ROSWELL, NM 88201	Sent To S Street, Apt. No., P or PO Box No. P City, State, ZiP+4 R
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SPIRAL INC P O BOX 1933 ROSWELL, NM 88201

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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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
SPIRAL INC	
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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



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ADDRESS SERVICE REQUESTED

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MANER B SHAW
P O BOX 9612
MIDLAND, TX 79708

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MIDLAND, TX 79708	3. Service Type Certified Mail® Priority Mail Express" Registered Return Receipt for Merchandise Insured Mail Collect on Delivery Restricted Delivery? (Extra Fee)
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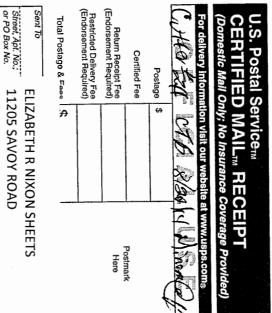
YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



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Street, Apt. No.:
or PO Box No.
City, State, ZiP+4
ST AMANT, LA 70774
PS Form \$800, A

ADDRESS
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ELIZABETH R NIXON SHEE 11205 SAVOY ROAD ST AMANT, LA 70774

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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: 	A. Signature X
ELIZABETH R NIXON SHEETS 11205 SAVOY ROAD ST AMANT, LA 70774	3. Service Type A Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



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	. Postal Service™	U.S.

SOLARI LUZ LLC P O BOX 1783 EL PRADO NM 87529

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes
Article Addressed to: COLARIALITY LLC	If YES, enter delivery address below:
SOLARI LUZ LLC	
P O BOX 1783	
EL PRADO NM 87529	3. Service Type Certified Mail □ Priority Mail Express □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Ret	urn Receipt





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

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ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mall Only; No Insurance Coverage Provided))EIPT overage Provided)
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Restricted Delivery Fee (Endorsement Required)	
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UNIT PETROLEUM COMPANY P O BOX 702500 TULSA, OK 74170-2500

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UNIT PETROLEUM P O BOX 702500 TULSA, OK 74170-2		NY					
				☐ Re	ertified Mail® egistered sured Mail	☐ Collect on D	pt for Merchandise
2. Article Number (Transfer from ser	7034	D51.0		4. Restri	cted Delivery フト およ	? (Extra Fee)	☐ Yes





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

PS Form 3811, July 2013

7014 0510 0001 0742 7698 7014 0510 0001 0742 7698

ADDRESS SERVICE REQUESTED

Postage \$

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

Sent To EGL RESOURCES INC Street, Apt. No.: P O BOX 10886
Or PO Box No. P O BOX 10886
PS Form 3800, A

EGL RESOURCES INC P O BOX 10886 MIDLAND, TX 79702

PLACE STICKER AT TOP OF ENVELOPE TO THE HIGHT

A Signature	
	☐ Agent
	Addresse
B. Received by (Printed Name)	C. Date of Deliver
D. Is delivery address different from it	em 1? 🛚 Yes
If YES, enter delivery address bel	ow: 🗆 No
2. Oaning Tour	
3. Service Type	all France IN
Certified Mail® 🔲 Priority Ma	•
Certified Mail® 🔲 Priority Ma	ceipt for Merchandis
	D. Is delivery address different from it

Domestic Return Receipt

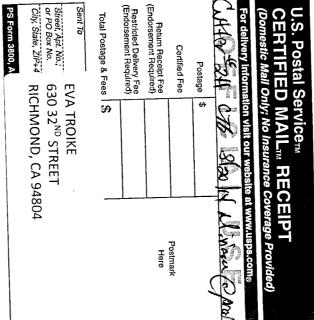




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 7704 7014 0510 0001 0742 7704

ADDRESS SERVICE REQUESTED



EVA TROIKE 630 32ND STREET RICHMOND, CA 94804

SENDED COMPLETE	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Signature
Print your name and address on the reverse	X ☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
EVA TROIKE	
630 32 ND STREET	
RICHMOND, CA 94804	
	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 7704
PS Form 3811, July 2013 Domestic Reti	urn Receipt



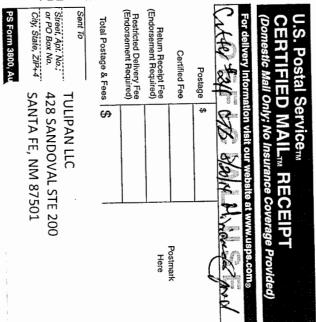


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

PS Form 3811, July 2013

7014 0510 0001 0742 7711 7014 0510 0001 0742 7711

ADDRESS SERVICE REQUESTED



TULIPAN LLC 428 SANDOVAL STE 200 SANTA FE, NM 87501

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: TULIPAN LLC	A. Signature X
428 SANDOVAL STE 200 SANTA FE, NM 87501	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 7711

Domestic Return Receipt



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

PS Form 3811, July 2013

ADDRESS SERVICE REQUESTED



7014 0510 0001 0742 7728 7014 0510 0001 0742 7728

U.S. Postal Servicem CERTIFIED MAIL MRECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.come For delivery Information visit our website at www.usps.come Postage Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) For PO Box No. Total Postage & Fees S WEDDERBURN PROPERTIES LLC Sinet To C/O ELOISE N JONES 1121 LONDONDERRY ROAD CHARLESTON, WV 25314-2213 PS Form 3800, Ac

WEDDERBURN PROPERTIE C/O ELOISE N JONES 1121 LONDONDERRY ROA CHARLESTON, WV 25314-

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: WEDDERBURN PROPERTIES LLC C/O ELOISE N JONES 1121 LONDONDERRY ROAD 	A. Signature X
CHARLESTON, WV 25314-2213	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 7728

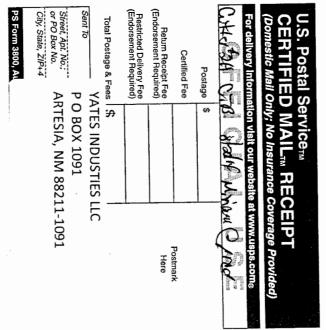
Domestic Return Receipt

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



7014 0510 0001 0742 7735 7014 0510 0001 0742 7735

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
YATES INDUSTIES LLC	
P O BOX 1091	
ARTESIA, NM 88211-1091	
	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 7735
PS Form 3811, July 2013 Domestic Re	eturn Receipt :





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0742 7742 7014 0510 0001 0742 7742

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CEIPT overage Provided)
For delivery information visit our website at www.usps.coms	at www.usps.com
Postage \$	\
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To NANCY P TONKIN REV TRUST Street, Apt. No.: 1524 PARK AVENUE SW City, State, ZiP+4 ALBUQUERQUE NM 87104-1024	REV TRUST E SW A 87104-1024
PS Form 3800. A:	

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

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

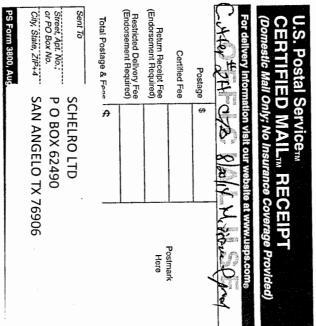
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? $\ \square$ Yes 1. Article Addressed to: If YES, enter delivery address below: NANCY P TONKIN REV TRUST 1524 PARK AVENUE SW ALBUQUERQUE NM 87104-1024 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 7742 (Transfer from se PS Form 3811, July 2013 Domestic Return Receipt



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

7014 0510 0001 0742 7759 7014 0510 0001 0742 7759

ADDRESS SERVICE REQUESTED



SCHELRO LTD P O BOX 62490 SAN ANGELO TX 76906

PLACE STICKER AT TOP OF ENVELOPE TO THE MIGHT

:	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
SCHELRO LTD P O BOX 62490	
SAN ANGELO TX 76906	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
2. Article Number 7014 0510 0001	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 2013 Domestic Re	turn Receipt





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

7014 0510 0001 0742 7766 7014 0510 0001 0742 7766

ADDRESS SERVICE REQUESTED

	_
02-1818	Street, Apt. No.; P O BOX 1818 or PO Box No. P O BOX 1818 City, State, 219+4 ROSWELL, NM 88202-1818
	JOHN F COLL
	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
Here	Retum Receipt Fee (Endorsement Required)
	Certified Fee
•	Postage \$
M. Wind Kod	CHAPTEN CITE 8/00/19
at www.usps.com®	For delivery information visit our website at www.usps.come
SEIPT overage Provided)	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	U.S. Postal Service™

