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# NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

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



		<b>ADMINISTRATIVE APPLIC</b>	ATION CHECKLIST	
Т	THIS CHECKLIST IS M	IANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS		AND REGULATIONS
Appli	cation Acronym	WHICH REQUIRE PROCESSING AT THE DI	VISION LEVEL IN SANTA FE	
	[DHC-Dow	ndard Location] [NSP-Non-Standard Prora nhole Commingling] [CTB-Lease Commi ool Commingling] [OLS - Off-Lease Stora [WFX-Waterflood Expansion] [PMX-Pres [SWD-Salt Water Disposal] [IPI-Inje lified Enhanced Oil Recovery Certification	ngling] [PLC-Pool/Lease Comi ge] [OLM-Off-Lease Measuren ssure Maintenance Expansion] ection Pressure Increase]	mingling] nent]
[1]	TYPE OF AF	PPLICATION - Check Those Which Apply Location - Spacing Unit - Simultaneous D  NSL NSP SD	for [A] CTB-70 Dedication YAtes Per 255	ol-A tuoleum com 75
	Check [B]	Cone Only for [B] or [C] Commingling - Storage - Measurement DHC CTB PLC	PC OLS OLM	
	[C]	Injection - Disposal - Pressure Increase - H	IPI EOR PPR	
	[D]	Other: Specify		9 - j. 2 - j.j.:
[2]		ION REQUIRED TO: - Check Those Whi		
	[A]	Working, Royalty or Overriding Royalty	~ / 410.	wick A#Z
	[B]	Offset Operators, Leaseholders or Su	rface Owner 30-	-015-26635
	[C]	Application is One Which Requires I	Published Legal Notice - 37	1015-26635 19CK Draw #1 10-015-21.68 1000 #1 105-26672
	[D]	Notification and/or Concurrent Approus. Bureau of Land Management - Commissioner of Put	oval by BLM or SLO blic Lands, State Land Office	15-26672
	[E]	For all of the above, Proof of Notifica		
	[F]		6	N. Schenk Ver 1001 Cta-yes 97565
[3]		CURATE AND COMPLETE INFORMA ATION INDICATED ABOVE.	TION REQUIRED TO PROC	ESS THE TYPE
	val is <b>accurate</b> a	<b>TION:</b> I hereby certify that the information nd <b>complete</b> to the best of my knowledge. I quired information and notifications are substituted in the substitute of the subst	also understand that no action w	
	Note:	Statement must be completed by an individual wit	th managerial and/or supervisory capac	ity.
Miriam	Morales	12: 10 62.0	Production Analyst	9/4/14
	or Type Name	Signature	Title	Date
			mmorales@yatespetroleum.cc e-mail Address	om

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

E-MAIL ADDRESS: <u>mmorales@yatespetrolem.com</u>

# 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.

	ON FOR SURFACE of Petroleum Corporation	COMMINGLING	(DIVERSE	OWNERSHIP)	
	South Fourth St. Artesia, 1	VM 99210			
APPLICATION TYPE:	South Fourth St. Artesia, I	NIVI 00210			
	ningling Pool and Lease Co	mmingling DOff-Lease	Storage and Measur	ement (Only if not Surface	Commingled)
LEASE TYPE:  Fee	State Fede		Storage and ividasu	ement (Only if not Surface	Commingion
Is this an Amendment to existing			the appropriate (	Order No. CTB-70	
Have the Bureau of Land Manage  Yes No					
		OL COMMINGLIN ts with the following in			
(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
		_			
		_			
(3) Has all interest owners been not (4) Measurement type:  Meterin (5) Will commingling decrease the	ng Other (Specify)		☐Yes ☐No.	ng should be approved	
		SE COMMINGLINGS with the following in			
(1) Pool Name and Code. N. Seven			погшанов		
(2) Is all production from same sour	ce of supply? ⊠Yes □N	lo			
<ul><li>(3) Has all interest owners been notif</li><li>(4) Measurement type:</li></ul>		posed commingling?	⊠Yes □N	0	
		LEASE COMMIN			<del> </del>
(1) Complete Sections A and E.	r lease attach sheet	s with the following in	погнацон		
	(D) OFF-LEASE ST				
(I) Is all production from same sour		ets with the following	information		
(2) Include proof of notice to all inte	— —				
(E	ADDITIONAL INFO	PRMATION (for all s with the following in		pes)	
(I) A schematic diagram of facility,		s with the following in	noi mativii		
<ul><li>(2) A plat with lease boundaries sho</li><li>(3) Lease Names, Lease and Well N</li></ul>	wing all well and facility locati	ions. Include lease number	ers if Federal or Sta	te lands are involved.	
I hereby certify that the information ab	ove is true and complete to the	hest of my knowledge an	d belief		
		ITLE: Production Analys		DATE:_ <b>9/</b> 9	114
TYPE OR PRINT NAME Miriam M			TEL	EPHONE NO.: <u>(575) 74</u>	

Submit 1 Copy To Appropriate District Office	State of New Mex Energy, Minerals and Natu		Form C-103				
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Willerais and Natu	iai Resources	Revised August 1, 2011 WELL API NO.				
<u>District II</u> – (575) 748-1283	OIL CONSERVATION		30-015-26672 5. Indicate Type of Lease				
811 S. First St., Artesia, NM 88210 <u>District III</u> - (505) 334-6178	1220 South St. Franc Santa Fe, NM 87		STATE ☐ FEE ☒				
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, Nivi o /	303	6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe, NM							
87505 SUNDRY NOTICE	S AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSALS TO D RESERVOIR. USE "APPLICATION FOR PERMIT" (  1. Type of Well: Oil Well   Gas Well  Gas Well	FORM C-101) FOR SUCH PROPOSALS.)	O A DIFFERENT	Conoco Com 8. Well Number 1				
2. Name of Operator			9. OGRID Number 025575				
Yates Petroleum C  3. Address of Operator	orporation		10. Pool name or Wildcat				
105 S. Fourth Stre	et_Artesia, NM 88210		N. Seven Rivers; Glorietta-Yeso				
4. Well Location Unit Letter A: 710	feet from the North line a	nd 660 feet	from the East line				
Section 18	Township 19S Range 25		County Eddy				
	. Elevation (Show whether DR, RKB,		county 2day				
12 Check A	3553.3' GR ppropriate Box to Indicate Na	ture of Notice Rer	port or Other Data				
	• •						
NOTICE OF INTE	NTION TO: .UG AND ABANDON □	SUE REMEDIAL WORK	BSEQUENT REPORT OF:  ALTERING CASING				
	HANGE PLANS	COMMENCE DRILLIN					
PULL OR ALTER CASING   MI	JLTIPLE COMPL	CASING/CEMENT JO	В				
DOWNHOLE COMMINGLE							
OTHER: Amendment to CTB-701		OTHER:					
			dates, including estimated date of starting any agram of proposed completion or recompletion.				
Yates Petroleum respectfully requests administr leases below:	ative approval to amend CTB-701 by	adding the Conoco Co	m #1. Yates will like to commingle oil only on the				
Lodewick A #2	Dagger Draw #10	Conoco Com					
N. Seven Rivers; Glorietta-Yeso Sec. 19-T19S-R25E	N. Seven Rivers; Glorietta-Yeso Sec. 19-T19S-R25E	N. Seven Riv Sec. 18-T19S	ers; Glorietta-Yeso				
API #30-05-26635	API #30-015-26662	API #30-015-					
FEE Eddy County, NM	FEE Eddy County, NM	FEE Eddy County,	NM				
The commingled production is located at the Da security diagram.	igger Draw Com tank battery facilitie	es located in Sec. 19-T1	9S-R25E, Unit L. Please see attached plats and site				
The ownership is diversified. All owners have b	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 Con-	oco #1 is 15 bbls.				
Gas Measurement Each well will have its own meter.							
Lacif well will have its own meter.							
The purpose of the surface/lease commingle of poverall emissions. It will not result in reduced r leases, it will become necessary to build separate	oyalty or improper measurement of p		pility, the reduction of environmental impact area, and proval for utilizing existing batteries on adjacent				
I hereby certify that the information above is tru	e and complete to the best of my kno	wledge and belief.					
SIGNATURE CONTROL	TITLE Prod. Reporting An	alystD	ATE 9/9/1/4				
Type or print name Miriam Morales For State Use Only	E-mail address: mmorales@	yatespetroleum.com P	HONE: <u>575-748-4200</u>				

