

ABOVE THIS LINE FOR DIVISION USE ONLY

## NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



### ADMINISTRATIVE APPLICATION CHECKLIST

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

#### Application Acronyms:

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

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication  
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

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

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

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

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

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO  
 U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or, Pool

[F] ☒ Waivers are Attached

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

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

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

Miriam Morales

Print or Type Name

Signature

Production Analyst

Title

9/9/14  
Date

mmorales@yatespetroleum.com  
e-mail Address

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised June 10, 2003

### OIL CONSERVATION DIVISION

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

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

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

OPERATOR NAME: Yates Petroleum Corporation

OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210

APPLICATION TYPE:

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

LEASE TYPE: ☒ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☒ Yes ☐ No If "Yes", please include the appropriate Order No. CTB-701

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling

☐ Yes ☒ No

#### (A) POOL COMMINGLING

Please attach sheets with the following information

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

(2) Are any wells producing at top allowables? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.

(4) Measurement type: ☐ Metering ☐ Other (Specify)

(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

#### (B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code. N. Seven Rivers;Glorieta-Yeso #97565

(2) Is all production from same source of supply? ☒ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No

(4) Measurement type: ☒ Metering ☐ Other (Specify)

#### (C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

(1) Complete Sections A and E.

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

Please attached sheets with the following information

(1) Is all production from same source of supply? ☐ Yes ☐ No

(2) Include proof of notice to all interest owners.

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

Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.

(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.

(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: 

TITLE: Production Analyst

DATE: 9/9/14

TYPE OR PRINT NAME: Miriam Morales

TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

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

WELL API NO. 30-015-26672
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Conoco Com
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat N. Seven Rivers; Glorietta-Yeso
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3553.3' GR

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

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

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 S. Fourth Street Artesia, NM 88210

4. Well Location

Unit Letter A : 710 feet from the North line and 660 feet from the East line

Section 18 Township 19S Range 25E NMPM County Eddy

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

3553.3' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

OTHER: Amendment to CTB-701



SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

P AND A ☐

CASING/CEMENT JOB ☐

OTHER:



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

Yates Petroleum respectfully requests administrative approval to amend CTB-701 by adding the Conoco Com #1. Yates will like to commingle oil only on the leases below:

**Lodewick A #2**

N. Seven Rivers; Glorietta-Yeso  
Sec. 19-T19S-R25E  
API #30-05-26635  
FEE  
Eddy County, NM

**Dagger Draw #10**

N. Seven Rivers; Glorietta-Yeso  
Sec. 19-T19S-R25E  
API #30-015-26662  
FEE  
Eddy County, NM

**Conoco Com #1**

N. Seven Rivers; Glorietta-Yeso  
Sec. 18-T19S-R25E  
API #30-015-26672  
FEE  
Eddy County, NM

The commingled production is located at the Dagger Draw Com tank battery facilities located in Sec. 19-T19S-R25E, Unit L. Please see attached plats and site security diagram.

The ownership is diversified. All owners have been notified. (see attached copies of certified mail)

**Oil Measurement**

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the 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 shall be included in this application.

Estimated daily oil production for the Lodewick is 5 bbls and for the Dagger Draw is 7 bbls and for the Conoco #1 is 15 bbls.

**Gas Measurement**

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, 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.

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

SIGNATURE Miriam Morales TITLE Prod. Reporting Analyst DATE 9/9/14

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-26635	<sup>2</sup> Pool Code 97565	<sup>3</sup> Pool Name N. Seven Rivers; Glorieta-Yeso
<sup>4</sup> Property Code	<sup>5</sup> Property Name Lodewick A	<sup>6</sup> Well Number 2
<sup>7</sup> OGRID No. 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation	<sup>9</sup> Elevation 3585'GL

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	19	19S	25E		1650	North	660	West	Eddy

<sup>11</sup> 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
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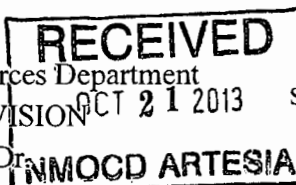
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup> 	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature: <u>Laura Watts</u> Date: <u>October 11, 2013</u> Printed Name: <u>Laura Watts</u> E-mail Address: <u>laura@yatespetroleum.com</u>			
	<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey: _____ Signature and Seal of Professional Surveyor: _____ Certificate Number: _____			
	RECEIVED OCT 15 2013 NMOCD ARTESIA			

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
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Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505



Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

*As Drilled*

<sup>1</sup> API Number 30-015-26662	<sup>2</sup> Pool Code 97565	<sup>3</sup> Pool Name N. Seven Rivers; Glorieta-Yeso
<sup>4</sup> Property Code	<sup>5</sup> Property Name Dagger Draw	<sup>6</sup> Well Number 10
<sup>7</sup> OGRID No. 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation	<sup>9</sup> Elevation 3568' GL

<sup>10</sup> Surface Location

UL or lot no. M	Section 19	Township 19S	Range 25E	Lot Idn	Feet from the 660	North/South line South	Feet from the 660	East/West line West	County Eddy
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<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

					<p><b><sup>17</sup> OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Tina Huerta</i> October 18, 2013 Signature Date</p> <p>Tina Huerta Printed Name</p> <p>tinah@yatespetroleum.com E-mail Address</p>
					<p><b><sup>18</sup> SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p>
					<p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>
					<p>Certificate Number</p>

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 397-0720  
District II  
811 S. First St., Artesia, NM 88210  
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Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-26672	<sup>2</sup> Pool Code 97565	<sup>3</sup> Pool Name N. Seven Rivers; Glorieta-Yeso
<sup>4</sup> Property Code 34689	<sup>5</sup> Property Name NDDUP (Conoco Com #1)	<sup>6</sup> Well Number 9
<sup>7</sup> OGRID No. 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation	<sup>9</sup> Elevation 3,553.3' GR

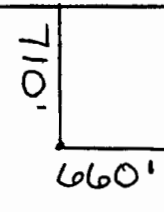
<sup>10</sup> Surface Location

UL or lot no. A	Section 18	Township 19S	Range 25E	Lot Idn	Feet from the 710	North/South line North	Feet from the 660	East/West line East	County Eddy
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<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						

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.

<sup>16</sup>		<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature: <u>Laura Watts</u> Date: December 31, 2013 Printed Name: <u>Laura Watts</u> E-mail Address: <u>laura@yatespetroleum.com</u>
		<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey: _____ Signature and Seal of Professional Surveyor: _____ Certificate Number: _____





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

-Michael Farmer  
-July, 2014

# Dagger Draw Com Battery

660' FSL & 1980' FEL \* Sec 19 - T19S-R25E\* Unit L  
Eddy County, NM

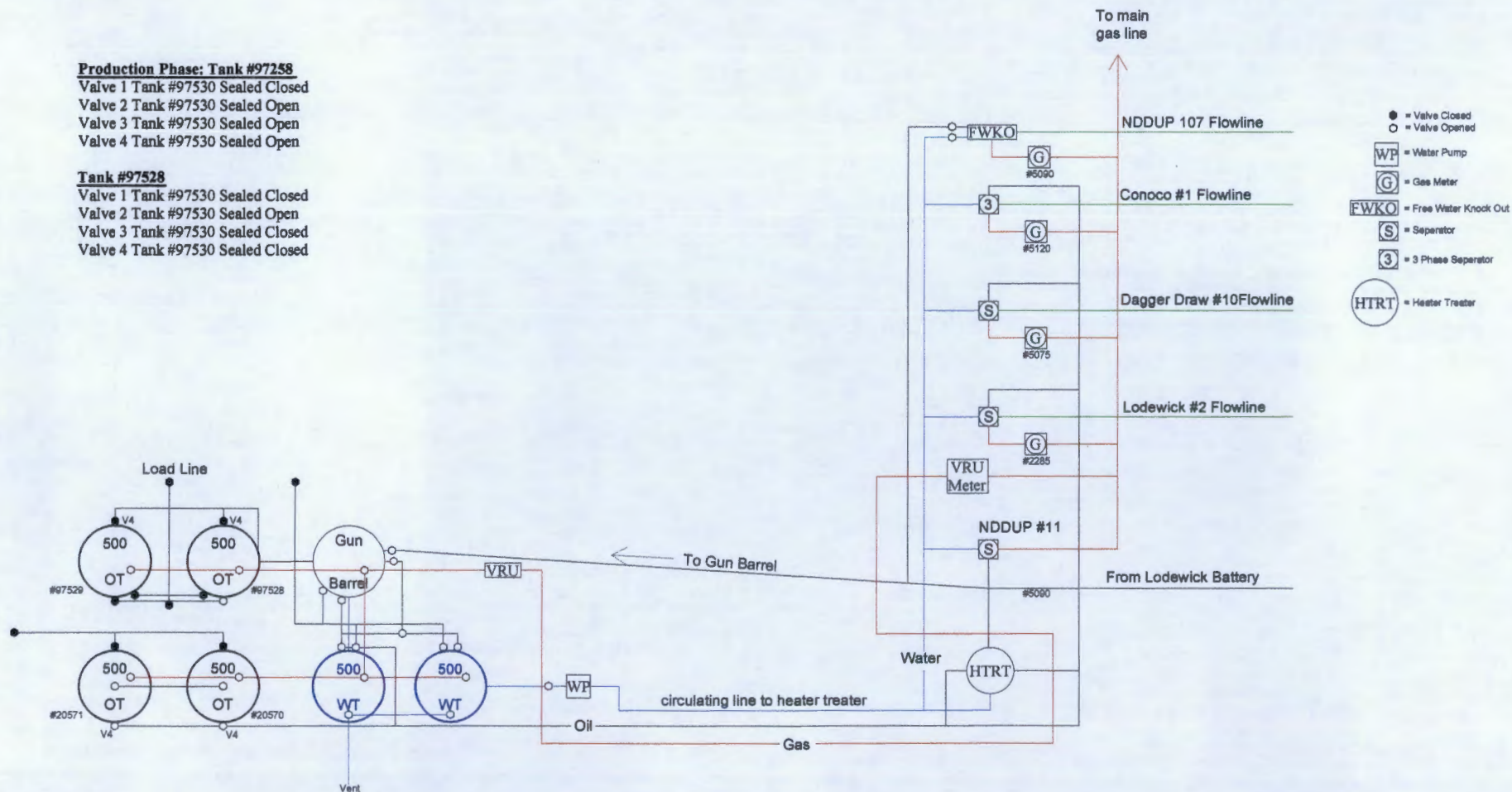


## Production Phase: Tank #97258

Valve 1 Tank #97530 Sealed Closed  
Valve 2 Tank #97530 Sealed Open  
Valve 3 Tank #97530 Sealed Open  
Valve 4 Tank #97530 Sealed Open

## Tank #97528

Valve 1 Tank #97530 Sealed Closed  
Valve 2 Tank #97530 Sealed Open  
Valve 3 Tank #97530 Sealed Closed  
Valve 4 Tank #97530 Sealed Closed



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

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Amendment for CTB -701  
Lodewick A #2 , Dagger Draw #10 & Conoco Com #1  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-701 by adding the Conoco #1.