JOHN F COLL P O BOX 1818 ROSWELL, NM 88202-181

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JOHN F COLL P O BOX 1818 ROSWELL, NM 88202-1818	
	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 7766
PS Form 3811, July 2013 Domestic Re	turn Receipt

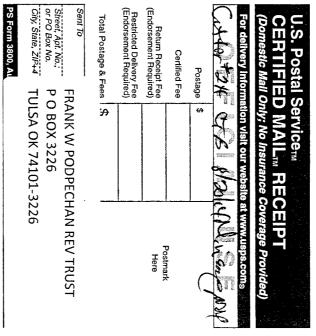


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7773 7014 0510 0001 0742 7773

ADDRESS SERVICE REQUESTED



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

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.	A. Signature
Till your name and address on the reverse	X □ Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deli
or on the front if space permits.	C. Date of Deli
. Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: No
FRANK W PODPECHAN REV TRUST P O BOX 3226	If YES, enter delivery address below:
FRANK W PODPECHAN REV TRUST P O BOX 3226 TULSA OK 74101-3226	If YES, enter delivery address below: No
P O BOX 3226	3. Service Type Certified Mail* Registered Insured Mail Recipt on Delivery If YES, enter delivery address below: No No No

PS Form 3811, July 2013

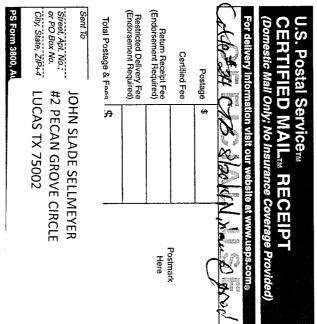


YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7780 7014 0510 0001 0742 7780

ADDRESS SERVICE REQUESTED



JOHN SLADE SELLMEYER #2 PECAN GROVE CIRCLE LUCAS TX 75002

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from ite If YES, enter delivery address belo	
JOHN SLADE SELLMEYER #2 PECAN GROVE CIRCLE		
LUCAS TX 75002	3. Service Type	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	0742 7780	
PS Form 3811, July 2013 Domestic Ro	sturn Popoint	





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

7014 0510 0001 0742 7797 7014 0510 0001 0742 7797

ADDRESS SERVICE REQUESTED

U.S. Postal S CERTIFIED (Domestic Mall O	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	ovided)
For delivery informs	For delivery information visit our website at www.usps.come	com _®
Postage	49	(.
Certified Fee		
Return Receipt Fee (Endorsement Required)	T. C.	Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To RC Street, Apt. No.; 31 or PO Box No. 31 City, State, ZIP+4 EL	RONKAR PROPERTIES 312 CRIMSON CLOUD LANE EL PASO TX 79912	
PS Form 3800. At		

RONKAR PROPERTIES 312 CRIMSON CLOUD LANE EL PASO TX 79912

-	
	OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
	THE STICKER AT THE OF SIMPLUFE TO THE MIGHT

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	B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address to	Agent Addressee C. Date of Delivery a item 1? Yes pelow: No
Article Addressed to:	D. Is delivery address different from	1 item 12 Yes
	D. Is delivery address different from If YES, enter delivery address to	n item 1? Yes pelow: No
RONKAR PROPERTIES	'	
312 CRIMSON CLOUD LANE		
EL PASO TX 79912	3 Contact	
	3. Service Type Certified Mail® ☐ Priority N ☐ Registered ☐ Return F ☐ Insured Mail ☐ Collect of	Mail Express™ leceipt for Merchandise n Deliverv
2. Article Number	4. Restricted Delivery? (Extra Fee)	☐ Yes
(Transfer from se 7014 0510 0001	0742 7797	

7014 0510 0001 0742 7803 7014 0510 0001 0742 7803

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

ADDRESS SERVICE REQUESTED

PS Form 3800, Aug	Sent To Sireet, Apt. No.; or PO Box No. City, State, ZIP+4	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	For delivery informs	CERTIFIE	IIS Postal Service
	SALLY RODGERS COLL 152 B ARROYO HONDO RD SANTA FE, NM 87508	± →	9,6		e Postmark	ф (For delivery information well of the Salah Manager Salah	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	Servicem

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPL	ETE THIS S	SECTION	F. 13.	COMPLETE	E THIS S	ECTION ON DEL	IVERY
 Complete items item 4 if Restricte Print your name as that we can re Attach this card to or on the front if see 	ed Delivery i and address turn the car o the back o	s desired. on the re d to you. of the mai	verse	A. Signatur X B. Received	e		☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to SALLY RODGERS 152 B ARROYO	o: G COLL			D. Is deliver If YES, e	y address nter deliv	different from iter ery address belo	m 1? ☐ Yes w: ☐ No
SANTA FE, NM 8		-		3. Service T	ed Mail® ered d Mail	☐ Collect on D	eipt for Merchandise elivery
Article Number (Transfer from si	7014	0510	0001	0742 78		, (2,5,6,7,6,6)	☐ Yes
PS Form 3811, July	2013		Domestic Re	eturn Receipt			

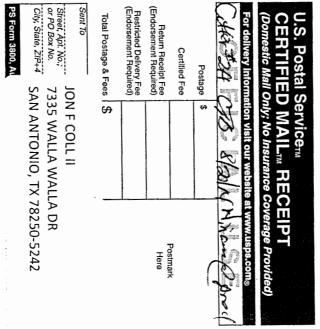




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 7810 7014 0510 0001 0742 7810

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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. 	A. Signature X	
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
JON F COLL II 7335 WALLA WALLA DR		
SAN ANTONIO, TX 78250-5242	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 7810	

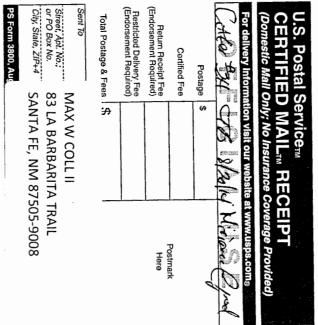


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7827 7014 0510 0001 0742 7827

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Agent Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes
Article Addressed to:	If YES, enter delivery address below: ☐ No
MAX W COLL II 83 LA BARBARITA TRAIL	
SANTA FE, NM 87505-9008	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 0510 0001	0742 7827
PS Form 3811, July 2013 Domestic Ret	urn Receint

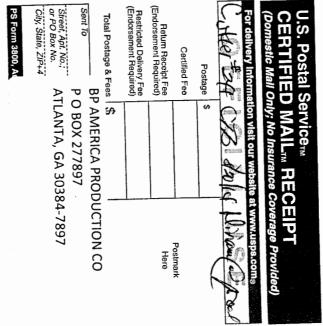


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7834 7014 0510 0001 0742 7834

ADDRESS SERVICE REQUESTED



BP AMERICA PRODUCTION PO BOX 277897 ATLANTA, GA 30384-789

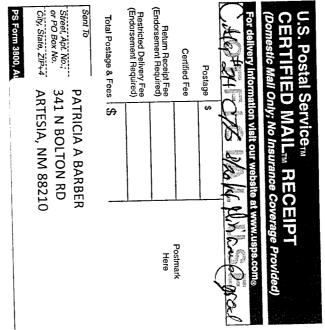
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
BP AMERICA PRODUCTION CO	
P O BOX 277897	
ATLANTA, GA 30384-7897	
	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
PS Form 3811, July 2013 Domestic Re	turn Receipt



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

0742 0510 7014 0510 0001 0742 7841

ADDRESS SERVICE REQUESTED



PATRICIA A BARBER 341 N BOLTON RD ARTESIA, NM 88210

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) Attach this card to the back of the mailpiece, C. Date of Delivery or on the front if space permits. D. Is delivery address different from item 1? \square Yes 1. Article Addressed to: If YES, enter delivery address below: PATRICIA A BARBER 341 N BOLTON RD ARTESIA, NM 88210 3. Service Type Certified Mail® □ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7014 0510 0001 0742 7841 (Transfer from se PS Form 3811, July 2013