\_TITLE\_

\_DATE\_

APPROVED BY:
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 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

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** ***				$\Delta$	$\Lambda$ CIU $\Lambda$	שעע ענ		$\mathbf{O}$	

			ELL LO			REAGE DEDIC					
	API Number				Pool Code Pool Name						
	-015-2663	5		97565			. Seven Rivers;	Rivers; Glorieta-Yeso			
<sup>4</sup> Property C	Code				5 Property			Well Number			
					Lodewic			2			
OGRID N	I				8 Operator					Elevation	
025575	5				Yates Petroleum	Corporation				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/We	st line	County	
E	19	19S	25E		1650	North	660	We	st	Eddy	
			" Bo	ottom Ho	le Location It	Different From	m Surface				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/We	st line	County	
					1						
12 Dedicated Acres 40	13 Joint of		Consolidation		rder No.						
division.	vill be ass	signed to th	is comple	tion until a	all interests have	been consolidated	or a non-standa	rd unit has	been ap	proved by the	
16										TIFICATION	
1						ļ	11			d herein is true and complete	
							- 1			nat this organization either	
							1			interest in the land including	
1 1							11			ight to drill this well at this r of such a mineral or working	
	i					' '	11			or a compulsory pooling order	
					•		I.E	tered by the divisi		or a comprisory pooring oracl	
				_ <del>-</del>				)	1.4	October 11, 2013	
<b>l</b> [5	200					1	11-1-10-0	ural	Jan	ري	
	<b>∠</b>						Signature			Date	
				1			Laura Watts				
660'							Printed Nam	e			
							laura@yatesp	etroleum com			
						1	E-mail Addr	ess			
							11			IFICATION	
							I hereby co	ertify that the	well local	tion shown on this plat	
							was plotte	d from field r	otes of ac	tual surveys made by	
							II -		-	that the same is true	
							II .	ct to the best			
							ana correc	a to the best	oj my oene	g.	
. ,					`						
				_			Date of Sur	vey			
					PECEIN OCT 15 2 MOCD ART	/ED	Signature ar	nd Seal of Profe	essional Sur	veyor:	
,					OCT 15 2	013					
				N	MOCD ART	ESIA	Certificate N	umber			

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 IX

State of New Mexico RECEIVED

Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION 2 1 2013 S

1220 South St. Francis Dramocd ARTESIA

Santa Fe. NM 87505

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

☐ AMENDED REPORT

220 S. St. Francis Dr., hone: (505) 476-3460					Bailla PC, IVI	VI 07505						
(,	( )		ELL LO	CATIC	ON AND ACR	EAGE DEDIC	CATION PLA	T	しん	rilled		
. 17	API Number	r		<sup>2</sup> Pool Co	de	<sup>3</sup> Pool Name						
30	-015-2666	2		97565		N. Seven Rivers; Glorieta-Yeso						
<sup>4</sup> Property (	Code				<sup>5</sup> Property Name <sup>6</sup> Well Number							
	1				Dagger D	agger Draw						
OGRID I	No.				8 Operator	Name		<sup>9</sup> Elevation				
025575	5				Yates Petroleum	Corporation				3568'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 li				est line	County					
M	19	198	25E		660	South	660	We	West Eddy			
			" Bo	ttom Ho	ole Location II	Different From	n Surface		11000			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/Wo	est line	County		
<sup>2</sup> Dedicated Acres	13 Joint of	r Infill 14 C	onsolidation	Code 15 (	Order No.							
40							•					

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.

16			"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 Date
		,	Ting Huerta Printed Name
			tinah@yatespetroleum.com E-mail Address
			"SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  Date of Survey
			Signature and Seal of Professional Surveyor:
160, M			Certificate Number
10			Councaie (vuitoe)