**Lodewick A #2**

N. Seven Rivers; Glorieta-Yeso  
Sec. 19-T19S-R25E  
API #30-05-26635  
FEE  
Eddy County, NM

**Dagger Draw #10**

N. Seven Rivers; Glorieta-Yeso  
Sec. 19-T19S-R25E  
API #30-015-26662  
FEE  
Eddy County, NM

**Conoco Com #1**

N. Seven Rivers; Glorieta-Yeso  
Sec. 18-T19S-R25E  
API #30-015-26672  
FEE  
Eddy County, NM

The commingled production is located at the Dagger Draw Com tank battery facilities located in Sec. 19-T19S-R25E, Unit L.

The ownership is diversified. All owners have been notified.

**Oil Measurement**

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the 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 shall be included in this application

Estimated daily oil production for the Lodewick is 5 bbls, for the Dagger Draw is 7 bbls and for the Conoco #1 is 15 bbls.

**Gas Measurement**

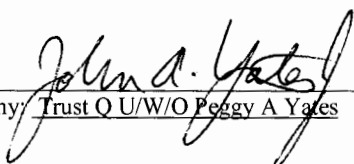
Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, 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.

Sincerely,

Miriam Morales  
Production Analyst

I hereby approve this application

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

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER



MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Amendment for CTB -701  
Lodewick A #2 , Dagger Draw #10 & Conoco Com #1  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-701 by adding the Conoco #1.

**Lodewick A #2**

N. Seven Rivers; Glorietta-Yeso  
Sec. 19-T19S-R25E  
API #30-05-26635  
FEE  
Eddy County, NM

**Dagger Draw #10**

N. Seven Rivers; Glorietta-Yeso  
Sec. 19-T19S-R25E  
API #30-015-26662  
FEE  
Eddy County, NM

**Conoco Com #1**

N. Seven Rivers; Glorietta-Yeso  
Sec. 18-T19S-R25E  
API #30-015-26672  
FEE  
Eddy County, NM

The commingled production is located at the Dagger Draw Com tank battery facilities located in Sec. 19-T19S-R25E, Unit L.

The ownership is diversified. All owners have been notified.

**Oil Measurement**

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the 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 shall be included in this application

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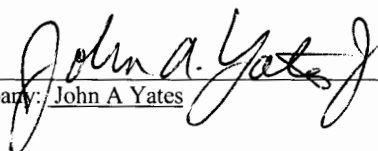
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The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production.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

Sincerely,

Miriam Morales  
Production Analyst

I hereby approve this application

  
Company: John A Yates

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



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ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

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PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Amendment for CTB -701  
Lodewick A #2 , Dagger Draw #10 & Conoco Com #1  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-701 by adding the Conoco #1.

**Lodewick A #2**

N. Seven Rivers; Glorieta-Yeso  
Sec. 19-T19S-R25E  
API #30-05-26635  
FEE  
Eddy County, NM

**Dagger Draw #10**

N. Seven Rivers; Glorieta-Yeso  
Sec. 19-T19S-R25E  
API #30-015-26662  
FEE  
Eddy County, NM

**Conoco Com #1**

N. Seven Rivers; Glorieta-Yeso  
Sec. 18-T19S-R25E  
API #30-015-26672  
FEE  
Eddy County, NM

The commingled production is located at the Dagger Draw Com tank battery facilities located in Sec. 19-T19S-R25E, Unit L.

The ownership is diversified. All owners have been notified.

**Oil Measurement**

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the 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 shall be included in this application

Estimated daily oil production for the Lodewick is 5 bbls, for the Dagger Draw is 7 bbls and for the Conoco #1 is 15 bbls.

**Gas Measurement**

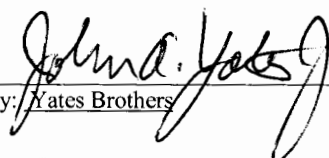
Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, 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.

Sincerely,

Miriam Morales  
Production Analyst

I hereby approve this application

  
Company: Yates Brothers

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

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EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Amendment for CTB -701  
Lodewick A #2 , Dagger Draw #10 & Conoco Com #1  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-701 by adding the Conoco #1.

**Lodewick A #2**

N. Seven Rivers; Glorietta-Yeso  
Sec. 19-T19S-R25E  
API #30-05-26635  
FEE  
Eddy County, NM

**Dagger Draw #10**

N. Seven Rivers; Glorietta-Yeso  
Sec. 19-T19S-R25E  
API #30-015-26662  
FEE  
Eddy County, NM

**Conoco Com #1**

N. Seven Rivers; Glorietta-Yeso  
Sec. 18-T19S-R25E  
API #30-015-26672  
FEE  
Eddy County, NM

The commingled production is located at the Dagger Draw Com tank battery facilities located in Sec. 19-T19S-R25E, Unit L.

The ownership is diversified. All owners have been notified.

**Oil Measurement**

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the 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 shall be included in this application

Estimated daily oil production for the Lodewick is 5 bbls, for the Dagger Draw is 7 bbls and for the Conoco #1 is 15 bbls.

**Gas Measurement**

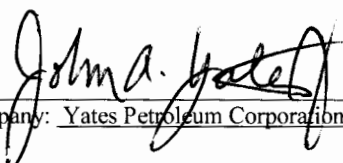
Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, 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.

Sincerely,

Miriam Morales  
Production Analyst

I hereby approve this application

  
Company: Yates Petroleum Corporation

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



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CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Amendment for CTB -701  
Lodewick A #2 , Dagger Draw #10 & Conoco Com #1  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-701 by adding the Conoco #1.

**Lodewick A #2**

N. Seven Rivers; Glorieta-Yeso  
Sec. 19-T19S-R25E  
API #30-05-26635  
FEE  
Eddy County, NM

**Dagger Draw #10**

N. Seven Rivers; Glorieta-Yeso  
Sec. 19-T19S-R25E  
API #30-015-26662  
FEE  
Eddy County, NM

**Conoco Com #1**

N. Seven Rivers; Glorieta-Yeso  
Sec. 18-T19S-R25E  
API #30-015-26672  
FEE  
Eddy County, NM

The commingled production is located at the Dagger Draw Com tank battery facilities located in Sec. 19-T19S-R25E, Unit L.

The ownership is diversified. All owners have been notified.

**Oil Measurement**

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the 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 shall be included in this application

Estimated daily oil production for the Lodewick is 5 bbls, for the Dagger Draw is 7 bbls and for the Conoco #1 is 15 bbls.

**Gas Measurement**

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, 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.

Sincerely,

Miriam Morales  
Production Analyst

I hereby approve this application

Company: Sharbro Energy LLC

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

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JOHN A. YATES  
CHAIRMAN EMERITUS

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CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

September 9, 2014

RE: Amendment to CTB-701  
Lodewick A #2, Dagger Draw #10 & Conoco Com #1  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting administrative approval from the Oil Conservation Division to amend CTB-701 by adding the Conoco Com #1.

**Lodewick A #2**  
N. Seven Rivers; Glorietta-Yeso  
Sec. 19-T19S-R25E  
API #30-05-26635  
FEE  
Eddy County, NM

**Dagger Draw #10**  
N. Seven Rivers; Glorietta-Yeso  
Sec. 19-T19S-R25E  
API #30-015-26662  
FEE  
Eddy County, NM

**Conoco Com #1**  
N. Seven Rivers; Glorietta-Yeso  
Sec. 18-T19S-R25E  
API #30-015-26672  
FEE  
Eddy County, NM

The commingled production is located at the Dagger Draw Com tank battery facilities located in Sec. 19-T19S-R25E, Unit L.

The ownership is diversified. All owners have been notified.

#### Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the 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 shall be included in this application.

Estimated daily oil production for the Lodewick is 5 bbls, for the Dagger Draw is 7 bbls and for the Conoco #1 is 15 bbls.

#### Gas Measurement

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, 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.

Any objections must be filed in writing with the OCD in Santa Fe within 20 days from the date the division receives the application. Applications will be sent in conjunction with notification to owners.

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

Sincerely,

Miriam Morales  
Production Analyst



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

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*Charles J. [Signature]*

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P O BOX 1933  
ROSWELL NM 88201

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1308 LAKE STREET #200  
FT WORTH TX 76102

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FT WORTH TX 76102

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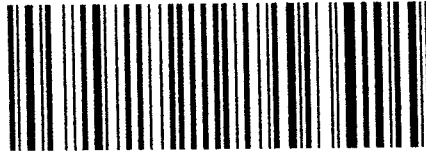
3. Service Type

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4. Restricted Delivery? (Extra Fee) ☐ Yes

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HANSON-MCBRIDE PETROLEUM CO  
P O BOX 1515  
ROSWELL NM 88202-1515

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ROSWELL NM 88202-1515

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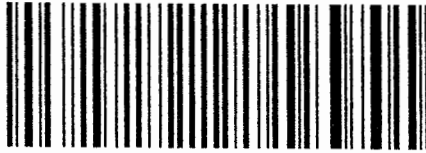
☐ Yes



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JALAPENO CORPORATION  
P O BOX 1608  
ALBUQUERQUE NM 87103-1608

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Return Receipt Fee  
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Restricted Delivery Fee  
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ALBUQUERQUE NM 87103-1608

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JALAPENO CORPORATION  
P O BOX 1608  
ALBUQUERQUE NM 87103-1608

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☐ Agent  
☐ Addressee

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MARIGOLD LLP  
P O BOX 1290  
ARTESIA NM 88211-1290

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

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MARIGOLD LLP

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MARIGOLD LLP  
P O BOX 1290  
ARTESIA NM 88211-1290

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P O BOX 1290  
ARTESIA NM 88211-1290

2. Article Number  
(Transfer from ser.)

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☐ Yes



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DALLAS TX 75219	
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Postmark Here	

OZARK EXPLORATION INC  
3838 OAK LAWN AVE STE  
DALLAS TX 75219

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1. Article Addressed to:

OZARK EXPLORATION INC  
3838 OAK LAWN AVE STE 1525  
DALLAS TX 75219

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A. Signature

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☐ Agent

☐ Addressee

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C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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<i>Carole Legado</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to	SANTO LEGADO LLLP
Street, Apt. No., or PO Box No.	P O BOX 1020
City, State, ZIP+4	ARTESIA NM 88211-1020
PS Form 3800, All	

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

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

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from ser)

7014 0510 0001 0743 7024

PS Form 3811, July 2013

Domestic Return Receipt



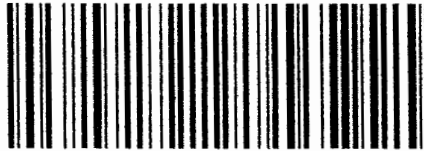




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7048

7014 0510 0001 0743 7048

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Carole F. Lopez</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<b>Sent To</b>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, Aug 01	

TULIPAN LLC  
428 SANDOVAL STE 200  
SANTA FE NM 87501

TULIPAN LLC  
428 SANDOVAL STE 200  
SANTA FE NM 87501

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

TULIPAN LLC  
428 SANDOVAL STE 200  
SANTA FE NM 87501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7048

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7055

7014 0510 0001 0743 7055

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Constance L. G. B. 10-1-11</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
YATES ENERGY CORPORATION P O BOX 2323 ROSWELL NM 88202-2323	
PS Form 3800, Aug 01	

YATES ENERGY CORPORA  
P O BOX 2323  
ROSWELL NM 88202-232

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

YATES ENERGY CORPORATION  
P O BOX 2323  
ROSWELL NM 88202-2323

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7055

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

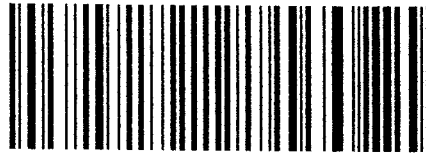
4. Restricted Delivery? (Extra Fee)