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



7014 0510 0001 0742 7858 7014 0510 0001 0742 7858

ADDRESS SERVICE REQUESTED

REV LVG TRUST ;HTS DR 822-2547	FRANCES B BUNN REV LVG TRUST 2493 MAKIKI HEIGHTS DR HONOLULU, HI 96822-2547	Total Postage & FARS Sent To Sireet, Api. No 249: City, State, ZIP+4 PS Form 8800, Au RS Form 8800, Au
Postmark Here	d)	Return Receipt Fee (Endorsement Required)
	ф •	Postage Certified Fee
at www.usps.come	For delivery information visit our website at www.usps.come	For delivery infor
CEIPT Poverage Provided)	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	U.S. Postal Service MAIL. CERTIFIED MAIL. (Domestic Mail Only; No Inst

FRANCES B BUNN REV LVG 2493 MAKIKI HEIGHTS DR HONOLULU, HI 96822-254

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

A. Signature	☐ Agent
	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from iter If YES, enter delivery address below	
3. Service Type Certified Mail® Priority Mail Registered Return Rec	eipt for Merchandise
4. Restricted Delivery? (Extra Fee)	☐ Yes
0742 7858	
	D. Is delivery address different from iter If YES, enter delivery address below 3. Service Type Certified Mail® Priority Mail Registered Return Rec

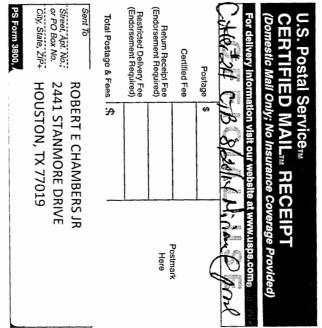


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7865 7014 0510 0001 0742 7865

ADDRESS SERVICE REQUESTED



ROBERT E CHAMBERS JE 2441 STANMORE DRIVE HOUSTON, TX 77019

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

 ■ 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. 	A. Signature	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from ited If YES, enter delivery address below	
ROBERT E CHAMBERS JR		
2441 STANMORE DRIVE		
HOUSTON, TX 77019	3. Service Type Certified Mail® Priority Mail Registered Return Rece	Express™ eipt for Merchandise

COMPLETE THIS SECTION ON DELIVERY

☐ Collect on Delivery

☐ Yes

Article Number
 (Transfer from se

7014 0510 0001 0742 7865

: PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

Domestic Return Receipt

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

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

7014 0510 0001 0742 7872 7014 0510 0001 0742 7872

ADDRESS SERVICE REQUESTED

		PS Form 3800, A
9	HOUSTON, TX 77019	City, State, ZIP++ H
RIVE	2441 STANMORE DRIVE	or PO Box No. 2
) CHAMBERS	AS TTEE OF LOLLIE D CHAMBERS	
RS JR	ROBERT E CHAMBERS JR	Sent To R
	÷	Total Postage & Fees \$
	90	Restricted Delivery Fee (Endorsement Required)
Postmark Here	30	Retum Receipt Fee (Endorsement Required)
	Φ	Certified Fee
Ć	₩	Postage
at www.usps.com@	For delivery Information visit our website at www.usps.come	For delivery infor
CEIPT Coverage Provided)	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIE (Domestic Mail
	Service	U.S. Postal Service™

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

OF THE BETTIEN ADDRESS EOLD AT DOTTED LINE

!	!
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes
1. Article Addressed to: ROBERT E CHAMBERS JR AS TTEE OF LOLLIE D CHAMBERS 2441 STANMORE DRIVE	If YES, enter delivery address below:
HOUSTON, TX 77019	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 0	1742 7872
PS Form 3811, July 2013 Domestic Ret	urn Receipt

ATES |

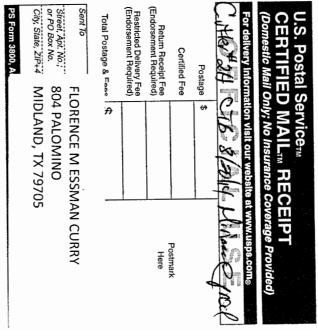


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7889 7014 0510 0001 0742 7889

ADDRESS SERVICE REQUESTED



FLORENCE M ESSMAN CUR 804 PALOMINO MIDLAND, TX 79705

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: FLORENCE M ESSMAN CURRY 804 PALOMINO	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MIDLAND, TX 79705	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 0	742 7889
PS Form 3811, July 2013 Domestic Retu	urn Receipt



7014 0510 0001 0742 7896 7014 0510 0001 0742 7896

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

ADDRESS SERVICE REQUESTED

PS Form 3800, A	Sent To NEVA (Street, Apt. No.; 8 S WE or PO Box No. City, State, ZiP+4 HOUST	Total Postage & Fees S	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information v	U.S. Postal Service IMAILT CERTIFIED MAILT (Domestic Mail Only; No Insu
	NEVA CHAMBERS DAWSON 8 S WEST OAK DR HOUSTON, TX 77056-2122			Here	Postmark		For delivery information visit our website at www.visps.come	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

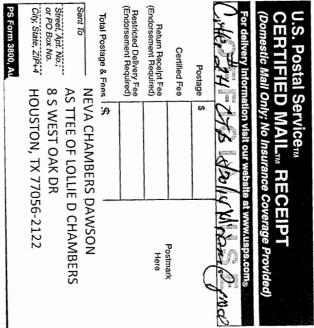
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X ☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
NEVA CHAMBERS DAWSON 8 S WEST OAK DR	
HOUSTON, TX 77056-2122	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	0742 7896
PS Form 3811, July 2013 Domestic Re	turn Receipt

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



7014 0510 0001 0742 7902 7014 0510 0001 0742 7902

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Signature
Print your name and address on the reverse	X Agent Addressee
 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. 	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
NEVA CHAMBERS DAWSON	
AS TTEE OF LOLLIE D CHAMBERS	
8 S WEST OAK DR	3. Service Type
HOUSTON, TX 77056-2122	Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from s 7014 0510 0001	0742 7902
PS Form 3811, July 2013 Domestic Re	turn Receipt

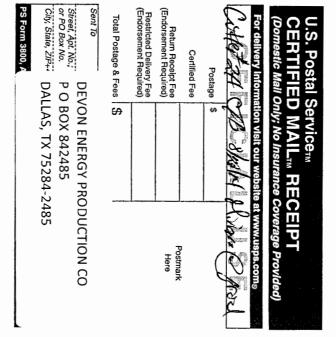




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 7919 7014 0510 0001 0742 7919

ADDRESS SERVICE REQUESTED



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

LACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE	E 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

v

☐ Agent

B. Received by (Printed Name)

☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?If YES, enter delivery address below:

☐ Yes

3. Service Type

Certified Mail® □ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Collect on Delivery

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Transfer from se 7014 0510 0001 0742 7919

PS Form 3811, July 2013

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 CO Street, Apt. No.; or PO Box No. City, State, ZiP+4 DA	Total Postage & Fees S	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee Endorsement Required)	Certifled Fee	Postage	For delivery information	CERTIFIEL (Domestic Mail o	U.S. Postal S
COG OPERATIONG LLC P O BOX 844857 DALLAS, TX 75284-4857	€				49	order was minimum of the state	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided	Postal Service _™
C 57			Here		(Oran Comme	EIPT erage Provided	

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

LACE 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
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
COG OPERATIONG LLC P O BOX 844857	
DALLAS, TX 75284-4857	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 7926

Domestic Return Receipt

PS Form 3811, July 2013



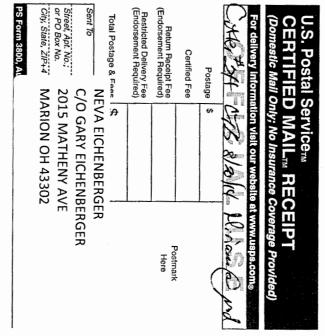
YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

PS Form 3811, July 2013



7014 0510 0001 0742 7933 7014 0510 0001 0742 7933

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: NEVA EICHENBERGER C/O GARY EICHENBERGER 2015 MATHENY AVE 	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
MARION OH 43302	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





7014 0510 0001 0742 7940 7014 0510 0001 0742 7940

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

ADDRESS SERVICE REQUESTED

		PS Form 3800, Au
LUB DR O1	JAMES H ESSMAN 1209 COUNTRY CLUB DR MIDLAND, TX 79701	Sent To Street, Apt. No.; 1 City, State, ZIP+4
	æ	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
Postmark		Certified Fee
	₩	Postage
Hisa Dina	For delivery information visit our website at www.dispersions	For delivery informat
EIPT overage Provided)	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service TM CERTIFIED MAIL (Domestic Mail Only; No Ins.)