Phone: (575) 393-6161 Fax: (575) 393-0120 RECEIENERY Minerals & Natural Resources Department  District II  811 S. First St., Artesia, NM 882 to RECEIENERY MINERAL OUT. CONSERVATION DIVISION  Revised August 1, 2011  Submit one copy to appropriate	District J 1625 N. French Dr., He	obbr NM 8874	ın			_		State of 1	Nev	v Mexico					Form C-102
District Office   District O	Phone: (575) 393-6161	Fax: (575).39	3-0720	SE	Eher	M W	ine	rals & Na	atur	al Resources D	Depar	tment		Revi	sed August 1, 2011
District Office    District Office   District Of	811 S. First St., Artesia	,					CC	INSERV	/AT	ION DIVISIO	N		Sub	mit one	copy to appropriate
Santa Fe, NM 87505    AMENDED REPORT   Santa Fe, NM 87505   AMENDED REPORT   Santa Fe, NM 87505   WELL LOCATION AND ACREAGE DEDICATION PLAT   API Number   Pool Name   N. Seven Rivers; Gloriets-Yeso		Fax: (575) 748	3-9720 <b>\</b> ∆	N 0	6 2014		1								District Office
**Part   *	1000 Rio Brazos Road	, Aztec, NM 87					1								KENIDED DEDORT
Variable   Position	District IV	Santa Fa N	MMO	CD	ARTE	SIA	7	Santa Fe	;, NI	M 8/505				L_ AIV	IENDED REFORT
APF   Number   3Pool Code   97855   N. Seven Rivers; Gloriets-Veto	Phone: (505) 476-3460	Fax: (505) 47	5-3462												
Property Code   Property Name   Property Nam				WE	LLLC				<b>ACR</b>	REAGE DEDIC	CATI				
Property Code   34699     Property Name   Property Name   NDDIP (Consec Con #1)   9   9   9   9   9   9   9   9   9															
Together Name    County   Consolidation   County					<u>.                                    </u>	975	565	5 p		Ni	N. Se	ven Rivers; (	Jorieta-Yeso	6	N/-U N
** **Section 0.25575		Code											i		
Surface Location   Township   Range   Lot Idn   Feet from the   North/South line   Feet from the   East/West line   County		No.													<sup>9</sup> Elevation
UL or lot no.   Section   18   19   25   25   25   25   25   25   25   2								•							3,553.3' GR
UL or lot no.   Section   18   19   25   25   25   25   25   25   25   2								" Surfa	ace I	Location					
"Bottom Hole Location If Different From Surface  UL or lot no. Section Township Range Lot Ion Feet from the North/South line Feet from the East/West line County  Dedicated Acres 40 Joint or Infill Consolidation Code 11 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.  1 OPERATOR CERTIFICATION  I hereby certify that the information contained herein is true and complete to the heat of my broading water and unitend nor working interest or an unique of pack an intending the proposed bottom helds became to the heat find that we the proposed bottom helds became and the origination of the working interest or an unique of pack an intend or an unique of pack and including the pack and including the pack and the pack and including the	UL or lot no.	Section	Townsh	ip	Range	Lot Ic	dn				Fee	t from the	East/We	st line	County
UL or lot no.  Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County  Delicated Acres 40  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.  10 OPERATOR CERTIFICATION I hereby certify that the eigenments on constitud were in a rew and complete to the heart of my housing and belief, and that this experiments either and working interior are on a comment with an averse of such an interior of westing the proposed bottom hole location or hear a right to drill this well at his interest, or a as a downlaying apprenous or a community of the division.  Section Township Range Lot Idn Hereby certify that the well along the proposed bottom hole location or hear a right to drill this well at his interest, or a su driving specific page appeared or a westing interest or a survey of my design appeared or a computatory peoling order herebythe entered by the division.  Segments Date Laars Wills Printed Anne	Α	18	198		25E			710		North		660	Eas	it	Eddy
** Dedicated Acres   Dedicated					"Bo	ttom	Hol	e Locatio	on If	Different Fron	m Su	rface			
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.  1 OPERATOR CERTIFICATION I hereby certify that the information contained herein is one and complete to the beat of my brownings and belief, and that this expensation either owns a working interest or unleased mineral interest in the least inhibiting the proposed bottom hole location or heat or rights to defit this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a working present with an owner of such a mineral or working interest, or to a working present of an ownered or working interest or to a working the owner of such a mineral or working interest or to a working present of a compact with an owner of such a mineral or working interest or to a working the present of the working interest or to a working the present of the working interest or to a working the present of the working interest or to a working interest or to a working the present of the working interest or to a contract with an owner of such a mineral or working interest or to a working interest or under only supervision, and that the same is true and correct to the best of my be lief.  Date of Survey	UL or lot no.	Section	Townsh	ip							_		East/We	st line	County
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.  1 OPERATOR CERTIFICATION I hereby certify that the information contained herein is one and complete to the beat of my brownings and belief, and that this expensation either owns a working interest or unleased mineral interest in the least inhibiting the proposed bottom hole location or heat or rights to defit this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a working present with an owner of such a mineral or working interest, or to a working present of an ownered or working interest or to a working the owner of such a mineral or working interest or to a working present of a compact with an owner of such a mineral or working interest or to a working the present of the working interest or to a working the present of the working interest or to a working the present of the working interest or to a working interest or to a working the present of the working interest or to a contract with an owner of such a mineral or working interest or to a working interest or under only supervision, and that the same is true and correct to the best of my be lief.  Date of Survey															
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.  1 OPERATOR CERTIFICATION 1 Iterity certify that the information contained herein its raw and complete to the head on powering and a belief, and that his organization either ones a working interest or unleasand mineral interest in the lead inchaling the proposed bostom hole location or has a right to dell this well at this increase, or so a working interest or an accordance with an owner of such a mineral or working interest or an a working interest or an accordance with an owner of such a mineral or working interest or an accordance with an owner of such a mineral or working interest or an accordance with an owner of such an interest or working interest or an accordance with an interest or working interest or an accordance with an interest or working interest or an accordance with an interest or working interest or an accordance with an interest or working interest or an accordance with an interest or working interest or unleasand mineral interest in the lead inchaling the proposed bostom hole location or has a right to dell this well at location or here are interest or working interest or an interest or working inter		<sup>13</sup> Joint o	r Infill	14 Con	solidation	Code	15 Or	der No.							
OPERATOR CERTIFICATION  I hareby certify that the information contained herein is true and complete to the heat of my howledge, and beinf, and that this sequinization either to the heat of my howledge, and helinf, and that this sequinization either the proposed bottom hole location or heat a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest or no to a whomany pooling agreement or a computacy pooling order heretofore entered by the division.    Date	40														
Inceres, or to a voluntary pooling agreement or a compulsary pooling order heretofore entered by the division.  December 31, 2013  Signature  Date  Laura Watts  Printed Name  Laura Watts  Printed Name  Inceres, or to a voluntary pooling agreement or a compulsary pooling order heretofore entered by the division.  December 31, 2013  Signature  Date  Laura Watts  Printed Name  Increase a voluntary periode and the printed Name  Laura Watts  Printed Name  Increase a voluntary periode and the printed Name  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										710'		I hereby certif to the best of t	fy that the inform my knowledge an	ation contain d belief, and	ed herein is true and complete that this organization either
Laura Watts Printed Name										666	٥'	location pursi	uant to a contract a voluntary pool	with an own	er of such a mineral or working of or a compulsory pooling
"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		•										Laura Watt Printed Nam	espetroleum.com	n	Date
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														GEDT	IEIGA TION
												I hereby co plat was p made by n	ertify that the lotted from f ne or under n	e well loca ield notes ny supervi	ation shown on this of actual surveys ision, and that the
.11							_						•	essional Sur	veyor:



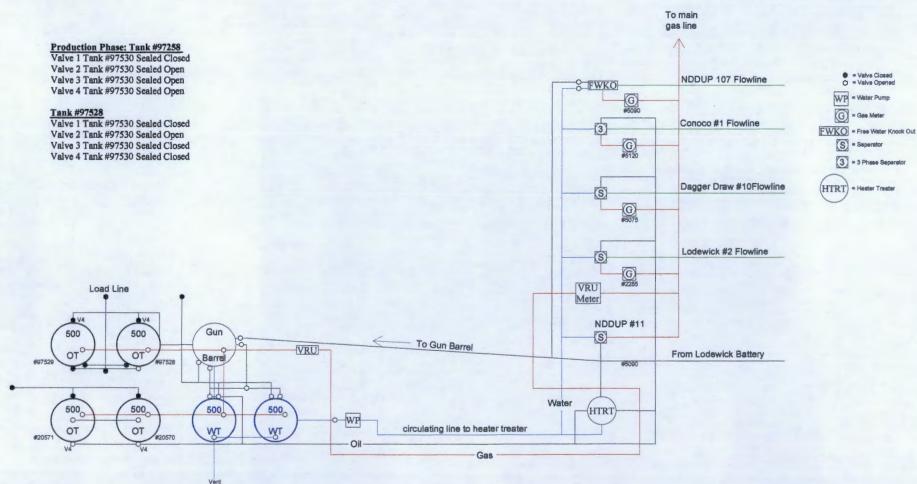
105 South 4th Street \* Artesia, NM 88210 (575) 748-1471

> -Michael Farmer -July, 2014

# **Dagger Draw Com Battery**

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





MARTIN YATES, III

FRANK W. YATES 1936-1986

S.P YATES



105 SOUTH FOURTH STREET

## ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

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

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

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

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:/John A Yates

KATHY H. PORTER

DENNIS G. KINSEY

MARTIN YATES, III 1912-1985 FRANK W. YATES

> 1936-1986 S.P YATES 1914-2008



105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210-2118

JOHN D. PERINI EXECUTIVE VICE PRESIDENT CHIEF FINANCIAL OFFICER

JOHN A. YATES

JOHN A. YATES JR.

CHAIRMAN OF THE BOARD PRESIDENT

JAMES S. BROWN CHIEF OPERATING OFFICER

TELEPHONE (575) 748-1471

www.yatespetroleum.com

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** 

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

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Sincerely,

Miriam Morales Production Analyst

I hereby approve this application

KATHY H. PORTER SECRETARY

DENNIS G. KINSEY TREASURER

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

S.P YATES



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

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

KATHY H. PORTER

DENNIS G. KINSEY

MARTIN YATES, III 1912-1985 FRANK W. YATES

1936-1986 S.P YATES



105 SOUTH FOURTH STREET

#### ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES

JOHN A. YATES JR, CHAIRMAN OF THE BOARD PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

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.