☐ Yes



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

**CERTIFIED MAIL™**



7014 0510 0001 0743 7062

7014 0510 0001 0743 7062

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Postage paid by addressee</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	
Harvey E Yates Company	
P O BOX 1933	
Roswell NM 88201	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, All	

HARVEY E YATES COMPANY  
P O BOX 1933  
ROSWELL NM 88201

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:

HARVEY E YATES COMPANY  
P O BOX 1933  
ROSWELL NM 88201

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from S)

7014 0510 0001 0743 7062

PS Form 3811, July 2013

Domestic Return Receipt



**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7086

7014 0510 0001 0743 7086

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

SARA M ROGERS  
1063 POPLAR SPRINGS RD  
LOUDON TN 37774

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

Postmark  
Here

*Constance Rogers*

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

SARA M ROGERS  
1063 POPLAR SPRINGS R  
LOUDON TN 37774

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:

SARA M ROGERS  
1063 POPLAR SPRINGS RD  
LOUDON TN 37774

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7086

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

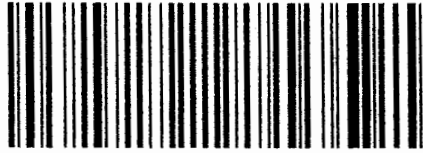




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7093

7014 0510 0001 0743 7093

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

STEPHANIE VIARS  
1063 POPLAR SPRINGS RD  
LOUDON TN 37774

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

Postmark  
Here

1063 Poplar Springs Rd  
Stephanie Viars  
USPS

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

STEPHANIE VIARS  
1063 POPLAR SPRINGS RD  
LOUDON TN 37774

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:

STEPHANIE VIARS  
1063 POPLAR SPRINGS RD  
LOUDON TN 37774

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7093

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7109

7014 0510 0001 0743 7109

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

JAMES ROGERS  
P O BOX 738  
BALDWIN CITY KS 66006

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

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only: No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
JAMES ROGERS  
P O BOX 738  
BALDWIN CITY KS 66006

JAMES ROGERS  
P O BOX 738  
BALDWIN CITY KS 66006

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:

JAMES ROGERS  
P O BOX 738  
BALDWIN CITY KS 66006

2. Article Number  
(Transfer from si

7014 0510 0001 0743 7109

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7116

7014 0510 0001 0743 7116

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

WILLIAM OWNBEY  
4019 CREST CV  
ROUND ROCK TX 78681-2425

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

Postmark  
Here

*William Ownbey*

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

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

WILLIAM OWNBEY  
4019 CREST CV  
ROUND ROCK TX 78681-2425

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:

WILLIAM OWNBEY  
4019 CREST CV  
ROUND ROCK TX 78681-2425

2. Article Number  
(Transfer from si

7014 0510 0001 0743 7116

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

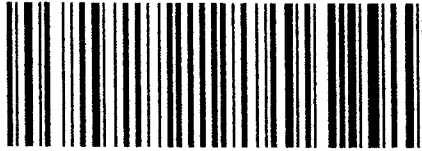
4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7123

7014 0510 0001 0743 7123

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

THORAL SHAW JR  
8522 HIGHWAY 30  
DURHAM OK 73642-4254

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Domestic Mail Only; No Insurance Coverage Provided

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

THORAL SHAW JR  
8522 HIGHWAY 30  
DURHAM OK 73642-4254

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:

THORAL SHAW JR  
8522 HIGHWAY 30  
DURHAM OK 73642-4254

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from serv.)

7014 0510 0001 0743 7123

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

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

BALDWICK LIMITED PARTNERSHIP  
3300 N A ST BLDG 2-212  
MIDLAND TX 79705

CERTIFIED MAIL™



7014 0510 0001 0743 7130

7014 0510 0001 0743 7130

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

Postmark  
Here

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

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

BALDWICK LIMITED PARTNE  
3300 N A ST BLDG 2-212  
MIDLAND TX 79705

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BALDWICK LIMITED PARTNERSHIP  
3300 N A ST BLDG 2-212  
MIDLAND TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from )

7014 0510 0001 0743 7130



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7147  
7014 0510 0001 0743 7147

Sent To  
DALE JONES  
Street, Apt. No.,  
or PO Box No. BOX 36  
City, State, ZIP+4 MORSE TX 79062  
PS Form 3800, A

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

Postmark  
Here

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

DALE JONES  
BOX 36  
MORSE TX 79062

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:

DALE JONES  
BOX 36  
MORSE TX 79062

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7147

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

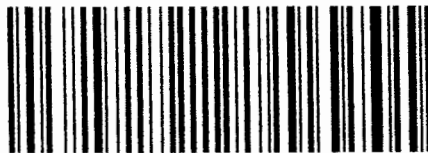




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7154

7014 0510 0001 0743 7154

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

ARDISE DARLENE SHAW  
P O BOX 50128  
AMARILLO TX 79159

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

\$  
\$  
\$  
\$  
\$  
\$

Postmark  
Here

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

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

ARDISE DARLENE SHAW  
P O BOX 50128  
AMARILLO TX 79159

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:

ARDISE DARLENE SHAW  
P O BOX 50128  
AMARILLO TX 79159

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7154

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7161

7014 0510 0001 0743 7161

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Sent To: Street, Apt. No., or PO Box No. City, State, ZIP+4	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	Postmark Here
NANCY L ARCHER 1300 SARDINIA COURT CHAMPIONS GATE FL 33896	

NANCY L ARCHER  
1300 SARDINIA COURT  
CHAMPIONS GATE FL

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NANCY L ARCHER  
1300 SARDINIA COURT  
CHAMPIONS GATE FL 33896

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from se

7014 0510 0001 0743 7161

PS Form 3811, July 2013

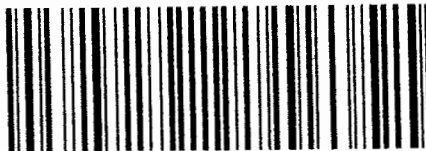
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7178

7014 0510 0001 0743 7178

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Can't find a stamp? Call 1-800-4USPS</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	JENNIFER ANN IDELL
Street, Apt. No., or PO Box No.	2900 S SOONER RD
City, State, ZIP+4	OKLAHOMA CITY OK 73165-7212
PS Form 3800, April 2002	

JENNIFER ANN IDELL  
2900 S SOONER RD  
OKLAHOMA CITY OK 73165-7212

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:

JENNIFER ANN IDELL  
2900 S SOONER RD  
OKLAHOMA CITY OK 73165-7212

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se)

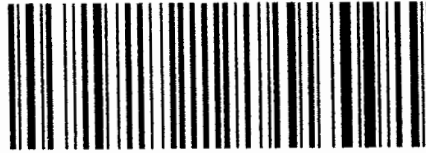
7014 0510 0001 0743 7178



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7185

7014 0510 0001 0743 7185

PS Form 3800, All

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
JOHNNIE R MANNING  
9359 TARTAN VIEW DR  
FAIRFAX VA 22032

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

Postmark  
Here

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

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

JOHNNIE R MANNING  
9359 TARTAN VIEW DR  
FAIRFAX VA 22032

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:

JOHNNIE R MANNING  
9359 TARTAN VIEW DR  
FAIRFAX VA 22032

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7185

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7192

7014 0510 0001 0743 7192

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Certified Mail</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	PEGGY LOU BORT JONES
Street, Apt. No., or PO Box No.	862 CHILTERN RD
City, State, ZIP+4	HILLSBOROUGH CA 94010
PS Form 3800, August 2003	

PEGGY LOU BORT JONES  
862 CHILTERN RD  
HILLSBOROUGH CA 94010

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:

PEGGY LOU BORT JONES  
862 CHILTERN RD  
HILLSBOROUGH CA 94010

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s

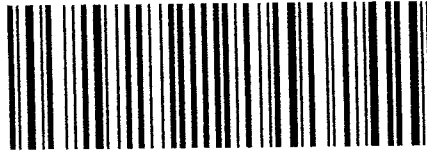
7014 0510 0001 0743 7192



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7208  
7014 0510 0001 0743 7208

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, Aug01

MATTHEW E CHISUM  
P O BOX 3338  
STINNETT TX 70983-3338

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

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
Matthew E Chisum

MATTHEW E CHISUM  
P O BOX 3338  
STINNETT TX 70983-3338

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:

MATTHEW E CHISUM  
P O BOX 3338  
STINNETT TX 70983-3338

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X  
☐ Agent  
☐ Addressee

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

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

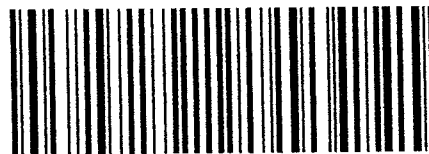
3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from st 7014 0510 0001 0743 7208

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7215

7014 0510 0001 0743 7215

PS Form 3800, Aug

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

BARBARA JEAN CLUCK  
P O BOX 642  
GRUVER TX 79040

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

Postage \$

Certified Fee

Return Receipt Fee

Restricted Delivery Fee

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

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

BARBARA JEAN CLUCK  
P O BOX 642  
GRUVER TX 79040

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:

BARBARA JEAN CLUCK  
P O BOX 642  
GRUVER TX 79040

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7215

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7222

7014 0510 0001 0743 7222

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

WAGNER EXEMPT TRUST  
ROUTE 1 BOX 101  
ARNETT OK 73832

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

Postmark  
Here

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

*Michael J. [Signature]*

WAGNER EXEMPT TRUST  
ROUTE 1 BOX 101  
ARNETT OK 73832

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:

WAGNER EXEMPT TRUST  
ROUTE 1 BOX 101  
ARNETT OK 73832

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7222

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes





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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7239

7014 0510 0001 0743 7239

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, All  
6004 FRONT ROYAL  
AUSTIN TX 78746

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

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
JO E THORNTON  
6004 FRONT ROYAL  
AUSTIN TX 78746

JO E THORNTON  
6004 FRONT ROYAL  
AUSTIN TX 78746

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:

JO E THORNTON  
6004 FRONT ROYAL  
AUSTIN TX 78746

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
☒ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from ser) 7014 0510 0001 0743 7239

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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



7014 0510 0001 0743 7246

7014 0510 0001 0743 7246

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>John Widney Lodewick</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, Zip+4	
JOHN WIDNEY LODEWICK 3305 WENTWOOD DALLAS TX 75225	
PS Form 3800, Aug	

JOHN WIDNEY LODEWICK  
3305 WENTWOOD  
DALLAS TX 75225

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOHN WIDNEY LODEWICK  
3305 WENTWOOD  
DALLAS TX 75225

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7246

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

# CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7253

7014 0510 0001 0743 7253

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

LAURA PATRICIA LODE  
511 NEWELL AVE  
DALLAS TX 75223-1155

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  LAURA PATRICIA LODEWICK 511 NEWELL AVE DALLAS TX 75223-1155		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from se)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7014 0510 0001 0743 7253

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7260

7014 0510 0001 0743 7260

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	<i>Joe L. and Cathy D. McNatt</i> <b>JOE L. MCNATT</b> <b>CATHY D. MCNATT</b>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to Martha Jane McNatt 1415 Tanglewood Dr Graham TX 76450	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, AU	

MARTHA JANE MCNATT  
1415 TANGLEWOOD DR  
GRAHAM TX 76450

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:

MARTHA JANE MCNATT  
1415 TANGLEWOOD DR  
GRAHAM TX 76450

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7277  
7014 0510 0001 0743 7277

PS Form 3800, A

**SENT TO**  
DONNA OWNBAY WILLIAMSON  
5203 FOOTHILL RANCH RD  
SANTA ROSA CA 85404-1234

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

Postmark  
Here

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

DONNA OWNBAY WILL  
5203 FOOTHILL RANCH  
SANTA ROSA CA 85404

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:

DONNA OWNBAY WILLIAMSON  
5203 FOOTHILL RANCH RD  
SANTA ROSA CA 85404-1234

2. Article Number  
(Transfer from sender's label)

7014 0510 0001 0743 7277

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

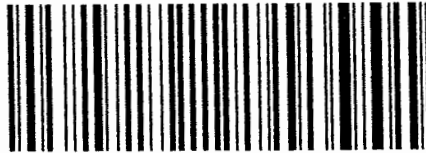
4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7284

7014 0510 0001 0743 7284

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

CHISUM RANCHES LTD  
P O BOX 3338  
STINNETT TX 79083-3338

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

\$

Postmark  
Here

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

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

CHISUM RANCHES LTD  
P O BOX 3338  
STINNETT TX 79083-3338

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:

CHISUM RANCHES LTD  
P O BOX 3338  
STINNETT TX 79083-3338

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7284

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7291

7014 0510 0001 0743 7291

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

SHIRLEY MARLENE WAITS HALLER  
P O BOX 1072  
TUCUMCARI NM 88401

Total Postage & Fees \$

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

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

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

SHIRLEY MARLENE W  
P O BOX 1072  
TUCUMCARI NM 884

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:

SHIRLEY MARLENE WAITS HALLER  
P O BOX 1072  
TUCUMCARI NM 88401

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7291

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7307

7014 0510 0001 0743 7307

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

DARRELL W JONES  
2504 MALVERN CT  
EDMOND OK 73034-6485

PS Form 3800, All

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

Postmark  
Here

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

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

DARRELL W JONES  
2504 MALVERN CT  
EDMOND OK 73034-6485

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:

DARRELL W JONES  
2504 MALVERN CT  
EDMOND OK 73034-6485

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7307

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

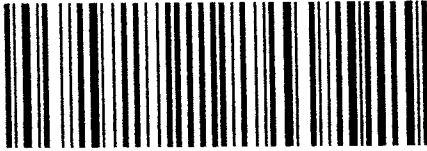


**CERTIFIED MAIL™**



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7314

7014 0510 0001 0743 7314

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

DON JONES  
P O BOX 71  
MORSE TX 79062

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

\$

Postmark  
Here

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Don Jones Morse TX 79062

DON JONES  
P O BOX 71  
MORSE TX 79062

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:

DON JONES  
P O BOX 71  
MORSE TX 79062

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7314

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7321

7014 0510 0001 0743 7321

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

ALBERT EDWARD SHAW  
P O BOX 838  
CROWELL TX 79227

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

Postmark  
Here

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

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

ALBERT EDWARD SHAW  
P O BOX 838  
CROWELL TX 79227

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:

ALBERT EDWARD SHAW  
P O BOX 838  
CROWELL TX 79227

2. Article Number  
(Transfer from st

7014 0510 0001 0743 7321

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

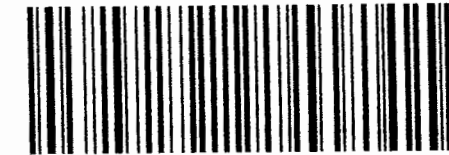
3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7338

7014 0510 0001 0743 7338

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

ARDISE SHAW INTER VIVOS TRUST  
P O BOX 50128  
AMARILLO TX 79159-0128

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

Postmark  
Here

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

ARDISE SHAW INTER V  
P O BOX 50128  
AMARILLO TX 79159-0

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:

ARDISE SHAW INTER VIVOS TRUST  
P O BOX 50128  
AMARILLO TX 79159-0128

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7338

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

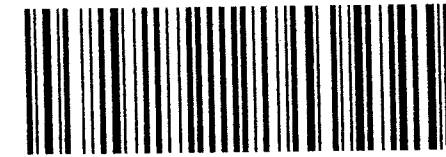
4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7345

7014 0510 0001 0743 7345

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Robbie Faye Butts</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to	ROBBIE FAYE BUTTS
Street, Apt. No., or PO Box No.	4009 11 <sup>TH</sup> ST
City, State, ZIP+4	LUBBOCK TX 79423-0897
PS Form 3800, All	

ROBBIE FAYE BUTTS  
4009 11<sup>TH</sup> ST  
LUBBOCK TX 79423-0897

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:

ROBBIE FAYE BUTTS  
4009 11<sup>TH</sup> ST  
LUBBOCK TX 79423-0897

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7345

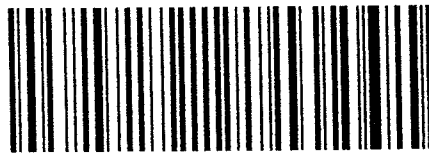
PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7352

7014 0510 0001 0743 7352

PS Form 3800, All

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
JAMES L OWNBEE TRUST  
3306 40<sup>TH</sup> STREET  
LUBBOCK TX 79413-2728

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

Postmark  
Here

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

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

JAMES L OWNBEE TRU  
3306 40<sup>TH</sup> STREET  
LUBBOCK TX 79413-2728

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:

JAMES L OWNBEE TRUST  
3306 40<sup>TH</sup> STREET  
LUBBOCK TX 79413-2728

2. Article Number  
(Transfer from SE)

7014 0510 0001 0743 7352

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7369

7014 0510 0001 0743 7369

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To JIMMIE STEPHEN OWNBEY 225 S ROSS STREET VINITA OK 74307	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, Aug	

JIMMIE STEPHEN OWNBEY  
225 S ROSS STREET  
VINITA OK 74307

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:

JIMMIE STEPHEN OWNBEY  
225 S ROSS STREET  
VINITA OK 74307

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7369

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7376

7014 0510 0001 0743 7376

PS Form 3800, April 2013  
Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PJC LIMITED PARTNERSHIP  
P O BOX 1713  
ROSWELL NM 88202-1713

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

Postmark  
Here

*Carole S. Jones*

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

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

PJC LIMITED PARTNERSH  
P O BOX 1713  
ROSWELL NM 88202-171

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7376

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7383

7014 0510 0001 0743 7383

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Robert E Chambers Jr</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent to: <b>ROBERT E CHAMBERS JR</b>	
Street, Apt. No., or PO Box No.	
2441 STANMORE DR	
City, State, ZIP+4	
HOUSTON TX 77019	
Postmark Here	
PS Form 3800, Aug 2007	

ROBERT E CHAMBERS JR  
AS TTEE OF LOLLIE CHAMBERS  
2441 STANMORE DR  
HOUSTON TX 77019

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT E CHAMBERS JR  
AS TTEE OF LOLLIE CHAMBERS TRUST  
2441 STANMORE DR  
HOUSTON TX 77019

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7383

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7390

7014 0510 0001 0743 7390

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
CELESTE CHAMBERS AS TTEE OF LOLLIE CHAMBERS TRUST 480 N WARSON RD ST LOUIS MO 63124-1343	
PS Form 3800, Aug	

CELESTE CHAMBERS  
AS TTEE OF LOLLIE CHAMBERS  
480 N WARSON RD  
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  
AS TTEE OF LOLLIE CHAMBERS TRUST  
480 N WARSON RD  
ST LOUIS MO 63124-1343

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7390

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

- ☐ Yes

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7406

7014 0510 0001 0743 7406

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

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

*Conceded to the Post Office*

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

Total Postage & Fees \$

Sent to  
NEVA CHAMBERS DAWSON  
AS TTEE OF LOLLIE CHAMBERS TRUST  
8 S WEST OAK DR  
HOUSTON TX 77056-2122

Postmark Here

PS Form 3800, All

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

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☒ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from sel)

7014 0510 0001 0743 7406



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

ADDRESS SERVICE REQUESTED

PS Form 3800, Au

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4<sup>+</sup>  
PS Form 3800, Au

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number  
(Transfer from st

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail<sup>®</sup>

☐ Priority Mail Express<sup>™</sup>

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0743 7413

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7437

7014 0510 0001 0743 7437

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

ROBERT E CHAMBERS JR  
2441 STANMORE DR  
HOUSTON TX 77019

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT E CHAMBERS JR  
2441 STANMORE DR  
HOUSTON TX 77019

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7437

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

# CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7420

7014 0510 0001 0743 7420

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, All	
W T & JEANNETTE PROBANDT 5 RIDGMAR CT MIDLAND TX 79707	

W T & JEANNETTE PRO  
5 RIDGMAR CT  
MIDLAND TX 79707

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:

W T & JEANNETTE PROBANDT  
5 RIDGMAR CT  
MIDLAND TX 79707

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7420

## COMPLETE THIS SECTION ON DELIVERY

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**

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



7014 0510 0001 0743 7444

7014 0510 0001 0743 7444

**ADDRESS SERVICE REQUESTED**

PS Form 3800, All

Sent to  
Street, Apt. No.,  
or PO Box No. 480 N WARSON RD  
City, State, Zip+4 ST LOUIS MO 63124-1343

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
*CELESTE CHAMBERS LIPSCOMB*  
*7/11/13*

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

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

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7444

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

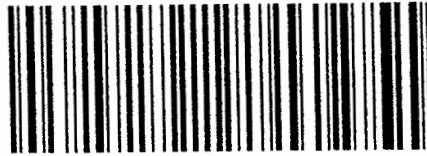
☐ Yes

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7451

7014 0510 0001 0743 7451

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Certified Mail Only	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To NEVA CHAMBERS DAWSON 8 S WEST OAK DR HOUSTON TX 77056-2122	
PS Form 3800, Aug 2002	

NEVA CHAMBERS DAWSON  
8 S WEST OAK DR  
HOUSTON TX 77056-2

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

2. Article Number  
(Transfer from sender)

7014 0510 0001 0743 7451

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

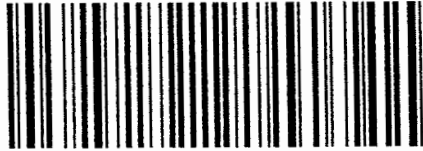
☐ Yes

**CERTIFIED MAIL™**



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7468

7014 0510 0001 0743 7468

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Cathie Cone Mccown</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to CATHIE CONE MCCOWN P O BOX 658 DRIPPING SPRING TX 78620-0658	
Street Apt. No., or P.O. Box No. City, State, Zip+4 PS Form 3800, AU	

CATHIE CONE MCCOWN  
P O BOX 658  
DRIPPING SPRING TX 78620-

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

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  CATHIE CONE MCCOWN P O BOX 658 DRIPPING SPRING TX 78620-0658		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from se		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 0510 0001 0743 7468			





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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7475

7014 0510 0001 0743 7475

PS Form 3800, All

Sent to: KENNETH G CONE  
Street, Apt. No.: P O BOX 11310  
or PO Box No.  
City, State, ZIP+4: MIDLAND TX 79702

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

*Handwritten signature: Kenneth G Cone*

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

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

KENNETH G CONE  
P O BOX 11310  
MIDLAND TX 79702

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

KENNETH G CONE  
P O BOX 11310  
MIDLAND TX 79702

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7475

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7482

7014 0510 0001 0743 7482

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

TOM R CONE  
P O BOX 400  
SOUTHWEST CITY MO 64863

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

Postmark  
Here

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

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

TOM R CONE  
P O BOX 400  
SOUTHWEST CITY MO 64

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:

TOM R CONE  
P O BOX 400  
SOUTHWEST CITY MO 64863

2. Article Number  
(Transfer from st 7014 0510 0001 0743 7482

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7499  
7014 0510 0001 0743 7499

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

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

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

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

PS Form 3800, Aug

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

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

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

PS Form 3800, Aug

AUVENSHINES CHILDRE  
P O BOX 507  
DRIPPING SPRING TX 78

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:

AUVENSHINES CHILDRENS TRUST  
P O BOX 507  
DRIPPING SPRING TX 78620-0658

2. Article Number  
(Transfer from sender)

7014 0510 0001 0743 7499

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 7505  
7014 0510 0001 0743 7505

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

LFN CONE PROPERTIES LLC  
P O BOX 1559  
MIDLAND TX 79702

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

Postmark  
Here

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

LFN CONE PROPERTIES LLC  
P O BOX 1559  
MIDLAND TX 79702

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

LFN CONE PROPERTIES LLC  
P O BOX 1559  
MIDLAND TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from s)

7014 0510 0001 0743 7505

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7512

7014 0510 0001 0743 7512

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	RANDY LEE CONE
Street, Apt. No., or PO Box No.	P O BOX 231034
City, State, ZIP+4	ANCHORAGE AK 99523-1034
PS Form 3800, Aug 2003	

RANDY LEE CONE  
P O BOX 231034  
ANCHORAGE AK 99523-10

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

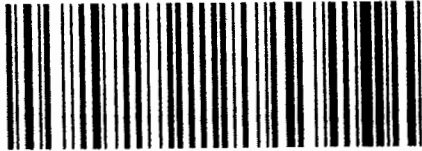
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  RANDY LEE CONE P O BOX 231034 ANCHORAGE AK 99523-1034		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from s. <b>7014 0510 0001 0743 7512</b> )		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt			



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7529

7014 0510 0001 0743 7529

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to HARVEY E YATES COMPANY SUNWEST CENTRE P O BOX 1933 ROSWELL NM 88201	
City, State, ZIP+4	
PS Form 3800, April 2013	

HARVEY E YATES COMP  
SUNWEST CENTRE  
P O BOX 1933  
ROSWELL NM 88201

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:

HARVEY E YATES COMPANY  
SUNWEST CENTRE  
P O BOX 1933  
ROSWELL NM 88201

2. Article Number  
(Transfer from ser)

7014 0510 0001 0743 7529

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

PS Form 3800, A1

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

VAN WINKLE FAMILY LLC  
9191 YELLOWSTONE RD  
LONGMONT CO 80503

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

Postmark  
Here



7014 0510 0001 0743 7536

7014 0510 0001 0743 7536

CERTIFIED MAIL™

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

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

VAN WINKLE FAMILY LLC  
9191 YELLOWSTONE RD  
LONGMONT CO 80503

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:

VAN WINKLE FAMILY LLC  
9191 YELLOWSTONE RD  
LONGMONT CO 80503

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from serv

7014 0510 0001 0743 7536

PS Form 3811, July 2013

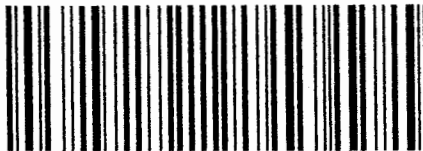
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7543

7014 0510 0001 0743 7543

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, Zip+4 PS Form 3800, All	
W T PROBANDT 5 RIDGEMAR COURT MIDLAND TX 79707-6612	

W T PROBANDT  
5 RIDGEMAR COURT  
MIDLAND TX 79707-6

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:

W T PROBANDT  
5 RIDGEMAR COURT  
MIDLAND TX 79707-6612

2. Article Number  
(Transfer from ser

7014 0510 0001 0743 7543

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

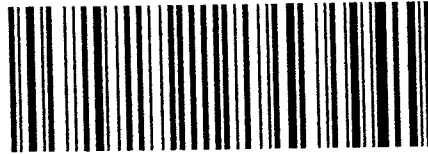
3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7550

7014 0510 0001 0743 7550

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fee
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	
R R HINKLE COMPANY, INC P O BOX 2292 ROSWELL, NM 88202-2292	

R R HINKLE COMPANY, INC  
P O BOX 2292  
ROSWELL, NM 88202-2292

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:

R R HINKLE COMPANY, INC  
P O BOX 2292  
ROSWELL, NM 88202-2292

2. Article Number  
(Transfer from serv.)

7014 0510 0001 0743 7550

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7567

7014 0510 0001 0743 7567

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

MCQUIDDY COMM. & ENERGY, INC  
P O BOX 2072  
ROSWELL, NM 88201

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

Postmark  
Here

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

MCQUIDDY COMM. & ENER  
P O BOX 2072  
ROSWELL, NM 88201

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:

MCQUIDDY COMM. & ENERGY, INC  
P O BOX 2072  
ROSWELL, NM 88201

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7567

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7574

7014 0510 0001 0743 7574

PS Form 3800, Aug 2003

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

RICHARD H LANDSHEFT, JR  
2313 JIM DENT  
EL PASO, TX 79939

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

Postmark  
Here

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

RICHARD H LANDSHEFT, JR  
2313 JIM DENT  
EL PASO, TX 79939

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

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RICHARD H LANDSHEFT, JR  
2313 JIM DENT  
EL PASO, TX 79939

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from st

7014 0510 0001 0743 7574

PS Form 3811, July 2013

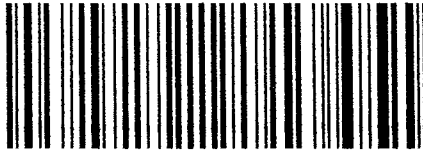
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7581

7014 0510 0001 0743 7581

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, Aug11

WILLIAM B LANDSHEFT  
RT 6 15880 S PEORIA  
BIXBY, OK 74008

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

Postmark  
Here

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

WILLIAM B LANDSHEFT  
RT 6 15880 S PEORIA  
BIXBY, OK 74008

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:

WILLIAM B LANDSHEFT  
RT 6 15880 S PEORIA  
BIXBY, OK 74008

2. Article Number  
(Transfer from sen

7014 0510 0001 0743 7581

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

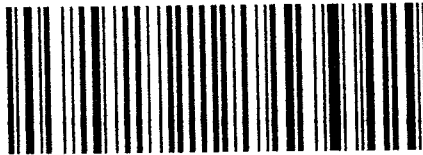
☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7598

7014 0510 0001 0743 7598

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, April 2003

LYNN E DESPER  
380 LOS RANCHOS RD NW  
ALBUQUERQUE, NM 87107-6532

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

Postmark  
Here

*Lynn E Desper*

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

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

LYNN E DESPER  
380 LOS RANCHOS RD NW  
ALBUQUERQUE, NM 871

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

LYNN E DESPER  
380 LOS RANCHOS RD NW  
ALBUQUERQUE, NM 87107-6532

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7598

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7604

7014 0510 0001 0743 7604

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

SHIRLEY CHILDRESS  
604 N DELAWARE AVE #2  
ROSWELL, NM 88201-2135

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

Postmark  
Here

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

SHIRLEY CHILDRESS  
604 N DELAWARE AVE  
ROSWELL, NM 88201-

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:

SHIRLEY CHILDRESS  
604 N DELAWARE AVE #2  
ROSWELL, NM 88201-2135

2. Article Number  
(Transfer from ser

7014 0510 0001 0743 7604

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

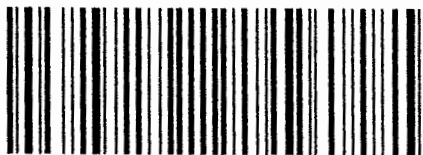
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7611

7014 0510 0001 0743 7611

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to JAMES W CHILDRESS P O BOX 3209 ROSWELL, NM 88202-3209	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, All	

JAMES W CHILDRESS  
P O BOX 3209  
ROSWELL, NM 88202-3209

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:

JAMES W CHILDRESS  
P O BOX 3209  
ROSWELL, NM 88202-3209

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7611

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7628

7014 0510 0001 0743 7628

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)							
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>							
<i>James L Hinkle Estate</i>							
Postage \$	Postmark Here						
Certified Fee							
Return Receipt Fee (Endorsement Required)							
Restricted Delivery Fee (Endorsement Required)							
Total Postage & Fees \$							
<table border="1"> <tr> <td>Sent To</td> <td>JAMES L HINKLE ESTATE</td> </tr> <tr> <td>Street, Apt. No., or PO Box No.</td> <td>P O BOX 2262</td> </tr> <tr> <td>City, State, ZIP+4</td> <td>KING CITY, CA 93930</td> </tr> </table>		Sent To	JAMES L HINKLE ESTATE	Street, Apt. No., or PO Box No.	P O BOX 2262	City, State, ZIP+4	KING CITY, CA 93930
Sent To	JAMES L HINKLE ESTATE						
Street, Apt. No., or PO Box No.	P O BOX 2262						
City, State, ZIP+4	KING CITY, CA 93930						
PS Form 3800, All							

JAMES L HINKLE ESTATE  
P O BOX 2262  
KING CITY, CA 93930

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:

JAMES L HINKLE ESTATE  
P O BOX 2262  
KING CITY, CA 93930

**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from sel)

7014 0510 0001 0743 7628

PS Form 3811, July 2013

Domestic Return Receipt

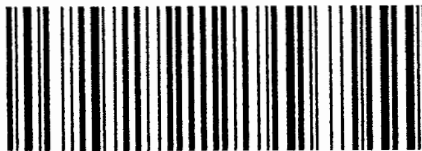




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7635

7014 0510 0001 0743 7635

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

HINKLE LIVING TRUST  
P O BOX 1793  
ROSWELL, NM 88202-1793

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

Postmark  
Here

*Conrad L. Hinkle (P.O. Box 1793) Hinkle (P.O. Box 1793)*

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®

HINKLE LIVING TRUST  
P O BOX 1793  
ROSWELL, NM 88202-1793

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:

HINKLE LIVING TRUST  
P O BOX 1793  
ROSWELL, NM 88202-1793

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7635

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

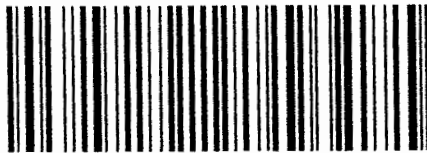
☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7642

7014 0510 0001 0743 7642

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Handwritten signature: Bettianne H Bowen</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	BETTIANNE H BOWEN LIVING TRUST
Street, Apt. No., or PO Box No.	238 BEVERLY CT
City, State, ZIP+4	KING CITY, CA 93930-3501
PS Form 3800, All	

BETTIANNE H BOWEN LIVING TRUST  
238 BEVERLY CT  
KING CITY, CA 93930-3501

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:

BETTIANNE H BOWEN LIVING TRUST  
238 BEVERLY CT  
KING CITY, CA 93930-3501

2. Article Number  
(Transfer from se.)

7014 0510 0001 0743 7642

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7659

7014 0510 0001 0743 7659

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Domestic Mail Only (PS Form 3811, July 2013)</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Charles E Hinkle P O BOX 1030 KING CITY, CA 93930	
PS Form 3811, Aug	