JAMES H ESSMAN 1209 COUNTRY CLUB DR MIDLAND, TX 79701

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse control to the complete items. 	A. Signature X □ Agent □ Addressee		
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.	B. Received by (Printed Name) C. Date of Delivery		
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
JAMES H ESSMAN 1209 COUNTRY CLUB DR			
MIDLAND, TX 79701	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 7940		
PS Form 3811, July 2013 Domestic Ret	turn Receipt .		

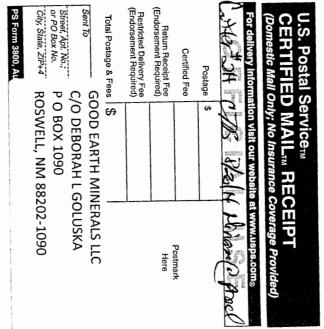
YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

PS Form 3811, July 2013



7014 0510 0001 0742 7957 7014 0510 0001 0742 7957

ADDRESS SERVICE REQUESTED



GOOD EARTH MINERALS C/O DEBORAH L GOLUSK P O BOX 1090 ROSWELL, NM 88202-10

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent X ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: GOOD EARTH MINERALS LLC C/O DEBORAH L GOLUSKA P O BOX 1090 ROSWELL, NM 88202-1090 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 7957 (Transfer from se



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



7014 0510 0001 0742 7964 7014 0510 0001 0742 7964

ADDRESS SERVICE REQUESTED

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CEIPT overage Provided)
For delivery Information visit our website at www.usps.come	at www.usps.come
Postage \$	(
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To ALICE A HANKS FREEMAN Street, Apt. No.; P O BOX 9087 OT PO BOX No. P O BOX 9087 OTHER State, ZIP-4 WICHITA FALLS, TX 76308-9087	EMAN 76308-9087
PS Form 3800, A	

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

-					 	
-	MT (12)	IOC IN	770 4	00711	 	OF THE
		ma iv	J 103	55 3 61		
		A1 7 10				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
 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. 	B. Received by (Printed Name) C. Date of Delive
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ALICE A HANKS FREEMAN P O BOX 9087	
WICHITA FALLS, TX 76308-9087	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	0742 7964
PS Form 3811, July 2013 Domestic Re	eturn Receipt

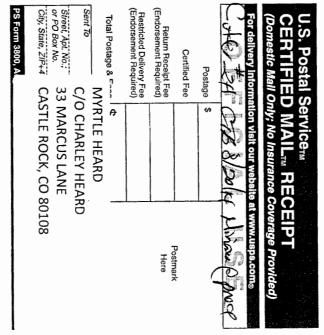


YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7971 7014 0510 0001 0742 7971

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
 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. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MYRTLE HEARD	
C/O CHARLEY HEARD	
33 MARCUS LANE	
CASTLE ROCK, CO 80108	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 7971
PS Form 3811, July 2013 Domestic Re	turn Receipt

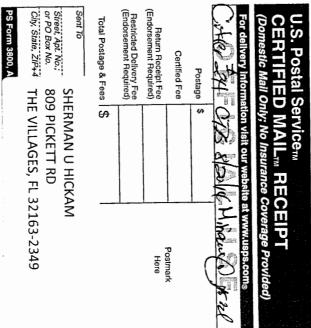


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 7988 7014 0510 0001 0742 7988

ADDRESS SERVICE REQUESTED



SHERMAN U HICKAM 809 PICKETT RD THE VILLAGES, FL 32163-23

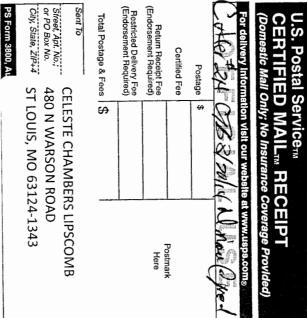
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
SHERMAN U HICKAM 809 PICKETT RD	
THE VILLAGES, FL 32163-2349	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 7988
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

7014 0510 0001 0742 7995 0510 0001 0742 7995

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. □ Agent X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: CELESTE CHAMBERS LIPSCOMB 480 N WARSON ROAD 3. Service Type ST LOUIS, MO 63124-1343 Certified Mail® □ Priority Mail Express™ □ Registered ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7014 0510 0001 0742 7995 (Transfer from se : PS Form 3811, July 2013



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0742 8008 7014 0510 0001 0742 8008

ADDRESS SERVICE REQUESTED

U.S. Postal Service THAILT (Domestic Mail Only; No Inst	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)
For delivery information	For delivery information visit our website at www.usps.come
Postage	φ.,
Certified Fee	Doeimark
Return Receipt Fee Endorsement Required)	Here
Restricted Delivery Fee Endorsement Required)	
Total Postage & Fees	÷₽
Sent To AS	CELESTE CHAMBERS LIPSCOMB AS TTEE OF LOLLIE D CHAMBERS
Street, Apt. No.; 48 or PO Box No. 48	480 N WARSON ROAD ST LOUIS, MO 63124-1343
PS Form 3800, Au	

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 ☐ Addressee B. Received by (Printed Name) C. Date of Delivery If YES, enter delivery address below: 3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee)

Article Number
 (Transfer from set)

7014 0510 0001 0742 8008

: PS Form 3811, July 2013

Domestic Return Receipt

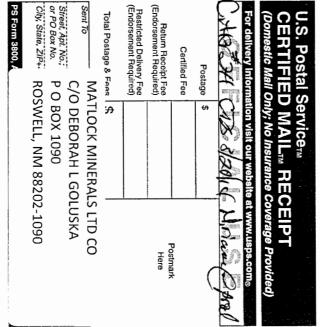




YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**

0510 0001 0742 8015 0742 0510 0001 8015

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MATLOCK MINERALS LTD CO	
C/O DEBORAH L GOLUSKA	
P O BOX 1090	
ROSWELL, NM 88202-1090	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
PS Form 3811, July 2013 Domestic F	Return Receipt

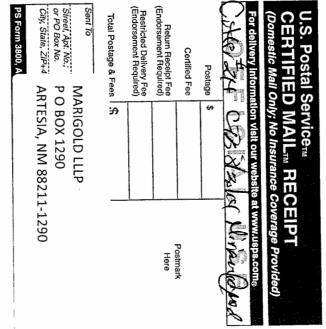


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 8022 7014 0510 0001 0742 8022

ADDRESS SERVICE REQUESTED



MARIGOLD LLLP P O BOX 1290 ARTESIA, NM 88211-129

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addresse
 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. 	B. Received by (Printed Name)	C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item If YES, enter delivery address below:	_
MARIGOLD LLLP P O BOX 1290		
ARTESIA, NM 88211-1290	3. Service Type Certified Mail® ☐ Priority Mail E ☐ Registered ☐ Return Receip ☐ Insured Mail ☐ Collect on De	ot for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	0742 8022	
PS Form 3811, July 2013 Domestic Rei	turn Receipt	



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

7014 0510 0001 0742 8039 7014 0510 0001 0742 8039

ADDRESS SERVICE REQUESTED

U.S. Postal Service TM CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	SEIPT overage Provided)
For delivery information visit our website at www.usps.come	My Solution
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To PHYLLIS J MILLER 10205 I EXINGTON AVE NE	AVE NE
Street, Apt. No.: ALBUQUERQUE, NM 87112 or PO Box No. ALBUQUERQUE, NM 87112	M 87112
00 Form 3800 Ac	

PHYLLIS J MILLER 10205 LEXINGTON AVE NE ALBUQUERQUE, NM 87112

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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. 	A. Signature X	
Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	D. Is delivery address different from item 1? Yes	
PHYLLIS J MILLER 10205 LEXINGTON AVE NE ALBUQUERQUE, NM 87112	If YES, enter delivery address below:	
ALBOQUEIIQUI	3. Service Type SCertified 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 8039	
PS Form 3811, July 2013 Domestic Re	eturn Receipt	

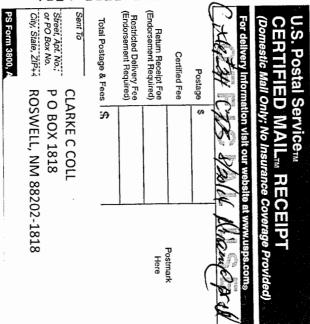




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 8046 7014 0510 0001 0742 8046

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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 energy named it. 	A. Signature X		
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
CLARKE C COLL P O BOX 1818			
ROSWELL, NM 88202-1818	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery		
2. Article Number (Transfer from si 7014 0510 0001	4. Restricted Delivery? (Extra Fee) Yes		
PS Form 3811, July 2013 Domestic Re	eturn Receipt .		