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Sincerely,

Miriam Morales Production Analyst

I hereby approve this application

Company: Sharbro Energy LLC

MARTIN YATES, III 1912-1985

FRANK W. YATES 1936-1986

S.P YATES



105 SOUTH FOURTH STREET

#### ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

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

API #30-05-20

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

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

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

DENNIS G. KINSEY

KATHY H. PORTER

# CERTIFIED MAIL



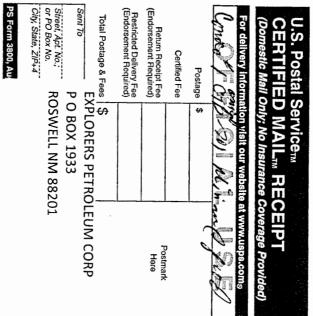
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PS Form 3811, July 2013



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ROSWELL NM 88201

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FINLEY RESOURCES INC 1308 LAKE STREET #200 FT WORTH TX 76102

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#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. □ Agent X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? $\ \square$ Yes 1. Article Addressed to: If YES, enter delivery address below: FINLEY RESOURCES INC 1308 LAKE STREET #200 FT WORTH TX 76102 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 6973 (Transfer from s-

PS Form 3811, July 2013

# ES TROLEUM IRPORATION

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

PS Form 3800, Au

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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 6997 7014 0510 0001 0743 6997

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(Endorsement Required)

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Sinesi, Jair, No.:
P O BOX 1608

City, State, ZiP+4

ALBUQUERQUE NM 87103-1608

PS Form 3800, Aug

JALAPENO CORPORATIO P O BOX 1608 ALBUQUERQUE NM 8710

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

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ARTESIA NM 88211-1290	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery			
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OZARK EXPLORATION INC 3838 OAK LAWN AVE STE DALLAS TX 75219

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DALLAS TX 75219	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013

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



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City, State, ZIP+4	ARTESIA NM 88211-1020
PS Form 3800, Au	www.

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1. Article Addressed to:  SANTO LEGADO LLLP P O BOX 1020	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ARTESIA NM 88211-1020	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Retr	urn Receipt





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

7014 0510 0001 0743 7031 7014 0510 0001 0743 7031

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Return Receipt Fee
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Restricted Delivery Fee
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SPIRAL INC P O BOX 1933 ROSWELL NM 88201

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
SPIRAL INC	
P O BOX 1933	
ROSWELL NM 88201	
	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	0743 7031

# PETROLEUM CORPORATION



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

7014 0510 0001 0743 7048 7014 0510 0001 0743 7048

ADDRESS SERVICE REQUESTED

PS Form 3800, Aug	TULIPAN LLC Sireet, Apt. No.: 428 SANDOVAL STE 200 City, State, ZiP+4 SANTA FE NM 87501	Total Postage & Fees .	Restricted Delivery Fee (Endorsement Required)	Retum Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Consol Family (DEC) by 18 September 1998 (September 1998)	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	STE 200	,		Here		- Joseph -	te at www.usps.come	ECEIPT Coverage Provided)

TULIPAN LLC 428 SANDOVAL STE 20( SANTA FE NM 87501

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <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</li> </ul>	A. Signature  X	
<ul> <li>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>	B. Received by (Printed Name)  C. Date of D	elive
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
TULIPAN LLC 428 SANDOVAL STE 200	·	
SANTA FE NM 87501	3. Service Type  ② Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merch □ Insured Mail □ Collect on Delivery	andis
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from s 7014 0510 0001	0743 7048	





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

7014 0510 0001 0743 7055 7014 0510 0001 0743 7055

ADDRESS SERVICE REQUESTED

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CEIPT overage Provided)
For delivery information visit our website at www.usps.come	at www.usps.come
Postage \$	4
Certified Fee	1
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fans .\$	
YATES ENERGY CORPORATION Siriedt Apit No.: P O BOX 2323 or PO Box No. City, State, ZiP+4 ROSWELL NM 88202-2323	RPORATION 02-2323
PS Form 3800, Au	

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

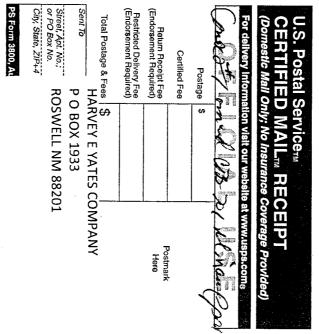
	ı			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X			
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
YATES ENERGY CORPORATION P O BOX 2323				
ROSWELL NM 88202-2323	3. Service Type			
2. Article Number (Transfer from se 7014 0510 0001	4. Restricted Delivery? (Extra Fee)			
PS Form 3811, July 2013 Domestic Ret	urn Receipt			

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



0510 0001 0743 7062 0510 0001 0743 7062

# ADDRESS SERVICE REQUESTED



HARVEY E YATES COMPA P O BOX 1933 ROSWELL NM 88201

SENDER: COMPL				COMPLE	ETE THIS S	ECTION ON DE	I IVEDV
<ul> <li>Complete items 1 item 4 if Restricte</li> <li>Print your name a so that we can re</li> <li>Attach this card to or on the front if s</li> </ul>	ed Delivery is dand address on turn the card to the back of the	esired. the reverse	•	A. Signa			☐ Agent ☐ Addressee C. Date of Delivery
Article Addressed to				D. Is deliv	ery address	different from ite	em 1?  Yes
HARVEY E YAT P O BOX 1933 ROSWELL NM		1Y		If YES	, enter delive	ery address belo	w: □ No
				☐ Regi	ified Mail® istered red Mail	☐ Priority Mail ☐ Return Rece ☐ Collect on D ? (Extra Fee)	eipt for Merchandise
Article Number     (Transfer from si	7014 0	510 00	——— IП 1.		7062	(Extra Fee)	☐ Yes
PS Form 3811, July 2	2013			Irn Possiet			

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# CERTIFIED MAIL.



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

7014 0510 0001 0743 7079 7014 0510 0001 0743 7079

# ADDRESS SERVICE REQUESTED

	PS Form 3800, Au
02-1641	City, State, ZIP+4 ROSWELL NM 88202-1641
	or PO Box No. P O BOX 1641
HE S P TRUST	COTRUSTEES OF THE S P TRUST
NOSNHOL	S P III & BARBARA J JOHNSON
,	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
Here	Return Receipt Fee (Endorsement Required)
	Certified Fee
,	Postage \$
Miss D Nun	Contest and Oth To)
at www.usps.com®	For delivery information visit our website at www.usps.come
CEIPT Coverage Provided)	CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	U.S. Postal Service™

S P III & BARBARA J JOHN COTRUSTEES OF THE S P P O BOX 1641 ROSWELL NM 88202-164

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <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> <li>Article Addressed to:         <ul> <li>S P III &amp; BARBARA J JOHNSON COTRUSTEES OF THE S P TRUST P O BOX 1641</li> <li>ROSWELL NM 88202-1641</li> </ul> </li> </ul>	A. Signature  X				
	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes				

PS Form 3811, July 2013

2. Article Number

(Transfer from se

Domestic Return Receipt

7014 0510 0001 0743 7079



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

7014 0510 0001 0743 7086

# ADDRESS SERVICE REQUESTED

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

**LOUDON TN 37774** SARA M ROGERS 1063 POPLAR SPRINGS RD

	Total Postage & Fees   \$
	(Endorsement Required)
	Restricted Delivery Fee
Here	Retum Receipt Fee (Endorsement Required)
	Certified Fee
(	Postage \$
land for	Consider Tomore Comple
t www.usps.com⊛	For delivery information visit our website at www.usps.com
SEIPT overage Provided)	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	U.S. Postal Service™

**SARA M ROGERS** 1063 POPLAR SPRINGS R **LOUDON TN 37774** 

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X □ Agent □ Address
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
SARA M ROGERS 1063 POPLAR SPRINGS RD	
LOUDON TN 37774	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se. 7014 0510 0001	0743 7086
DC Form 3811 July 2012	<del></del>

# CERTIFIED MAIL...



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

: PS Form 3811, July 2013

7014 0510 0001 0743 7093 7014 0510 0001 0743 7093

ADDRESS SERVICE REQUESTED

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

STEPHANIE VIARS 1063 POPLAR SPRINGS RD LOUDON TN 37774

ı		_	_						
	Total Postage & Fees   \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certifled Fee	Postage	met an	For delivery information visit our website at www.usps.com®	CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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					'		at www	RECEIP	
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STEPHANIE VIARS 1063 POPLAR SPRINGS RD LOUDON TN 37774

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <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> </ul>	A. Signature  X ☐ Agent ☐ Addressee  B. Received by (Printed Name) C. Date of Delivery			
Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? ☐ Yes			
Article Addressed to:	If YES, enter delivery address below: ☐ No			
STEPHANIE VIARS 1063 POPLAR SPRINGS RD				
LOUDON TN 37774	3. Service Type			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Transfer from s 7014 0510 0001	0743 7093			