CHARLES E HINKLE  
P O BOX 1030  
KING CITY, CA 93930

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHARLES E HINKLE  
P O BOX 1030  
KING CITY, CA 93930

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from serv

7014 0510 0001 0743 7659

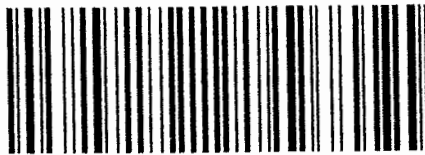
PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7666

7014 0510 0001 0743 7666

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, A	
KRISTEN COOMES 265 259 <sup>TH</sup> AVE NE SAMMAMISH, WA 98074-3478	

KRISTEN COOMES  
265 259<sup>TH</sup> AVE NE  
SAMMAMISH, WA 98074-3

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:

KRISTEN COOMES  
265 259<sup>TH</sup> AVE NE  
SAMMAMISH, WA 98074-3478

2. Article Number  
(Transfer from se.)

7014 0510 0001 0743 7666

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

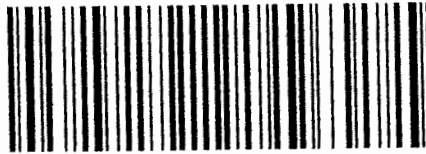
4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7673

7014 0510 0001 0743 7673

PS Form 3800, 4

Sent To  
Street Apt. No.,  
or PO Box No.  
City, State, Zip+4  
JENNA HINKLE SARTORI  
5710 HATCHERY CT  
PENNGROVE, CA 94951-9664

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

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

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

JENNA HINKLE SARTORI  
5710 HATCHERY CT  
PENNGROVE, CA 94951-9664

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:

JENNA HINKLE SARTORI  
5710 HATCHERY CT  
PENNGROVE, CA 94951-9664

**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from sender)

7014 0510 0001 0743 7673

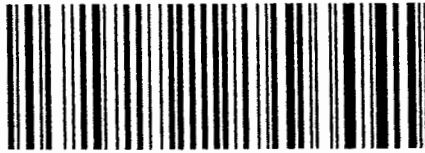
PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7680

7014 0510 0001 0743 7680

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Sally A Ellis</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	SALLY A ELLIS
Street, Apt. No., or PO Box No.	771 CRESCENT DR
City, State, ZIP+4	BOULDER, CO 80303
PS Form 3800, All	

SALLY A ELLIS  
771 CRESCENT DR  
BOULDER, CO 80303

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SALLY A ELLIS  
771 CRESCENT DR  
BOULDER, CO 80303

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

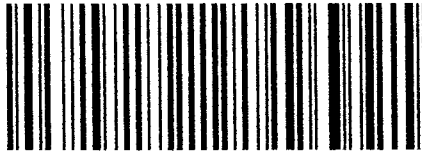
2. Article Number 7014 0510 0001 0743 7680  
(Transfer from sender)



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7697  
7014 0510 0001 0743 7697

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To HELEN CHASE RAND TRUST ATTN: WELLS FARGO BANK P O BOX 5383 DENVER, CO 80217	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, A	

HELEN CHASE RAND TRUST  
ATTN: WELLS FARGO BANK  
P O BOX 5383  
DENVER, CO 80217

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:

HELEN CHASE RAND TRUST  
ATTN: WELLS FARGO BANK  
P O BOX 5383  
DENVER, CO 80217

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from sender)

7014 0510 0001 0743 7697

PS Form 3811, July 2013

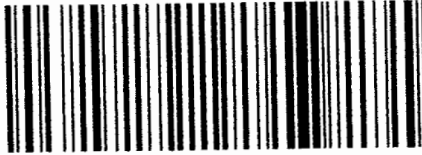
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7703

7014 0510 0001 0743 7703

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

LONESOME OIL, LLC  
P O BOX 50880  
MIDLAND, TX 79710

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Domestic Mail Only; No Insurance Coverage Provided

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

LONESOME OIL, LLC  
P O BOX 50880  
MIDLAND, TX 79710

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:

LONESOME OIL, LLC  
P O BOX 50880  
MIDLAND, TX 79710

2. Article Number  
(Transfer from ser.)

7014 0510 0001 0743 7703

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes





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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7710

7014 0510 0001 0743 7710

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

QUETICO SUPERIOR FOUNDATION  
ATTN: THOMAS VANDERMOLLEN  
50 S 6<sup>TH</sup> STREET STE 1500  
MINNEAPOLIS, MN 55402-1498

QUETICO SUPERIOR FOUNDATION  
ATTN: THOMAS VANDERMOLLEN  
50 S 6<sup>TH</sup> STREET STE 1500  
MINNEAPOLIS, MN 55402-1.

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:

QUETICO SUPERIOR FOUNDATION  
ATTN: THOMAS VANDERMOLLEN  
50 S 6<sup>TH</sup> STREET STE 1500  
MINNEAPOLIS, MN 55402-1498

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7710

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7727

7014 0510 0001 0743 7727

PS Form 3800, A		U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		Postmark Here	
Sent to	Rolla R III AND ROSEMARY H HINKLE	Postage \$	
Street, Apt. No., or PO Box No.	P O BOX 2292	Certified Fee	
City, State, ZIP+4	ROSWELL, NM 88202-2292	Return Receipt Fee (Endorsement Required)	
		Restricted Delivery Fee (Endorsement Required)	
		Total Postage & Fees \$	

*Rolla R III AND ROSEMARY H HINKLE*

ROLLA R III AND ROSEMARY  
P O BOX 2292  
ROSWELL, NM 88202-2292

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:

ROLLA R III AND ROSEMARY H HINKLE  
P O BOX 2292  
ROSWELL, NM 88202-2292

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7727

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7734

7014 0510 0001 0743 7734

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To MADISON M & SUSAN M HINKLE	
Street, Apt. No., or PO Box No. P O BOX 2292	
City, State, ZIP+4 ROSWELL, NM 88202-2292	
PS Form 3800, April 2002	

MADISON M & SUSAN M HINKLE  
P O BOX 2292  
ROSWELL, NM 88202-2292

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:

MADISON M & SUSAN M HINKLE  
P O BOX 2292  
ROSWELL, NM 88202-2292

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7734

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7741

7014 0510 0001 0743 7741

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
HOPE ROYALTIES, LLC P O BOX 1326 ARTESIA, NM 88211-1326	
PS Form 3800, All	

HOPE ROYALTIES, LLC  
P O BOX 1326  
ARTESIA, NM 88211-1326

**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:

HOPE ROYALTIES, LLC  
P O BOX 1326  
ARTESIA, NM 88211-1326

2. Article Number  
(Transfer from serv

7014 0510 0001 0743 7741

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 7758

7014 0510 0001 0743 7758

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

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

PS Form 3800, April 2003

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

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
*Marshall & Winston, Inc*

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

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

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from service)

7014 0510 0001 0743 7758

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7765

7014 0510 0001 0743 7765

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To GAYLE GLASS ROCHE P O BOX 50248 AUSTIN, TX 78763	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, A1	

GAYLE GLASS ROCHE  
P O BOX 50248  
AUSTIN, TX 78763

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

GAYLE GLASS ROCHE  
P O BOX 50248  
AUSTIN, TX 78763

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7765



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7772

7014 0510 0001 0743 7772

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Gayle Elizabeth Langford</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
GAYLE ELIZABETH LANGFORD P O BOX 2827 BIG FORK, MT 59911	
PS Form 3800, All	

GAYLE ELIZABETH LANGFORD  
P O BOX 2827  
BIG FORK, MT 59911

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:  GAYLE ELIZABETH LANGFORD P O BOX 2827 BIG FORK, MT 59911	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from se	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0510 0001 0743 7772	

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7789

7014 0510 0001 0743 7789

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	
ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL LOCKHART, TX 78644	
PS Form 3800, A	

ROBERT GLASS LANGFORD  
1173 ISIDORA TRAIL  
LOCKHART, TX 78644

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROBERT GLASS LANGFORD  
1173 ISIDORA TRAIL  
LOCKHART, TX 78644

2. Article Number  
(Transfer from serv.)

7014 0510 0001 0743 7789

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes





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

ADDRESS SERVICE REQUESTED

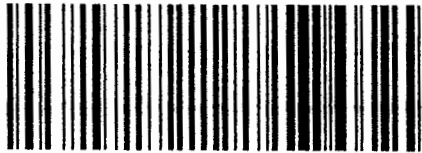
PS Form 3800, A

Sent to  
Street, Apt. No.,  
or P.O. Box No.  
City, State, Zip+4  
JEFFERSON MILNER LANGFORD  
P O BOX 22205  
SANTA FE, NM 87502

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

Postmark  
Here

CERTIFIED MAIL™



7014 0510 0001 0743 7796

7014 0510 0001 0743 7796

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

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

JEFFERSON MILNER LANGFORD  
P O BOX 22205  
SANTA FE, NM 87502

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:

JEFFERSON MILNER LANGFORD  
P O BOX 22205  
SANTA FE, NM 87502

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7796

PS Form 3811, July 2013

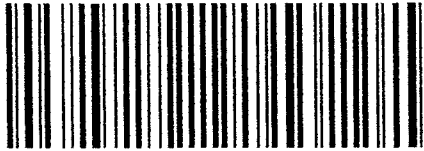
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7802

7014 0510 0001 0743 7802

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>LOU ANN LANGFORD</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
PS Form 3800, All	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
LOU ANN LANGFORD 606 WINSFORD RD BRYN MAWR, PA 19010	

LOU ANN LANGFORD  
606 WINSFORD RD  
BRYN MAWR, PA 19010

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:

LOU ANN LANGFORD  
606 WINSFORD RD  
BRYN MAWR, PA 19010

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7802

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7819

7014 0510 0001 0743 7819

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

ALLISON CLAIRE CURRY SAUNDERS  
P O BOX 50327  
AUSTIN, TX 78763-0327

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

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
Allison Curry Saunders

ALLISON CLAIRE CURRY SAU  
P O BOX 50327  
AUSTIN, TX 78763-0327

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:

ALLISON CLAIRE CURRY SAUNDERS  
P O BOX 50327  
AUSTIN, TX 78763-0327

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery ☐ (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s)

7014 0510 0001 0743 7819



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7826

7014 0510 0001 0743 7826

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 ALFRED FOY CURRY IV 1016 ALTA LOMA CIRCLE SAN ANGELO, TX 76901	
PS Form 3800, All	

ALFRED FOY CURRY IV  
1016 ALTA LOMA CIRCLE  
SAN ANGELO, TX 76901

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:

ALFRED FOY CURRY IV  
1016 ALTA LOMA CIRCLE  
SAN ANGELO, TX 76901

2. Article Number

(Transfer from sen.....)

7014 0510 0001 0743 7826

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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



7014 0510 0001 0743 7833

7014 0510 0001 0743 7833

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Richard Howell Estate</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	RICHARD HOWELL ESTATE
Street, Apt. No., or PO Box No.	P O BOX 94
City, State, ZIP+4	LAKEWOOD, NM 88254
PS Form 3800, A	

RICHARD HOWELL ESTATE  
P O BOX 94  
LAKEWOOD, NM 88254

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RICHARD HOWELL ESTATE  
P O BOX 94  
LAKEWOOD, NM 88254

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7014 0510 0001 0743 7833  
(Transfer from sel...)