7014 0510 0001 0742 8053 7014 0510 0001 0742 8053

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

ADDRESS SERVICE REQUESTED

ROS

Sent To Street, Apt. No.; or PO Box No. P O BOX 1818 City, State, ZiP4-4 ROSWELL, NM 88202-1818	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Retum Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	JACK STO HEROH	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
202-1818			Here		(1 Himsel you	CEIPT Coverage Provided)

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X	
ERIC J COLL P O BOX 1818 ROSWELL, NM 88202-1818	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		
PS Form 3811, July 2013 Domestic Re	eturn Receipt	

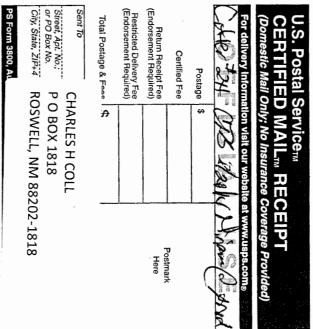


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 8060 7014 0510 0001 0742 8060

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) ☐ C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes
Article Addressed to: CHARLES H COLL	If YES, enter delivery address below:
P O BOX 1818 ROSWELL, NM 88202-1818	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes

 Article Number (Transfer from se

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PS Form 3811, July 2013

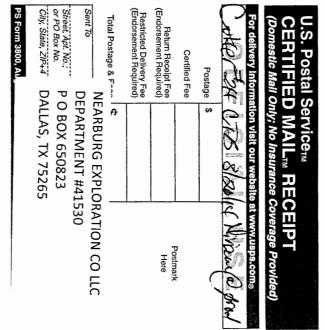
Domestic Heturn neces



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

7014 0510 0001 0742 8077 7014 0510 0001 0742 8077

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
NEARBURG EXPLORATION CO LLC	
DEPARTMENT #41530	
P O BOX 650823	
DALLAS, TX 75265	3. Service Type
By (Car in)	Certified Mail® ☐ Priority Mail Express™
	Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from s 7014 0510 0001	0742 8077
PS Form 3811, July 2013 Domestic R	eturn Receipt .

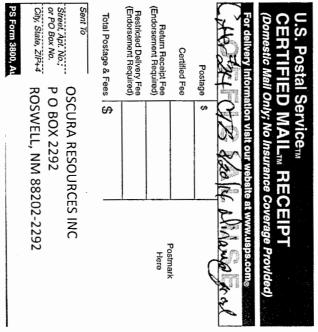




YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**

0510 0007 0742 8084 0510 0001 0742 8084

ADDRESS SERVICE REQUESTED



OSCURA RESOURCES INC P O BOX 2292 ROSWELL, NM 88202-2292

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
 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. 	A. Signature X	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from ite If YES, enter delivery address belo	
OSCURA RESOURCES INC P O BOX 2292		
ROSWELL, NM 88202-2292	3. Service Type Certified Mail® Priority Mail Registered Return Recu Insured Mail Collect on D	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from s 7014 0510 0001	0742 8084	
PS Form 3811, July 2013 Domestic Ref	turn Receipt	





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

7014 0510 0001 0742 8091 7014 0510 0001 0742 8091

ADDRESS SERVICE REQUESTED

		PS Form 3800, A
GAS INC /D SUITE 300 DK 73112-5672	PANHANDLE OIL & GAS INC 5400 N GRAND BLVD SUITE 300 OKLAHOMA CITY, OK 73112-5672	Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4
	es S	Total Postage & Fees S
	ee ee	Restricted Delivery Fee (Endorsement Required)
Here	id)	Return Receipt Fee (Endorsement Required)
Doctoork	8	Certified Fee
trest	ge \$	Postage
at www.usps.come	and the property of the second	Chelivery info
CEIPT loverage Provided)	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIE (Domestic Mail
	Postal Service™	U.S. Posta

PANHANDLE OIL & GAS IN 5400 N GRAND BLVD SUI⁻ OKLAHOMA CITY, OK 731

;	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: PANHANDLE OIL & GAS INC 5400 N GRAND BLVD SUITE 300	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
OKLAHOMA CITY, OK 73112-5672	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
PS Form 3811, July 2013 Domestic Re	eturn Receipt



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

7014 0510 0001 0742 8107 7014 0510 0001 0742 8107

ADDRESS SERVICE REQUESTED

		PS Form 3800. A
11	5653 TOBIAS AVE VAN NUYS, CA 91411	Sireet, Apt. No.: 56 or PO Box No. 56 City, State, ZIP+4 VA
TENDE	MELVNIE COLL DELEMBE	Sent To
	A	Total Postage & Face
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
fred	4	Postage
elwww.usps.come	For collivery information visit our website at www.usps.come	For delivery inform
CEIPT Coverage Provided)	C.S. FOSIAL SELVICEM CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIED MAIL. (Domestic Mail Only; No Inst
	Cruico	H C Doctol C

MELANIE COLL DETEMPE 5653 TOBIAS AVE VAN NUYS, CA 91411

PLACE STICKER AT TOP OF ENVELOPE TO THE PIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MELANIE COLL DETEMPE 5653 TOBIAS AVE	
VAN NUYS, CA 91411	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 8107
PS Form 3811, July 2013 Domestic Re	eturn Receipt

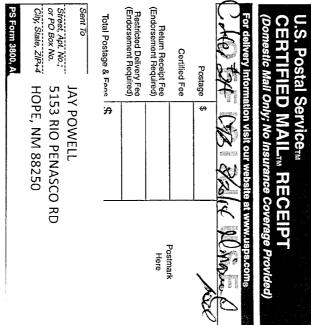




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 8114 7014 0510 0001 0742 8114

ADDRESS SERVICE REQUESTED



JAY POWELL 5153 RIO PENASCO RD HOPE, NM 88250

■ 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	A. Signature X
HOPE, NM 88250 2. Article Number (Transfer from s∈ 7014 051.0 0001	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery 4. Restricted Delivery? (Extra Fee) □ Yes
(Transfer from se 7014 0510 0001 PS Form 3811, July 2013 Domestic Ret	

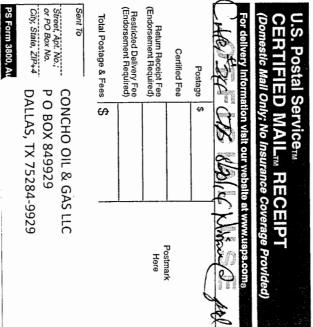




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 8121 7014 0510 0001 0742 8121

ADDRESS SERVICE REQUESTED



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

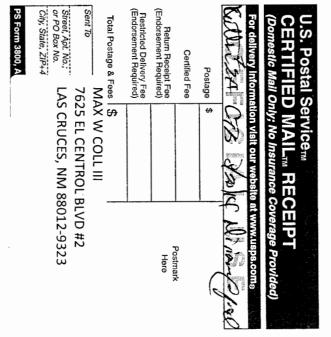
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to: CONCHO OIL & GAS LLC	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
P O BOX 849929 DALLAS, TX 75284-9929	3. Service Type A☐ 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 8121
PS Form 3811 July 2013 Domestic Re	eturn Beceipt

PETROLEUM FOREORRITON

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

7014 0510 0001 0742 8138 7014 0510 0001 0742 8138

ADDRESS SERVICE REQUESTED



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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: MAX W COLL III 7625 EL CENTROL BLVD #2 LAS CRUCES, NM 88012-9323	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
PS Form 3811, July 2013 Domestic Re	turn Receipt ,



7014 0510 0001 0742 8145 7014 0510 0001 0742 8145

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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL, RECEIPT (Domestic Mall Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.come For delivery Information visit our website at www.usps.come Postage Centified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To HOLLYHOCK LTD Siriest, Apit No.: 01 9300 N A STREET BLDG 2-212 Or PO Box No. City, State, ZiP4: MIDLAND, TX 79705 PS Form 3800.4