# CERTIFIED MAIL,

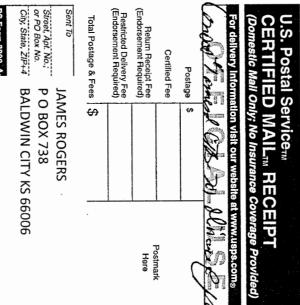


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

PS Form 3811, July 2013

7014 0510 0001 0743 7109 7014 0510 0001 0743 7109

# ADDRESS SERVICE REQUESTED



JAMES ROGERS P O BOX 738 BALDWIN CITY KS 66006

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

#### **SENDER: COMPLETE THIS SECTION** COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. □ Agent X Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: **JAMES ROGERS** P O BOX 738 **BALDWIN CITY KS 66006** Service Type Certified Mail® Registered ☐ Priority Mail Express™ ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 7014 0510 0001 0743 7109 2. Article Number (Transfer from se

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# PETROLEUM CORPORATION

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

PS Form 3800, Au

7014 0510 0001 0743 7116 7014 0510 0001 0743 7116

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL MRECEIPT
(Domestic Mail Only; No Insurance Coverage Provide
For delivery Information visit our website at www.usps.come
Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Sincet. Apt. No.;
or PO Box No.

City, State, ZiF4-4
ROUND ROCK TX 78681-2425

WILLIAM OWNBEY 4019 CREST CV ROUND ROCK TX 78681-24

# OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
WILLIAM OWNBEY 4019 CREST CV	
ROUND ROCK TX 78681-2425	3. Şervice Type
	Øs-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 7116
PS Form 3811, July 2013 Domestic Re	turn Receipt

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# CERTIFIED MAIL.



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7123 7014 0510 0001 0743 7123

# ADDRESS SERVICE REQUESTED

Sireet, Apt. No.; or PO Box No. City, State, ZiP+4

THORAL SHAW JR 8522 HIGHWAY 30 DURHAM OK 73642-4254

	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)		ur ,	Cassa	For delivery		U.S. Po
) )	ay Fee quired)	quired)	Certified Fee	Postage \$	Total Mini	For delivery information visit our website at www.usps.com	CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	J.S. Postal Service™
		Here	7		mule Fait	at www.usps.com®	RECEIPT ance Coverage Provided)	

THORAL SHAW JR 8522 HIGHWAY 30 DURHAM OK 73642-4254

#### LACE STICKER AT 10P OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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  3. Service Type	☐ Agent ☐ Address C. Date of Delive item 1? ☐ Yes elow: ☐ No
D. Is delivery address different from If YES, enter delivery address if YES, enter delivery	item 1? ☐ Yes elow: ☐ No
THORAL SHAW JR  8522 HIGHWAY 30  DURHAM OK 73642-4254	
3. Service Type	
☐ Registered ☐ Return F	lail Express™ eceipt for Merchandise
2. Article Number (Transfer from sen	☐ Yes

# CERTIFIED MAIL





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

7014 0510 0001 0743 7130 7014 0510 0001 0743 7130

ADDRESS SERVICE REQUESTED

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE TI	HIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
Complete items 1, 2, an item 4 if Restricted Deliv Print your name and adv so that we can return th	ery is desired. dress on the reverse	A. Signature	☐ Agent ☐ Addressee
Attach this card to the bor on the front if space;	ack of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:		D. Is delivery address different from ite If YES, enter delivery address belo	_
BALDWICK LIMITED 3300 N A ST BLDG 2-			
MIDLAND TX 79705		3. Şervice Type  Certified Mail® Priority Mail Registered Return Rec	eipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from s     7	114 0510 0001	0743 7130	
PS Form 3811, July 2013	Domestic Re	eturn Receipt	

# PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7147 7014 0510 0001 0743 7147

# ADDRESS SERVICE REQUESTED

	۲Ц.	ь <del>ч</del>
PS Form 3800, A	Street, Apt. No.; or PO Box No. City, State, ZIP+4	Sent To
	BOX 36 MORSE TX 79062	DALE JONES

U.S. Postal Servicem
CERTIFIED MAIL M RECEIF
(Domestic Mall Only; No Insurance Covera
For delivery information visit our website at www.
Postage
Certified Fee
(Endorsement Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Rostricted Delivery Fee
(Endorsement Required)

DALE JONES BOX 36 MORSE TX 79062

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECT  Complete items 1, 2, and 3. Also		COMPLE A. Signate		CTION ON DEL	IVERY
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.		х	ed by (Printe	ad Mama)	☐ Agent ☐ Addressee
				different from ite	C. Date of Delivery
Article Addressed to:				ery address belo	,
DALE JONES					
BOX 36 MORSE TX 79062		3. Şervice	Time		
		E Ceri □ Reg	ified Mail®	☐ Priority Mail ☐ Return Reco	eipt for Merchandise
		4. Restric	ted Delivery	? (Extra Fee)	☐ Yes
2. Article Number (Transfer from se 7014 [	)510 0001	0743	7147		
PS Form 3811, July 2013	Domestic Retu	ırn Receipt			

# CERTIFIED MA



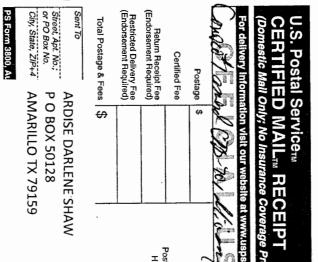
YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

PS Form 3811, July 2013



7014 0510 0001 0743 7154 7014 0510 0001 0743 7154

ADDRESS SERVICE REQUESTED



ARDISE DARLENE SHAW P O BOX 50128 AMARILLO TX 79159

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ARDISE DARLENE SHAW P O BOX 50128	
AMARILLO TX 79159	3. Service Type  A Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number (Transfer from se 7014 0510 0001	4. Restricted Delivery? (Extra Fee) Yes

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# CERTIFIED MAIL.



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

PS Form 3811, July 2013

7014 0510 0001 0743 7161 7014 0510 0001 0743 7161

ADDRESS SERVICE REQUESTED

CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery Information visit our website at www.usps.come

Postage

Certified Fee
Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees
NANCY L ARCHER

Sent To

1300 SARDINIA COURT

Sireet Apit No.:
CHAMPIONS GATE FL 33896

CHAMPIONS GATE FL 33896

NANCY L ARCHER 1300 SARDINIA COURT CHAMPIONS GATE FL:

	# . E . B . B . E . I		
DOLLED FINE	ESS, FOLD AT	IAOOA NAU	OF THE RET
THURST THE OF			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  NANCY L ARCHER  1300 SARDINIA COURT  CHAMPIONS GATE FL 33896	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)

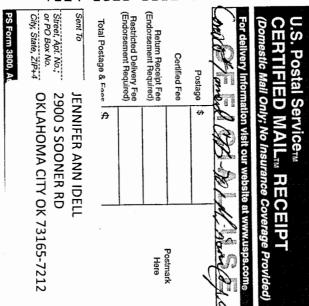
# ATES PETROLEUM CORPORATION

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



7014 0510 0001 0743 7178 7014 0510 0001 0743 7178

ADDRESS SERVICE REQUESTED



JENNIFER ANN IDELL 2900 S SOONER RD OKLAHOMA CITY OK 73

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

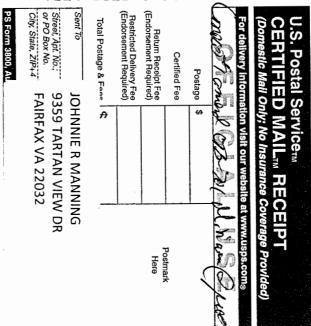
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
JENNIFER ANN IDELL 2900 S SOONER RD	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
OKLAHOMA CITY OK 73165-7212	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 7178
PS Form 3811, July 2013 Domestic Reto	urn Receipt