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7840

7014 0510 0001 0743 7840

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to THE JAMES H & BETTY R HOWELL REVOCABLE TRUST P O BOX 75 LAKEWOOD, NM 88254	
Street, Apt. No., or P.O. Box No. City, State, ZIP+4 PS Form 3800, A	

THE JAMES H & BETTY R HO  
REVOCABLE TRUST  
P O BOX 75  
LAKEWOOD, NM 88254

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

THE JAMES H & BETTY R HOWELL  
REVOCABLE TRUST  
P O BOX 75  
LAKEWOOD, NM 88254

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from ser

7014 0510 0001 0743 7840

PS Form 3811, July 2013

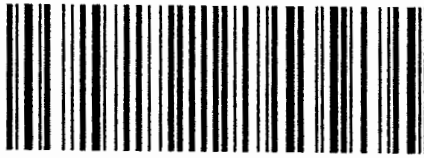
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7857

7014 0510 0001 0743 7857

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Carlsbad Kincaid</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to	
NANCY L KINCAID	
2911 OCOTILLO CANYON DR	
CARLSBAD, NM 88220	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, All	

NANCY L KINCAID  
2911 OCOTILLO CANYON  
CARLSBAD, NM 88220

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

NANCY L KINCAID  
2911 OCOTILLO CANYON DR  
CARLSBAD, NM 88220

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from si)

7014 0510 0001 0743 7857



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

ADDRESS SERVICE REQUESTED

PS Form 3800, 1-99

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

JAMES R SWOPE  
1832 MOUNTAIN LAUREL  
KERRVILLE, TX 78028-3843

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

Postmark  
Here

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

*James R Swope*

JAMES R SWOPE  
1832 MOUNTAIN LAUREL  
KERRVILLE, TX 78028-3843

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:

JAMES R SWOPE  
1832 MOUNTAIN LAUREL  
KERRVILLE, TX 78028-3843

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7864

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes





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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**

7014 0510 0001 0743 7871

7014 0510 0001 0743 7871

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

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

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

MARGARET RABURN TRUST  
1428 NW 168<sup>TH</sup> STREET  
EDMOND, OK 73012-6873

PS Form 3800, All

MARGARET RABURN TRUST  
1428 NW 168<sup>TH</sup> STREET  
EDMOND, OK 73012-6873

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:

MARGARET RABURN TRUST  
1428 NW 168<sup>TH</sup> STREET  
EDMOND, OK 73012-6873

2. Article Number

(Transfer from se

7014 0510 0001 0743 7871

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7888

7014 0510 0001 0743 7888

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, All	
THELMA MAY SCHAFER FIRST AMERICAN BANK ATTN: CHERYL BARTLETT P O BOX AA ARTESIA, NM 88210	

THELMA MAY SCHAFER  
FIRST AMERICAN BANK  
ATTN: CHERYL BARTLETT  
P O BOX AA  
ARTESIA, NM 88210

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

THELMA MAY SCHAFER  
FIRST AMERICAN BANK  
ATTN: CHERYL BARTLETT  
P O BOX AA  
ARTESIA, NM 88210

2. Article Number  
(Transfer from se

7014 0510 0001 0743 7888

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

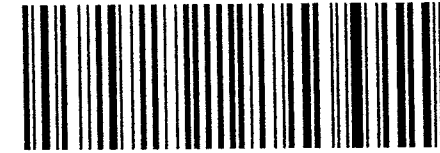
☐ Yes

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7895

7014 0510 0001 0743 7895

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

CAUPAHE PROPERTIES PARTNERSHIP  
5299 RIO PENASCO RD  
MAYHILL, NM 88339

PS Form 3800, Au

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

Postmark  
Here

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

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

CAUPAHE PROPERTIES PARTN  
5299 RIO PENASCO RD  
MAYHILL, NM 88339

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:

CAUPAHE PROPERTIES PARTNERSHIP  
5299 RIO PENASCO RD  
MAYHILL, NM 88339

2. Article Number  
(Transfer from ser

7014 0510 0001 0743 7895

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7901

7014 0510 0001 0743 7901

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

STERLING M CARTER  
P O BOX 97  
WINSTON, NM 87943

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

\$  
\$  
\$  
\$  
\$  
\$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®

STERLING M CARTER  
P O BOX 97  
WINSTON, NM 87943

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:

STERLING M CARTER  
P O BOX 97  
WINSTON, NM 87943

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

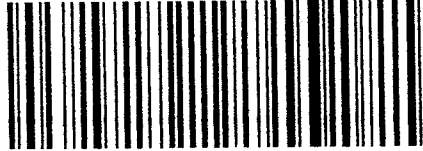
7014 0510 0001 0743 7901



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7918

7014 0510 0001 0743 7918

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Art C Scott CPB 301 Alamo Gordo NM</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	KENNA C SCOTT
Street, Apt. No., or PO Box No.	3341 SEQUOIA AVE
City, State, ZIP+4	ALAMOGORDO, NM 88310
PS Form 3800, All	

KENNA C SCOTT  
3341 SEQUOIA AVE  
ALAMOGORDO, NM 88310

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:

KENNA C SCOTT  
3341 SEQUOIA AVE  
ALAMOGORDO, NM 88310

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from ser)

7014 0510 0001 0743 7918

PS Form 3811, July 2013

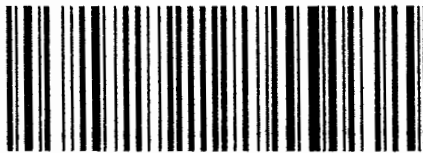
Domestic Return Receipt

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7925

7014 0510 0001 0743 7925

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

MICHAEL T CARTER  
2106 WILLS WAY RD  
GRANDBURY, TX 76049-5788

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

Postmark  
Here

*Michael T Carter*

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

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

MICHAEL T CARTER  
2106 WILLS WAY RD  
GRANDBURY, TX 76049-5788

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MICHAEL T CARTER  
2106 WILLS WAY RD  
GRANDBURY, TX 76049-5788

2. Article Number  
(Transfer from ser

7014 0510 0001 0743 7925

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7932

7014 0510 0001 0743 7932

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

JACK S MCDONALD  
1110 COLLEGE AVE  
SNYDER, TX 79549

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

\$

Postmark  
Here

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

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

JACK S MCDONALD  
1110 COLLEGE AVE  
SNYDER, TX 79549

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:

JACK S MCDONALD  
1110 COLLEGE AVE  
SNYDER, TX 79549

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7932

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7949

7014 0510 0001 0743 7949

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Cydney M Medford</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	
Street, Apt. No., or PO Box No.	CYDNEY M MEDFORD 2111 PAISANO RD
City, State, ZIP+4	AUSTIN, TX 78746
PS Form 3800, Aug 2003	

CYDNEY M MEDFORD  
2111 PAISANO RD  
AUSTIN, TX 78746

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:

CYDNEY M MEDFORD  
2111 PAISANO RD  
AUSTIN, TX 78746

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7949

PS Form 3811, July 2013

Domestic Return Receipt



**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 7956

7014 0510 0001 0743 7956

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

JAN A HERRSTROM  
810 FOREST OAKS CIR  
WOODWAY, TX 76712-2235

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

Postmark  
Here

*Jan A Herrstrom*

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

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

JAN A HERRSTROM  
810 FOREST OAKS CIR  
WOODWAY, TX 76712-2235

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:

JAN A HERRSTROM  
810 FOREST OAKS CIR  
WOODWAY, TX 76712-2235

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7956

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

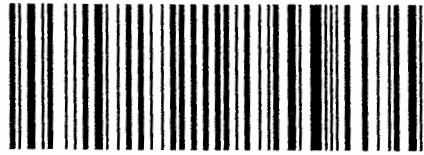
4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 7963

7014 0510 0001 0743 7963

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

GEORGE S CRANFORD  
2009 HUBBARD CT  
VILLA RICA, GA 30180

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

Postmark  
Here

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

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

GEORGE S CRANFORD  
2009 HUBBARD CT  
VILLA RICA, GA 30180

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:

GEORGE S CRANFORD  
2009 HUBBARD CT  
VILLA RICA, GA 30180

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7963

**CERTIFIED MAIL™**



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7987

7014 0510 0001 0743 7987

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

TWIN OAKS PETROLEUM  
4010 LAZYBROOK DR  
NOLLANVILLE, TX 76559

PS Form 3800, All

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

\$

Postmark  
Here

*Handwritten signature: Michael J. Smith*

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

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

TWIN OAKS PETROLEUM  
4010 LAZYBROOK DR  
NOLLANVILLE, TX 76559

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:

TWIN OAKS PETROLEUM  
4010 LAZYBROOK DR  
NOLLANVILLE, TX 76559

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s

7014 0510 0001 0743 7987

PS Form 3811, July 2013

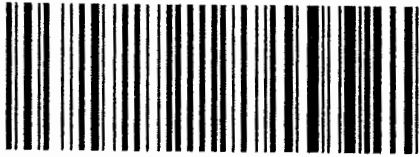
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7994

7014 0510 0001 0743 7994

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

RAY HALL BECK  
3509 DOMINION RIDGE  
SAN ANGELO, TX 76904

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

Postmark  
Here

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

RAY HALL BECK  
3509 DOMINION RIDGE  
SAN ANGELO, TX 76904

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RAY HALL BECK  
3509 DOMINION RIDGE  
SAN ANGELO, TX 76904

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 7994

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 8007

7014 0510 0001 0743 8007

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

OCOTILLO PRODUCTION LLC  
1705 WASHINGTON AVE  
ARTESIA, NM 88210-1650

PS Form 3800, Au

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

Postmark  
Here

*Handwritten signature: David C. B. Jr. Williams*

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

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

OCOTILLO PRODUCTION L  
1705 WASHINGTON AVE  
ARTESIA, NM 88210-1650

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:

OCOTILLO PRODUCTION LLC  
1705 WASHINGTON AVE  
ARTESIA, NM 88210-1650

2. Article Number  
(Transfer from sen

7014 0510 0001 0743 8007

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 8014

7014 0510 0001 0743 8014

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

DAVID A HARPER  
43-1 W FUNK RD  
LAKE ARTHUR, NM 88253

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

\$

Postmark  
Here

*David A Harper*

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

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

DAVID A HARPER  
43-1 W FUNK RD  
LAKE ARTHUR, NM 88253

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

DAVID A HARPER  
43-1 W FUNK RD  
LAKE ARTHUR, NM 88253

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7014 0510 0001 0743 8014

(Transfer from serv...