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

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

OD OF ENVELOPE TO THE PICKT	LIV danotes and the
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
HOLLYHOCK LTD 3300 N A STREET BLDG 2-212	
MIDLAND, TX 79705	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number (Transfer from se 7014 0510 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 742 ☐ 145
PS Form 3811, July 2013 Domestic Re	turn Receipt

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

7014 0510 0001 0742 8152 7014 0510 0001 0742 8152

ADDRESS SERVICE REQUESTED

PS Form 3800,	JOHN W LODEWICK Sireet Apt No.: 3305 WENTWOOD or PO Box No. 3305 WENTWOOD City, State, ZiFt DALLAS, TX 75225	Total Postage & Fees . \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.coms	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
				Here		(W Comesian M	CEIPT Coverage Provided)

JOHN W LODEWICK 3305 WENTWOOD DALLAS, TX 75225

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

:	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JOHN W LODEWICK 3305 WENTWOOD	
DALLAS, TX 75225	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 8152
PS Form 3811, July 2013 Domestic Re	eturn Receipt





7014 0510 0001 0742 8169 7014 0510 0001 0742 8169

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

ADDRESS SERVICE REQUESTED

		PS Form 3800. As
1155	511 NEWELL AVE DALLAS, TX 75223-1155	Street, Apt. No.; or PO Box No. City, State, ZIP+4
DDFWICK	ALIBA BATRICIA I ODEWICK	Sent To
	8 	Total Postage & Fees \$
	ad)	Restricted Delivery Fee (Endorsement Required)
Here	ee ee	Return Receipt Fee (Endorsement Required)
Doctoork	e e	Certified Fee
(ge \$	Postage
Missin D pool	1 (TR 8/20/14	STOPE OF
at www.usps.come	(Domestic Mail Only; No insurance coverage Frontee)	(Domestic Mai
CEIPT	CERTIFIED MAIL RECEIPT	CERTIFIE
	J.S. Postal Service™	U.S. Posta

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Agent Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
LAURA PATRICIA LODEWICK 511 NEWELL AVE	
DALLAS, TX 75223-1155	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery

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



7014 0510 0001 0742 8176 7014 0510 0001 0742 8176

U.S. Postal Servicent RECEIPT CERTIFIED MAIL MRECEIPT (Domestic Mail Only; No Insurance Coverage Provide (Domestic Mail Only); No Insurance Coverage Provide

MARSHALL & WINSTON P O BOX 50880 MIDLAND, TX 79710-088

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

A. Signature X Addresse
B. Received by (Printed Name) C. Date of Deliver
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)
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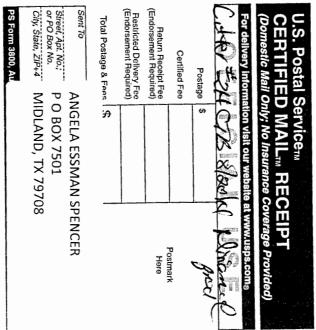


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 8183 7014 0510 0001 0742 8183

ADDRESS SERVICE REQUESTED



ANGELA ESSMAN SPENCER P O BOX 7501 MIDLAND, TX 79708

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

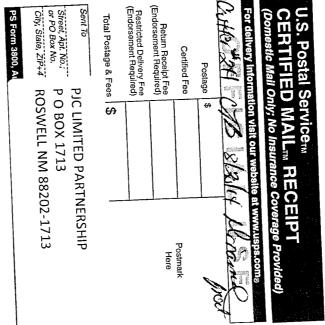
 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature A. Agent A. Agent
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to: ANGELA ESSMAN SPENCER	□ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
P O BOX 7501 MIDLAND, TX 79708	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from s 7014 0510 0001	D742 8183



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

7014 0510 0001 0742 8190 7014 0510 0001 0742 8190

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
PJC LIMITED PARTNERSHIP P O BOX 1713	
ROSWELL NM 88202-1713	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 8190
PS Form 3811, July 2013 Domestic Ret	turn Receipt

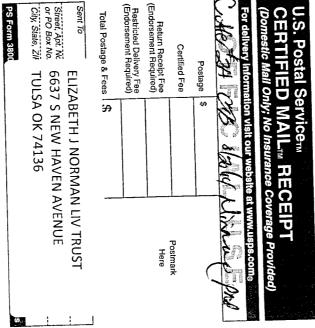




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 8206 7014 0510 0001 0742 8206

ADDRESS SERVICE REQUESTED



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

1

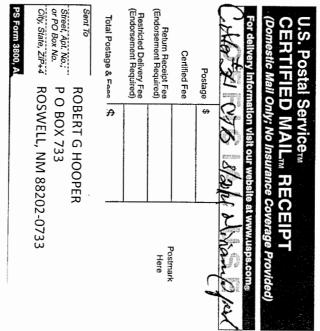
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: ELIZABETH J NORMAN LIV TRUST 6637 S NEW HAVEN AVENUE	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TULSA OK 74136	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 [
PS Form 3811, July 2013 Domestic Retu	urn Receipt





7014 0510 0001 0742 8213 7014 0510 0001 0742 8213

ADDRESS SERVICE REQUESTED



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

MATES EL

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

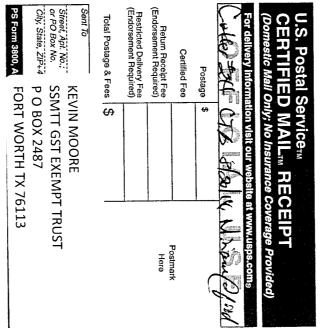




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 8220 7014 0510 0001 0742 8220

ADDRESS SERVICE REQUESTED



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

 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. 	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
KEVIN MOORE SSMTT GST EXEMPT TRUST P O BOX 2487	
FORT WORTH TX 76113	3. Service Type Certified Mail® □ Priority Mail 5
. Article Number	Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee)





7014 0510 0001 0742 7014 0510 0001 0742 8237

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CEIPT Coverage Provided)
For delivery information visit our website at www.usps.come	site at www.usps.coms
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	Postmark Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To SSMTT GST NONEXEMPT TRUST	(EMPT TRUST
Steet, Apt. No.; P O BOX 2487 City, State, ZiP+4* FORT WORTH TX 76113	6113
PS Form 3800, Au	

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

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: **KEVIN MOORE** SSMTT GST NONEXEMPT TRUST P O BOX 2487 Service Type Certified Mail® FORT WORTH TX 76113 □ Priority Mail Express™ ☐ Return Receipt for Merchandise □ Registered ☐ Collect on Delivery ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Numbe 7014 0510 0001 0742 8237 (Transfer from : PS Form 3811, July 2013

Domestic Return Receipt



ADDRESS SERVICE REQUESTED



7014 0510 0001 0742 8244 7014 0510 0001 0742 8244

U.S. Postal Service_{TM} CERTIFIED MAIL_{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.come For delivery Information visit our website at www.usps.come For delivery Information visit our website at www.usps.come Centified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees S RYAN MOORE Sont To Sireet Apit No.: Or PO Box No. Cöty, State, Zipt-4 FORT WORTH TX 76113 PS Form 3800, A

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X ☐ Agent ☐ Addresser
 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. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
RYAN MOORE	
SSMTT GST EXEMPT TRUCT	
F O BOX 2487	
FORT WORTH TX 76113	3. Service Type
	☐ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0742 8244
PS Form 3811, July 2013 Domestic Re	eturn Receipt





7014 0510 0001 0742 8251 7014 0510 0001 0742 8251

ADDRESS SERVICE REQUESTED

	PS Form 3800, Au
6113	Sireet, Apt. No.; POBOX 2487 or POBOX No. FORT WORTH TX 76113
(EMPT TRUST	SSMTT GST NONEXEMPT TRUST
	Total Postage & Fans .\$ RYAN MOORE
	Restricted Delivery Fee (Endorsement Required)
Here	Retum Receipt Fee (Endorsement Required)
Dostock	Certified Fee
	Postage \$
at M. Market Spray	For delivery information in site of which is a come in the control of the control
CEIPT Coverage Provided)	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	U.S. Postal Service™

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

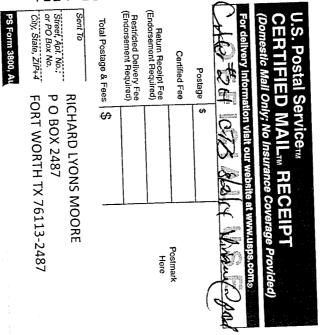
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee			
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Del			
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No			
RYAN MOORE				
SSMTT GST NONEXEMPT TRUST				
SSMTT GST NONEXEMPT TRUST P O BOX 2487				
	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery			
P O BOX 2487	Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise			