# PETROLEUM

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

7014 0510 0001 0743 7185 7014 0510 0001 0743 7185

# ADDRESS SERVICE REQUESTED



JOHNNIE R MANNING 9359 TARTAN VIEW DR FAIRFAX VA 22032

## DE THE BETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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,</li> </ul>	A. Signature  X
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JOHNNIE R MANNING 9359 TARTAN VIEW DR FAIRFAX VA 22032	
FAIRFAX VA 22032	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from se 7014 0510 0001	0743 7185
PS Form 3811, July 2013 Domestic Ret	urn Receipt

### ATES PETROLEUM FORBORRATION

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

7014 0510 0001 0743 7192 7014 0510 0001 0743 7192

#### ADDRESS SERVICE REQUESTED

For delivery Information visit our website at www.usps.come For delivery Information visit our website at www.usps.come For delivery Information visit our website at www.usps.come  Certified Fee Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
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PEGGY LOU BORT JONI 862 CHILTERN RD HILLSBOROUGH CA 94(

FOLD AT DOTTED LINE	AN ADDRESS	UTER ERETU
THE PERSON NAMED IN COMPANIES	IN IN IN	コソウロぐ コクドコ

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
<ul> <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> </ul>	A. Signature	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from ite     If YES, enter delivery address below	
PEGGY LOU BORT JONES 862 CHILTERN RD		
HILLSBOROUGH CA 94010	3. Service Type Certified Mail® Priority Mail Registered Return Reco	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from s 7014 0510 0001	0743 7192	
PS Form 3811, July 2013 Domestic Retu	ırn Receipt	

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

0510 0001 0743 7208 0510 0001 0743 7208 7014

#### ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & Fees | \$ Certified Fee Postage MATTHEW E CHISUM P O BOX 3338 STINNETT TX 70983-3338

MATTHEW E CHISUM P O BOX 3338 STINNETT TX 70983-333

:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <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</li> </ul>		☐ Agent ☐ Addresse
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Da	ate of Deliver
Article Addressed to:	,	☐ Yes ☐ No
MATTHEW E CHISUM P O BOX 3338		
STINNETT TX 70983-3338	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Expres ☐ Registered ☐ Return Receipt for ☐ Insured Mail ☐ Collect on Delivery	Merchandis
	4. Restricted Delivery? (Extra Fee)	□ Yes
2. Article Number 7014 0510 0001	0743 7208	
PS Form 3811, July 2013 Domestic Ret	turn Receipt	





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

7014 0510 0001 0743 7215 7014 0510 0001 0743 7215

#### ADDRESS SERVICE REQUESTED

PS Form 3800, Aug	Apt. No.; lox No. ate, ZIP+4	Total Postage & Fees   \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information	U.S. Postal Ser CERTIFIED I (Domestic Mail Only
	BARBARA JEAN CLUCK P O BOX 642 GRUVER TX 79040			Here	Doctmark		Tor delivery information visit our website at waveful space.	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

BARBARA JEAN CLUC P O BOX 642 GRUVER TX 79040

LACE STICKER AT TOP OF ENVELOPE TO THE HIGHT

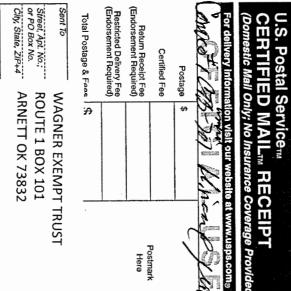
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  B. Received by (Printed Name)	☐ Agent☐ Addressed C. Date of Delivery
1. Article Addressed to:  BARBARA JEAN CLUCK P O BOX 642	D. Is delivery address different from iten     If YES, enter delivery address below	
GRUVER TX 79040	3. Service Type  Certified Mail® Priority Mail  Registered Return Rece  Insured Mail Collect on Do  4. Restricted Delivery? (Extra Fee)	ipt for Merchandise
2. Article Number (Transfer from se 7014 0510 0001	<u></u>	□ 162
PS Form 3811, July 2013 Domestic Retu	urn Receipt	



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

7014 0510 0001 0743 7222 7014 0510 0001 0743 7222

ADDRESS SERVICE REQUESTED



WAGNER EXEMPT TRUS ROUTE 1 BOX 101 ARNETT OK 73832

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
WAGNER EXEMPT TRUST ROUTE 1 BOX 101	
ARNETT OK 73832	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 7222
PS Form 3811, July 2013 Domestic Re	turn Receipt

## PETROLEUM CORPORATION

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

7014 0510 0001 0743 7239 7014 0510 0001 0743 7239

ADDRESS SERVICE REQUESTED

U.S. Postal Service<sub>TM</sub>
CERTIFIED MAIL<sub>TM</sub> RECEIPT
(Domestic Mall Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.usps.come
Postage

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

Sent To
JO E THORNTON
Sireet, Apt. No.;
or PO Box No.
City, State, ZiP+4

AUSTIN TX 78746

PS Form 3800, Au

PS Form 3800, Au

Control Cont

JO E THORNTON 6004 FRONT ROYAL AUSTIN TX 78746

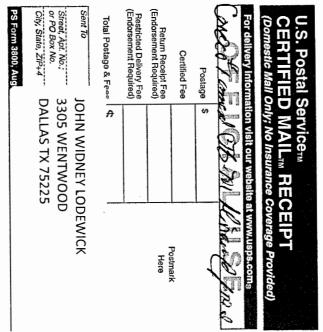
JUNE 347 01 340 13M3 30 6	U. LY GENELLE SUFFICE
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JO E THORNTON 6004 FRONT ROYAL	
AUSTIN TX 78746	3. Service Type  Lactified 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 7239
PS Form 3811, July 2013 Domestic Retu	urn Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7246 7014 0510 0001 0743 7246

#### ADDRESS SERVICE REQUESTED



JOHN WIDNEY LODEWIC 3305 WENTWOOD DALLAS TX 75225

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> </ul>	A. Signature  X  Agent  Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JOHN WIDNEY LODEWICK 3305 WENTWOOD	
DALLAS TX 75225	3. Service Type  ☐ Certified Mail® ☐ Registered ☐ Registered ☐ Insured Mail ☐ Collect on Delivery
Control of the Contro	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	0743 7246
PS Form 3811, July 2013 Domestic Reti	urn Receipt

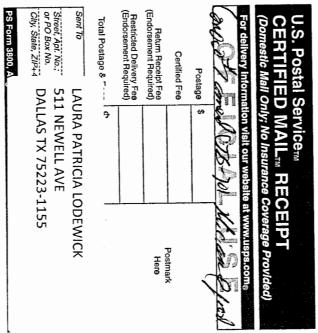




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 7253 7014 0510 0001 0743 7253

#### ADDRESS SERVICE REQUESTED



LAURA PATRICIA LODE 511 NEWELL AVE DALLAS TX 75223-115!

	,
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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,</li> </ul>	A. Signature  X
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
LAURA PATRICIA LODEWICK 511 NEWELL AVE	
DALLAS TX 75223-1155	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 7253
PS Form 3811, July 2013 Domestic Ref	turn Receipt

# PETROLEUM CORPORATION

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7260 7014 0510 0001 0743 7260

	PS Form 3800, Au
0	Street, Apt. No.: GRAHAM TX 76450 or PO Box No. City, State, ZiP+4
OD DR	1415 TANGLEWOOD DR
NATT	MARTHA JANE MCNATT
	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
Here	Return Receipt Fee (Endorsement Required)
Postmark	Certified Fee
(	Postage \$
Monage fort	price of other M.
at www.usps.come	For delivery information visit our website at www.usps.come
CEIPT Coverage Provided)	CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	U.S. Postal Service™

MARTHA JANE MCNA<sup>\*</sup> 1415 TANGLEWOOD [ GRAHAM TX 76450

LACE STICKER AT TOP OF ENVELOPE TO THE HIGH!