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

7014 0510 0001 0743 8021

7014 0510 0001 0743 8021

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Handwritten: Certified Mail (Oct 2013) N. Mexico</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<b>Sent to:</b> JUANEL A HARPER 2103 W CENTRE AVE ARTESIA, NM 88210-2245	
<b>Street, Apt. No., or PO Box No.</b> City, State, ZIP+4	
PS Form 3800, April 2013	

JUANEL A HARPER  
2103 W CENTRE AVE  
ARTESIA, NM 88210-2245

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:

JUANEL A HARPER  
2103 W CENTRE AVE  
ARTESIA, NM 88210-2245

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from sen)

7014 0510 0001 0743 8021



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8038

7014 0510 0001 0743 8038

U.S. Postal Service™  
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Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark Here

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

JAMI A HARL  
2485 E 54<sup>TH</sup> ST  
TULSA, OK 74105-7201

JAMI A HARL  
2485 E 54<sup>TH</sup> ST  
TULSA, OK 74105-7201

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:

JAMI A HARL  
2485 E 54<sup>TH</sup> ST  
TULSA, OK 74105-7201

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Registered

☐ Insured Mail

☐ Priority Mail Express™

☐ Return Receipt for Merchandise

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 0743 8038

Domestic Return Receipt



**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7014 0510 0001 0743 8045  
7014 0510 0001 0743 8045

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

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

*(Signature)*

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

Postmark Here

**Sent To**  
JAMES A CARSON  
P O BOX 1761  
LOWELL, AR 72745-1761

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

PS Form 3800, Aug 2003

JAMES A CARSON  
P O BOX 1761  
LOWELL, AR 72745-1761

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:

JAMES A CARSON  
P O BOX 1761  
LOWELL, AR 72745-1761

**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7014 0510 0001 0743 8045  
(Transfer from se)



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8052

7014 0510 0001 0743 8052

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

VALERIE A MAHFOOD  
3014 BARRYWOOD  
WICHITA FALLS, TX 76309

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

\$

Postmark  
Here

*Valerie A Mahfood*

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®

VALERIE A MAHFOOD  
3014 BARRYWOOD  
WICHITA FALLS, TX 76309

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:

VALERIE A MAHFOOD  
3014 BARRYWOOD  
WICHITA FALLS, TX 76309

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0743 8052

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8069

7014 0510 0001 0743 8069

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

WILLIAM J MCCA  
P O BOX 376  
ARTESIA, NM 88211-0376

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

\$  
\$  
\$  
\$  
\$  
\$

Postmark  
Here

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

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

WILLIAM J MCCA  
P O BOX 376  
ARTESIA, NM 88211-0376

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:

WILLIAM J MCCA  
P O BOX 376  
ARTESIA, NM 88211-0376

2. Article Number  
(Transfer from S)

7014 0510 0001 0743 8069

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 8076

7014 0510 0001 0743 8076

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

MARY G RIDDLE  
2924 MIRRORMERE CR  
BRYAN, TX 77807

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

Postmark  
Here

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

*Mary G Riddle*

MARY G RIDDLE  
2924 MIRRORMERE CR  
BRYAN, TX 77807

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:

MARY G RIDDLE  
2924 MIRRORMERE CR  
BRYAN, TX 77807

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from s. 7014 0510 0001 0743 8076

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 8083

7014 0510 0001 0743 8083

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

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

PS Form 3800, A

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

Postmark  
Here

*Mike H Roberts*

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

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

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

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7014 0510 0001 0743 8083

PS Form 3811, July 2013

Domestic Return Receipt

# CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8090

7014 0510 0001 0743 8090

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

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

PS Form 3800, Aug

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

Postmark  
Here

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

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

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:

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

## COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

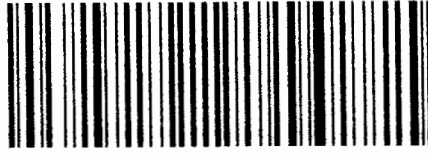
2. Article Number  
(Transfer from se) 7014 0510 0001 0743 8090



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8106

7014 0510 0001 0743 8106

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

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

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

Postmark  
Here

*Maner B Shaw*

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

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

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from service)

7014 0510 0001 0743 8106

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 8113

7014 0510 0001 0743 8113

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

JAMES W ESSMAN  
1209 COUNTRY CLUB DR  
MIDLAND, TX 79701

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

JAMES W ESSMAN  
1209 COUNTRY CLUB DR  
MIDLAND, TX 79701

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7014 0510 0001 0743 8113  
(Transfer from \_\_\_\_\_)





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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 7970

7014 0510 0001 0743 7970

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

ANGELA ESSMAN SPENCER  
P O BOX 7501  
MIDLAND, TX 79708

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

Postage

Certified Fee

Postmark  
Here

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

ANGELA ESSMAN SPENCER  
P O BOX 7501  
MIDLAND, TX 79708

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ANGELA ESSMAN SPENCER  
P O BOX 7501  
MIDLAND, TX 79708

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

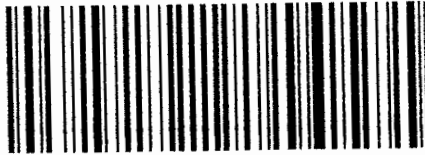
7014 0510 0001 0743 7970



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8120

7014 0510 0001 0743 8120

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

FLORENCE M ESSMAN CURRY  
804 PALOMINO  
MIDLAND, TX 79705

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

\$  
\$  
\$  
\$  
\$  
\$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
FLORENCE M ESSMAN CURRY  
804 PALOMINO  
MIDLAND, TX 79705

FLORENCE M ESSMAN CURRY  
804 PALOMINO  
MIDLAND, TX 79705

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FLORENCE M ESSMAN CURRY  
804 PALOMINO  
MIDLAND, TX 79705

2. Article Number  
(Transfer from)

7014 0510 0001 0743 8120

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7014 0510 0001 0743 8137

7014 0510 0001 0743 8137

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

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

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

\$

Certified Fee

Postage

\$

Postmark  
Here

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

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

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

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

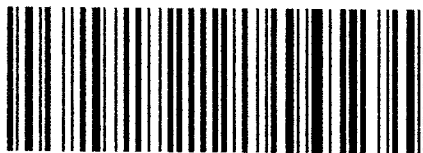
☐ Yes

2. Article Number  
(Transfer from se)

7014 0510 0001 0743 8137

PS Form 3811, July 2013

Domestic Return Receipt



7014 0510 0001 0743 8144

7014 0510 0001 0743 8144

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

PS Form 3800, A

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

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

Postmark  
Here

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

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

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

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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OXY Y-1 COMPANY  
P O BOX 841803  
DALLAS TX 75284-1803

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

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

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se.

7014 0510 0001 0743 8144

State of New Mexico  
Energy, Minerals and Natural Resources Department

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**Susana Martinez**  
Governor

**David Martin**  
Cabinet Secretary

**Brett F. Woods, Ph.D.**  
Deputy Cabinet Secretary

**Jami Bailey**  
Division Director  
Oil Conservation Division



**ADMINISTRATIVE CENTRAL TANK BATTERY ORDER**

Administrative Order CTB-701  
Administrative Application Reference No. pMAM1405836508

April 14, 2014

Yates Petroleum Corporation  
Attention: Miriam Morales

Yates Petroleum Corporation (OGRID 25575) is hereby authorized to surface commingle oil and gas production from North Seven Rivers; Glorieta-Yeso (**97565**), and from the following leases and wells:

<u>Name</u>	<u>API No.</u>	<u>Footages</u>	<u>ULSTR</u>
Lodewick A Well No. 2	30-015-26635	1650 FNL & 660 FWL	E-19-19-25E
Dagger Draw Well No. 10	30-015-26662	660 FSL & 660 FWL	M-19-19-25E

**All in NMPM, Eddy County, New Mexico**

The commingled oil and gas production from the wells detailed above shall be measured and sold at the NDDUP 80 central tank battery (CTB), located in Unit L, Section 19, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

The oil production from each well shall be continuously measured with allocation meters before commingling with production from other wells. The allocation meters shall be calibrated semi-annually in accordance with Rule 19.15.12.10.C (2) NMAC.

This installation shall be installed and operated in accordance with the applicable Division Rules. It is the responsibility of the producer to notify the transporter of this commingling authority.

The operator shall notify the Artesia District office of the Division prior to implementation of the commingling operations.

April 14, 2014  
Page 2

DONE at Santa Fe, New Mexico, on April 14, 2014

A handwritten signature in black ink, appearing to read "Jami Bailey". The signature is fluid and cursive, with the first name "Jami" and last name "Bailey" clearly distinguishable.

Jami Bailey  
Division Director

JB/mam

cc: Oil Conservation Division – Artesia

Well\_Name: DAGGER DRAW # 010 API: 3001526662  
 Location: M-19-19.0S-25E 660 FSL 660 FWL  
 Operator Name: YATES PETROLEUM CORPORATION County: Eddy  
 Elevation GL: 3568 Depth TVD 8100

Year: 2013

Pool Name: N. SEVEN RIVERS; GLORIETA-YESO

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
October	533	1790	4437	21
November	383	2609	2585	30
December	246	1465	1617	31

Year: 2014

Pool Name: N. SEVEN RIVERS; GLORIETA-YESO

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
January	274	1593	1185	31
February	305	919	1419	28
March	227	996	1040	31
April	200	1358	1226	30
May	113	305	1559	31
June	134	103	2343	30
July	133	51	2471	31
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0

CUM PROD 2548 11189

Well\_Name: DAGGER DRAW # 010 API: 3001526662  
 Location: M-19-19.0S-25E 660 FSL 660 FWL  
 Operator Name: YATES PETROLEUM CORPORATION County: Eddy  
 Elevation GL: 3568 Depth TVD 8100

Year: 2013

Pool Name: N. SEVEN RIVERS; GLORIETA-YESO

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Year: 2014

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Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
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February	305	919	1419	28
March	227	996	1040	31
April	200	1358	1226	30
May	113	305	1559	31
June	134	103	2343	30
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August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0

CUM PROD 2548 11189



State of New Mexico  
Energy, Minerals and Natural Resources Department

---

**Susana Martinez**  
Governor

**David Martin**  
Cabinet Secretary

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Deputy Cabinet Secretary

**Jami Bailey**  
Division Director  
Oil Conservation Division



ADMINISTRATIVE CENTRAL TANK BATTERY ORDER

Administrative Order CTB-701  
Administrative Application Reference No. pMAM1405836508

April 14, 2014

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Lodewick A Well No. 2	30-015-26635	1650 FNL & 660 FWL	E-19-19-25E
Dagger Draw Well No. 10	30-015-26662	660 FSL & 660 FWL	M-19-19-25E

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Well_Name:	LODEWICK A # 002	API:	3001526635	
Location:	E-19-19.0S-25E 1650 FNL 660 FWL			
Operator Name:	YATES PETROLEUM CORP	County:	Eddy	
Land Type:	Private	Well Type:	Oil	
Elevation GL:	3585	Depth TVD:	7875	
Year:	2013			
Pool Name:	N. SEVEN RIVERS; GLORIETA-YESO			
Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
September	0	161	2018	3
October	775	7999	6570	30
November	321	7816	2486	30
December	298	7486	3001	31
Year:	2014			
Pool Name:	N. SEVEN RIVERS; GLORIETA-YESO			
Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
January	212	3956	2118	31
February	221	5167	1907	28
March	166	4397	1427	31
April	154	3066	1276	29
May	107	2491	1081	31
June	121	4801	1694	30
July	112	8181	1733	0
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0
CUM PROD	2487	55521		

Well_Name:	DAGGER DRAW # 010	API:	3001526662	
Location:	M-19-19.0S-25E 660 FSL 660 FWL			
Operator Name:	YATES PETROLEUM CORPORATION	County:	Eddy	
Year:	2013			
Pool Name:	N. SEVEN RIVERS; GLORIETA-YESO			
Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
October	533	1790	4437	21
November	383	2609	2585	30
December	246	1465	1617	31
Year:	2014			
Pool Name:	N. SEVEN RIVERS; GLORIETA-YESO			
Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
January	274	1593	1185	31
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March	227	996	1040	31
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May	113	305	1559	31
June	134	103	2343	30
July	133	51	2471	31
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0
CUM PROD	2548	11189		

April 14, 2014  
Page 2

DONE at Santa Fe, New Mexico, on April 14, 2014

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Jami Bailey  
Division Director

JB/mam

cc: Oil Conservation Division – Artesia