7014 0510 0001 0742 8268 7014 0510 0001 0742 8268

ADDRESS SERVICE REQUESTED



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

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee			
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.	B. Received by (Printed Name) C. Date of Delivery			
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
RICHARD LYONS MOORE P O BOX 2487				
FORT WORTH TX 76113-2487	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery			
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes			

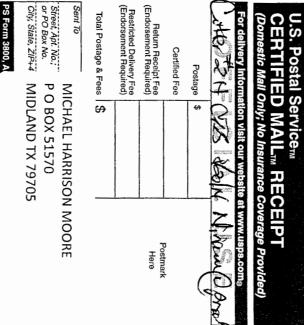




PS Form 3811, July 2013

7014 0510 0001 0742 8275 7014 0510 0001 0742 8275

ADDRESS SERVICE REQUESTED



MICHAEL HARRISON MO P O BOX 51570 MIDLAND TX 79705

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature ☐ Agent X □ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: MICHAEL HARRISON MOORE P O BOX 51570 MIDLAND TX 79705 Service Type Gertified 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 se

Domestic Return Receipt



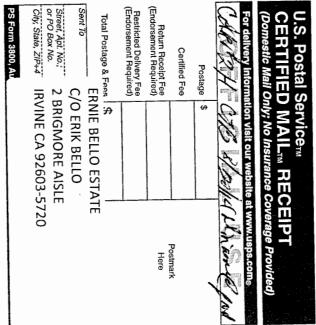


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

PS Form 3811, July 2013

7014 0510 0001 0742 8282 7014 0510 0001 0742 8282

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: ERNIE BELLO ESTATE C/O ERIK BELLO 2 BRIGMORE AISLE	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
IRVINE CA 92603-5720	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 [4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 742 6262

Domestic Return Receipt

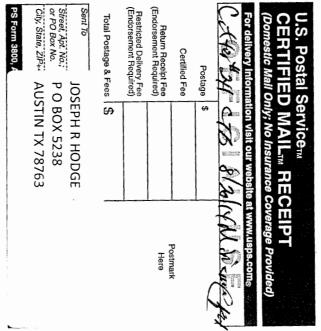


YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0742 8299 7014 0510 0001 0742 8299

ADDRESS SERVICE REQUESTED



JOSEPH R HODGE P O BOX 5238 AUSTIN TX 78763

1					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X				
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.	B. Received by (Printed Name) C. Date of Delive				
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
JOSEPH R HODGE P O BOX 5238					
AUSTIN TX 78763	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 8299				
PS Form 3811 July 2013 Domestic Re	turn Receint				

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



7014 0510 0001 0742 8305 7014 0510 0001 0742 8305

ADDRESS SERVICE REQUESTED

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

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

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Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	JAN SH	For delivery informa	(Domestic Mail O.	CERTIFIED	U.S. Postal Service™
\$				₩	A KIROLE OF	For delivery information visit our website at www.usps.come	Domestic Mail Only; No Insurance Coverage Provided)) MAIL™ REC	ervice™
		Here	Doctoork		XING INCO 1150	Www.nsbs.come	overage Provided)	ECEIPT	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X				
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.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 12. Tyes				
1. Article Addressed to: SANFORD J HODGE III 4323 GILBERT AVE UNIT #2	D. Is delivery address different from item 1?				
DALLAS TX 75219-2909	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 8305				
PS Form 3811, July 2013 Domestic Re	eturn Receipt				

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 4474 7014 0510 0001 0743 4474

PS Form 3800. Au	Siriest, Apt. No.: 2626 COLE AVENUE STE 705 or PO Box No. 2626 COLE AVENUE STE 705 City, State, ZIP+4 DALLAS TX 75204	TURTLE CREEK TRUST COMPANY	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	CAFFH CASISION WEIGHT OF A MANAGED STATES	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
		VDATION ANY		979	nark	4	01001	vided)

AGNES CLUTHE OLIVER FOL TURTLE CREEK TRUST COM 2626 COLE AVENUE STE 70! DALLAS TX 75204

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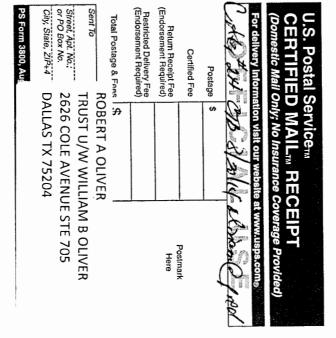
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AGNES CLUTHE OLIVER FOUNDATION TURTLE CREEK TRUST COMPANY 2626 COLE AVENUE STE 705	
DALLAS TX 75204	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
2. Article Number (Transfer from s 7014 0510 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 743 4474
PS Form 3811, July 2013 Domestic Re	eturn Receipt

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



7014 0510 0001 0743 4481 7014 0510 0001 0743 4481

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROBERT A OLIVER TRUST U/W WILLIAM B OLIVER	
2626 COLE AVENUE STE 705 DALLAS TX 75204	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	0743 4481
PS Form 3811, July 2013 Domestic Re	turn Receipt



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



7014 0510 0001 0743 4498 7014 0510 0001 0743 4498

ADDRESS SERVICE REQUESTED

		DS E07 3800 A
IE STE 705	2626 COLE AVENUE STE 705 DALLAS TX 75204	Street, Apt. No.; or PO Box No. City, State, ZIP+4
AM B OLIVER	TRUST U/W WILLIAM B OLIVER	Sent To
	ees S	Total Postage & Fees \$
	Fee ired)	Restricted Delivery Fee (Endorsement Required)
Here	Fee ired)	Retum Receipt Fee (Endorsement Required)
Doctmark	Fee	Certified Fee
(tage \$	Postage
OB Bally What a fall	# 078 A/A/	つるのち
at www.usps.com®	For delivery information visit our website at www.usps.com	For delivery info
CEIPT Coverage Provided)	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFI (Domestic Ma
	J.S. Postal Service™	U.S. Posta

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CEVID	NED.	CAMPI	LIIC C	SECTION
	ÆN. L	JUIVIPL	nio a	SEG HUN

- 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

☐ Collect on Delivery

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

2. Article Number (Transfer from se

7014 0510 0001 0743 4498

PS Form 3811, July 2013

Domestic Return Receipt

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)





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ADDRESS SERVICE REQUESTED

U.S. Postal Service TO CERTIFIED MAIL. (Domestic Mail Only; No Insu	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)
For delivery Inform	For delivery Information visit our website at www.usps.coms
Postage	5
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Postage & Fe	BRIAN D WOEHLER
	TRUST U/W WILLIAM B OLIVER
Sireet, Apr. No.; 98 or PO Box No. City, State, ZIP+4	9840 WESTPOINT DRIVE STE 200 INDIANAPOLIS IN 46256
PS Form 3800, Au	

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

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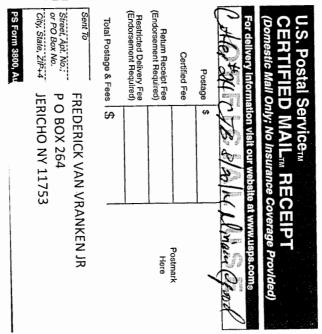
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: BRIAN D WOEHLER TRUST U/W WILLIAM B OLIVER 9840 WESTPOINT DRIVE STE 200	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
INDIANAPOLIS IN 46256	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 4504





7014 0510 0001 0743 4511 7014 0510 0001 0743 4511

ADDRESS SERVICE REQUESTED



FREDERICK VAN VRANK P O BOX 264 JERICHO NY 11753

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
 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. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
FREDERICK VAN VRANKEN JR P O BOX 264 JERICHO NY 11753	3. Service Type ☐ Certified Mail* ☐ Priority Mail Express** ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from s 7014 0510 0001	0743 4511
PS Form 3811, July 2013 Domestic R	Return Receipt