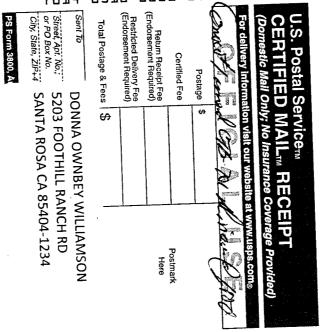
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>MARTHA JANE MCNATT 1415 TANGLEWOOD DR</li> <li>GRAHAM TX 76450</li> </ul> </li> </ul>	A. Signature  X
	□ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from se 7014 0510 0001	0743 7260
PS Form 3811, July 2013 Domestic Re	turn Receipt



7014 0510 0001 0743 7277 7014 0510 0001 0743 7277

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

ADDRESS SERVICE REQUESTED



DONNA OWNBEY WILL 5203 FOOTHILL RANCH SANTA ROSA CA 85404

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DONNA OWNBEY WILLIAMSON 5203 FOOTHILL RANCH RD SANTA ROSA CA 85404-1234	3. Service Type
24014 KO24 CA 83404-1234	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 0510 0001	. 0743 7277
PS Form 3811, July 2013 Domestic Re	eturn Receipt





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

7014 0510 0001 0743 7284 7014 0510 0001 0743 7284

ADDRESS SERVICE REQUESTED

CERTIFIED MAILTIM RECEIPT
(Domestic Mell Only; No Insurance Coverage Provided)

For delivery Information visit our website at www.usps.comp

Postage

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

Sireet Apit No.;
P O BOX 3338
or PO Box No.
City, State, ZiP4.4

PS Form 3800, Aug.

CHISUM RANCHES LTD P O BOX 3338 STINNETT TX 79083-333

i	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
CHISUM RANCHES LTD P O BOX 3338	•
STINNETT TX 79083-3338	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from se. 7014 0510 0001	0743 7284
PS Form 3811, July 2013 Domestic Retu	urn Receipt





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

7014 0510 0001 0743 7291 7014 0510 0001 0743 7291

#### ADDRESS SERVICE REQUESTED

88401	Street, Apr. No.; POBOX 1072 or PO Box No. City, State, ZiP+4 TUCUMCARI NM 88401
E WAITS HALLER	SHIRLEY MARLENE WAITS HALLER
	Total Postage & Fees \$
	Restricted Delivery Fee Endorsement Required)
Here	Return Receipt Fee Endorsement Required)
Postmark	Certified Fee
(	Postage \$
Unanto Frank	me Toman of In Who
at www.usps.come	For delivery information visit our website at www.usps.come
CEIPT Coverage Provided)	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No insurance Coverage Provided)
	J.S. Postal Service™

SHIRLEY MARLENE W P O BOX 1072 TUCUMCARI NM 884

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	DOLLED FINE	TA CLION :			שב בחב
	HIGHTON	THAT PARTY	IOLOI I	AREADIL	S BUNDS
	THE PURCH			10.00	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  SHIRLEY MARLENE WAITS HALLER P O BOX 1072	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TUCUMCARI NM 88401	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number (Transfer from se 7014 0510 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 743 7291
PS Form 3811, July 2013 Domestic Retu	urn Receipt

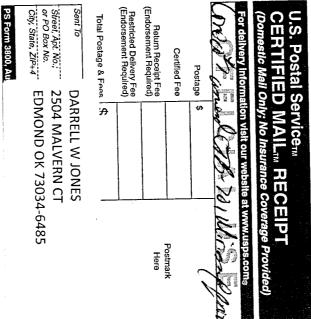
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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 7307 7014 0510 0001 0743 7307

#### ADDRESS SERVICE REQUESTED



DARRELL W JONES 2504 MALVERN CT EDMOND OK 73034-64

:	•
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> </ul>	A. Signature  X
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
DARRELL W JONES 2504 MALVERN CT	
EDMOND OK 73034-6485	3. Service Type   【Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 0510 0001	0743 7307
PS Form 3811, July 2013 Domestic Ret	turn Receipt



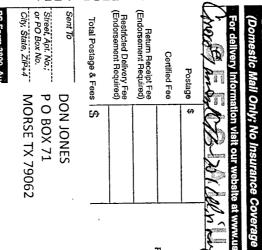


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

: PS Form 3811, July 2013

7014 0510 0001 0743 7314 7014 0510 0001 0743 7314

#### ADDRESS SERVICE REQUESTED



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 SE	i kalangga palangga kabupat	COMPLETE THIS  A. Signature		
<ul> <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</li> </ul>	X		☐ Agent	
so that we can return the card  Attach this card to the back of or on the front if space permits	to you. the mailpiece,	B. Received by (PI	rinted Name)	C. Date of Deliver
1. Article Addressed to:		D. Is delivery addre	ess different from it divery address bel	
DON JONES P O BOX 71				
MORSE TX 79062		3. Service Type  Certified Mai  Registered  Insured Mail	☐ Return Re	ceipt for Merchandise

Domestic Return Receipt





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

7014 0510 0001 0743 7321 7014 0510 0001 0743 7321

#### ADDRESS SERVICE REQUESTED

U.S. Postal ServiceTIM CERTIFIED MAILTIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CEIPT overage Provided)
For delivery information visit our website at www.usps.come	at www.usps.come
Postage \$	Xee X
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fanc   \$	
	SHAW
Siriest, Apr. No.: P O BOX 838 or PO Box No. CROWELL TX 79227	7
PS Form 3800, Au	

ALBERT EDWARD SHAW P O BOX 838 CROWELL TX 79227

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X □ Agent □ Addresse
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delive
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ALBERT EDWARD SHAW P O BOX 838	
CROWELL TX 79227	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from st. 7014 0510 0001	0743 7321
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

7014 0510 0001 0743 7338 7014 0510 0001 0743 7338

ADDRESS SERVICE REQUESTED

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

CACE STICKER AT TOP OF ENVELOPE TO THE HIGH

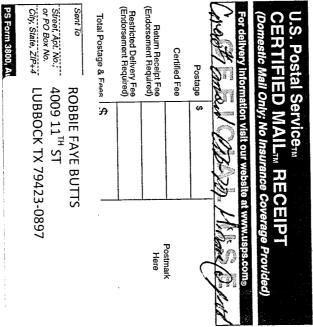
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>ARDISE SHAW INTER VIVOS TRUST P O BOX 50128</li> </ul>	A. Signature  X
AMARILLO TX 79159-0128	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 7338
PS Form 3811, July 2013 Domestic Ret	turn Receipt

# ATES PETROLEUM FOREORETION

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

7014 0510 0001 0743 7345 7014 0510 0001 0743 7345

#### ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
ROBBIE FAYE BUTTS 4009 11 <sup>TH</sup> ST LUBBOCK TX 79423-0897	i : :
1	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	

PS Form 3811, July 2013

Domestic Return Receipt





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

PS Form 3800, Au

7014 0510 0001 0743 7352 7014 0510 0001 0743 7352

ADDRESS SERVICE REQUESTED

		10 10 10 10 10 10 10 10 10 10 10 10 10 1	C.C	C.C
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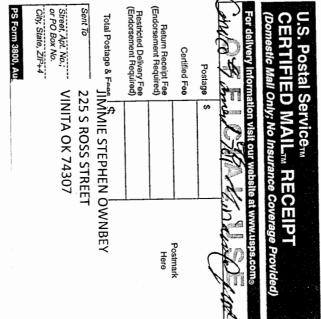
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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JIMMIE STEPHEN OWNBEY 225 S ROSS STREET VINITA OK 74307