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

7014 0510 0001 0743 4528 7014 0510 0001 0743 4528

ADDRESS SERVICE REQUESTED

U.S. Postal Service TM CERTIFIED MAIL _{TR} (Domestic Mail Only; No Insu	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CEIPT Overage Provided)
For delivery infor	For delivery information visit our website at www.usps.come	On the State of th
Postage	€9	(
Certified Fee	•	
Retum Receipt Fee (Endorsement Required)	90	Here
Restricted Delivery Fee (Endorsement Required)	<u> </u>	
Total Postage & Fees \$	<u>\$</u>	
Sent To Sireet, Apt. No.;	SPACE BUILDING CORPORATION	CORPORATION
or PO Box No. City, State, ZIP+4	ATTN: SUZANN DICROCE P O BOX 283	CROCE
PS Form 3800, Aug	EAST TAUNTON MA 02718-0283	MA 02718-0283

SPACE BUILDING CORPORT ATTN: SUZANN DICROC P O BOX 283
EAST TAUNTON MA 02

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THEIR SHT OT			1 4 2 7 4 1	V. C. HILL	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addresse
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.	B. Received by (Printed Name)	C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from ite If YES, enter delivery address belonger	_
SPACE BUILDING CORPORATION ATTN: SUZANN DICROCE		
	3. Service Type	
P O BOX 283 EAST TAUNTON MA 02718-0283	Certified Mail® Priority Ma	ceipt for Merchandis
	☐ Certified Mail® ☐ Priority Ma	ceipt for Merchandis

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

7014 0510 0001 0743 4535 7014 0510 0001 0743 4535

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL, RECEIPT
(Domestic Mell Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.usps.come
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Sent To
J W GENDRON ESTATE
Sireet, Apit. No.:
380 ABBEY RD
City, State, ZiP44 INDIANA PA 15701-9276
PS Form 3800, A

J W GENDRON ESTATE 380 ABBEY RD INDIANA PA 15701-927

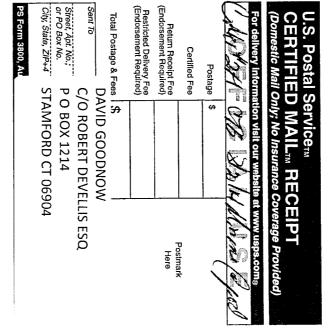
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
J W GENDRON ESTATE 380 ABBEY RD	
INDIANA PA 15701-9276	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	0743 4535
PS Form 3811, July 2013 Domestic Re	turn Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 4542 7014 0510 0001 0743 4542

ADDRESS SERVICE REQUESTED



DAVID GOODNOW C/O ROBERT DEVELLIS ES P O BOX 1214 STAMFORD CT 06904

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

SENDER: COMPLETE THIS SECTION

- 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

3	. Service Type		
	Certified Mail®	☐ Priority Ma	iil Express™
	☐ Registered	☐ Return Re	ceipt for Merchandise
	☐ Insured Mail	☐ Collect on	Delivery
4	Restricted Delivery	? (Extra Fee)	□ Yos

Article Number
 (Transfer from set)

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PS Form 3811, July 2013

Domestic Return Receipt



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

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ADDRESS SERVICE REQUESTED

U.S. Postal S CERTIFIED (Domestic Mail O)	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	rovided)
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Certified Fee	Q	t the second
Retum Receipt Fee (Endorsement Required)		Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$	⇔	
	ELSIE G HOLDEN TESTAMENTARY TRUST BETSY KELLER	SY KELLER
Street, Apt. No.; or PO Box No. 19 City, State, ZIP+4 SA	1945 WASHINGTON ST APT 201 SAN FRANCISCO CA 94109-2968	- 201 2968
PS Form 3800, Au		

ELSIE G HOLDEN
TESTAMENTARY TRUST BETS'
1945 WASHINGTON ST APT-2
SAN FRANCISCO CA 94109-25

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: **ELSIE G HOLDEN** TESTAMENTARY TRUST BETSY KELLER 1945 WASHINGTON ST APT 201 SAN FRANCISCO CA 94109-2968 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 0743 4559 (Transfer from se

PS Form 3811, July 2013

Domestic Return Receipt



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

7014 0510 0001 0743 4566 7014 0510 0001 0743 4566

ADDRESS SERVICE REQUESTED

	PS Form 3800, At
25	Street, Apr. No.: ISAAC A KAWASAKI Street, Apr. No.: 734 KALANIPUU or PO Box No. 734 KALANIPUU City, State, ZiP44 HONOLULU HI 96825
	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
Here	Return Receipt Fee (Endorsement Required)
Doetmark	Certified Fee
(/	Postage \$
Manual for	MICHE SO-VELLIN
at www.usps.com®	(Domestic Mail Only; No insurance coverage Provided) For delivery information visit our website at www.usps.come
EIPT	CERTIFIED MAIL RECEIPT
	U.S. Postal Service™

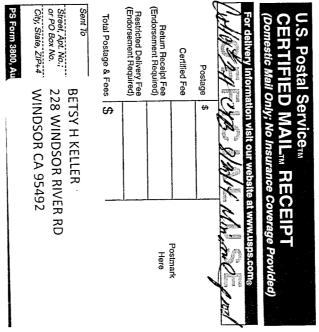
ISAAC A KAWASAKI 734 KALANIPUU HONOLULU HI 96825

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
ISAAC A KAWASAKI 734 KALANIPUU	
HONOLULU HI 96825	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 4566
PS Form 3811, July 2013 Domestic Re	eturn Receipt

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

7014 0510 0001 0743 4573 7014 0510 0001 0743 4573

ADDRESS SERVICE REQUESTED



BETSY H KELLER 228 WINDSOR RIVER RD WINDSOR CA 95492

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

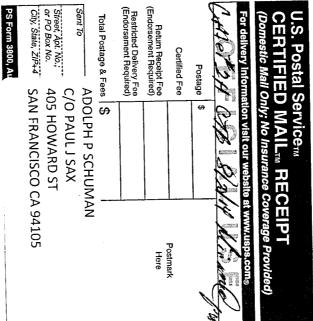
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the reverse. 	A. Signature X
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
BETSY H KELLER 228 WINDSOR RIVER RD	
WINDSOR CA 95492	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	0743 4573
PS Form 3811, July 2013 Domestic Re	eturn Receipt



7014 0510 0001 0743 4580 7014 0510 0001 0743 4580

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

ADDRESS SERVICE REQUESTED



ADOLPH P SCHUMAN C/O PAUL J SAX 405 HOWARD ST SAN FRANCISCO CA 94105

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
 TACE STICKER AT TOP OF ENVELOPE TO THE FIGURE

A. Signature	ELIVERY □ Agent
B. Received by (Printed Name)	C. Date of Deliver
D. Is delivery address different from it If YES, enter delivery address be	tem 1?
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3. Service Type Certified Mail® Priority Mail® Registered Return Re	ail Express™
-	Delivery
4. Restricted Delivery? (Extra Fee)	□ Yes
•	A. Signature X B. Received by (Printed Name) D. Is delivery address different from it If YES, enter delivery address be 3. Service Type Certified Mail® Priority Mail Registered Return Religious Insured Mail Collection

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

7014 0510 0001 0743 4597 7014 0510 0001 0743 4597

ADDRESS SERVICE REQUESTED

		PS Form 3800, Au
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at www.usps.come	For delivery information visit our website at www.usps.com⊛	For delivery infor
CEIPT Coverage Provided)	CERTIFIED MAIL _™ RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	CERTIFIE
	Postal Service™	U.S. Postal

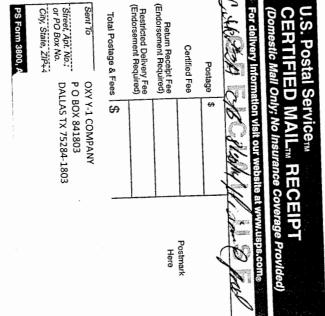
ROBERT B BUNN TRUSTEE REV LIVING TRUST 2493 MAKIKI HEIGHTS DR HONOLULU HI 96822-2547

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	A. Signature X ☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROBERT B BUNN TRUSTEE	
REV LIVING TRUST	
2493 MAKIKI HEIGHTS DR	
HONOLULU HI 96822-2547	3. Service Type A 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	0743 4597
PS Form 3811, July 2013 Domestic Ret	urn Receipt

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

7014 0510 0001 0743 4603 7014 0510 0001 0743 4603

ADDRESS SERVICE REQUESTED



OXY Y-1 COMPANY P O BOX 841803 DALLAS TX 75284-1803

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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,	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
OXY Y-1 COMPANY P O BOX 841803 DALLAS TX 75284-1803	
	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	

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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