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

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

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

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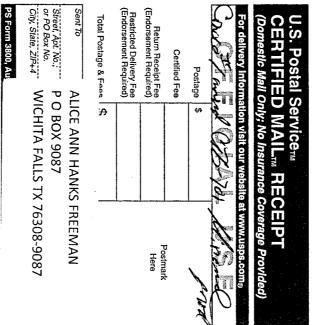
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>NEVA CHAMBERS DAWSON AS TITEE OF LOLLIE CHAMBERS TRUST</li> <li>8 S WEST OAK DR</li> </ul>	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from iter If YES, enter delivery address below	
HOUSTON TX 77056-2122	3. Service Type  Certified Mail® Priority Mail  Registered Return Rece Insured Mail Collect on D  4. Restricted Delivery? (Extra Fee)	eipt for Merchandise
2. Article Number 7014 0510 0001	· ·	<u> П 162</u>
PS Form 3811, July 2013 Domestic Ret	urn Receipt	



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

7014 0510 0001 0743 7413 7014 0510 0001 0743 7413

#### ADDRESS SERVICE REQUESTED



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

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	and the same of th		

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<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  ALICE ANN HANKS FREEMAN P O BOX 9087	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
WICHITA FALLS TX 76308-9087	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 PS Form 3811, July 2013 Domestic Retu	0743 7413



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

7014 0510 0001 0743 7437 7014 0510 0001 0743 7437

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL MRECEIPT
(Domestic Mell Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.usps.come

Contilled Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Foot To

Sent To

ROBERT E CHAMBERS JR

Sincet, Apt. No.:
Or PO Box No.
City, State, ZiP+44

PS Form 8800, At.

ROBERT E CHAMBERS JR 2441 STANMORE DR HOUSTON TX 77019

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X ☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROBERT E CHAMBERS JR	
2441 STANMORE DR	:
HOUSTON TX 77019	2 Service Time
HOUSTON IX 77023	3. Service Type  ECCertified 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 7437
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

7014 0510 0001 0743 7420 7014 0510 0001 0743 7420

#### ADDRESS SERVICE REQUESTED

U.S. Postal Servicem

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.comp

Postage

Certified Fee
Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

W T & JEANNETTE PROBANDT

Sireet, Tapit, No.;
or PO Box No.

MIDLAND TX 79707

PS Form 3800, Au

PS Form 3800, Au

W T & JEANNETTE PRO 5 RIDGMAR CT MIDLAND TX 79707

100000000000000000000000000000000000000	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
W T & JEANNETTE PROBANDT 5 RIDGMAR CT	
MIDLAND TX 79707	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 7420
PS Form 3811, July 2013 Domestic Ret	urn Receipt

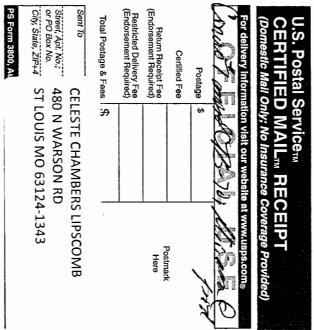




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 7444 7014 0510 0001 0743 7444

#### ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

LACE STICKER AT TOP OF ENVELOPE TO THE HIGHT

<u> </u>				
SENDER: COMPLETE THIS SE	ECTION	COMPLETE THIS SECT	TION ON DELI	VERY
<ul> <li>Complete items 1, 2, and 3. A item 4 if Restricted Delivery is</li> <li>Print your name and address so that we can return the card</li> <li>Attach this card to the back o or on the front if space permit</li> </ul>	desired. on the reverse I to you. f the mailpiece.	A. Signature  X  B. Received by (Printed	Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to:  CELESTE CHAMBERS LIPSO 480 N WARSON RD	СОМВ	D. Is delivery address diff If YES, enter delivery		
ST LOUIS MO 63124-1343		☐ Registered ☐	Collect on De	pt for Merchandise
2. Article Number (Transfer from se7014	0510 0001			
PS Form 3811, July 2013	Domestic Re	eturn Receipt		





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

: PS Form 3811, July 2013

7014 0510 0001 0743 7451 7014 0510 0001 0743 7451

ADDRESS SERVICE REQUESTED

U.S. Postal Service<sub>TM</sub>
CERTIFIED MAIL<sub>TM</sub> RECEIPT
(Domestic Mail Only; No Insurance Goverage Provided)
For delivery information visit our website at www.usps.come
Postage

Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees
Sent To
NEVA CHAMBERS DAWSON
Street, Apt. No.:
8 S WEST OAK DR
City, State, ZiP+4
HOUSTON TX 77056-2122

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  NEVA CHAMBERS DAWSON 8 S WEST OAK DR	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
HOUSTON TX 77056-2122	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 sei 7014 0510 0001	

Domestic Return Receipt

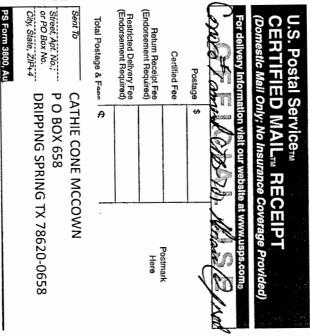


YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 7468 7014 0510 0001 0743 7468

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

OF THE RETURN ADDRESS, FOLD ADDR

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY  A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Agent
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CATHIE CONE MCCOWN P O BOX 658	
DRIPPING SPRING TX 78620-0658	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandis
	☐ Insured Mail ☐ Collect on Delivery
	☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes



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

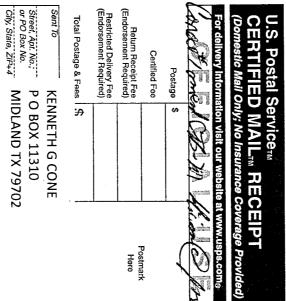
9S Form 3800, Au

MIDLAND TX 79702



0510 0007 0743 7475 0510 0001 0743 7475

ADDRESS SERVICE REQUESTED



KENNETH G CONE P O BOX 11310 MIDLAND TX 79702

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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,</li> </ul>	A. Signature  X ☐ Agent ☐ Addressee  B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
KENNETH G CONE P O BOX 11310	
MIDLAND TX 79702	3. Service Type
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from se 7014 0510 0001	0743 7475
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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



7014 0510 0001 0743 7482 7014 0510 0001 0743 7482

ADDRESS SERVICE REQUESTED

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

TOM R CONE
P O BOX 400
SOUTHWEST CITY MO 64863

Total Postage & Fees S	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	me Flored On Sol	For delivery information visit our website at www.usps.com®	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	1	Here	Dogwood	(	Mas D I vo	at www.usps.com	CEIPT Coverage Provided)

TOM R CONE P O BOX 400 SOUTHWEST CITY MO 64

	i
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  Agent  Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
TOM R CONE	
P O BOX 400	
SOUTHWEST CITY MO 64863	3. Service Type
201 011 MO 04003	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 7482
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

7014 0510 0001 0743 7499 7014 0510 0001 0743 7499

#### ADDRESS SERVICE REQUESTED

P O BOX 507	Postage \$ filed Fee equired)  AUVENSHINES CHILDRENS TRUST  P O BOX 507	Information visit our website at www.usps.com/strage   Postmint Fee   Postmint Fe	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.come Postage Certified Fee Return Receipt Fee (Endorsement Required) Total Postage & Ferm  AUVENSHINES CHILDRENS TRUST Sent To PO BOX 507	DRIPPING SPRING TX 78620-0658
	S Postman Here	ation visit our website at www.usps.co	ServiceTM  D MAILTM RECEIPT  Dnly; No Insurance Coverage Provid  action visit our website at www.usps.com  action visit our website at www.usps.com  Postmark Here  AUVENSHINES CHILDRENS TRU	
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MAILTM RECEIPT Only; No Insurance Coverage Provimation visit our website at www.usps.co  The Company of the Com	FIED MAIL RECEIPT			

AUVENSHINES CHILDRE P O BOX 507 DRIPPING SPRING TX 78

	i
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AUVENSHINES CHILDRENS TRUST P O BOX 507	
DRIPPING SPRING TX 78620-0658	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	. 0743 7499
PS Form 3811, July 2013 Domestic Ret	turn Receipt

# ATES |

PS Form 3800, Au



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

7014 0510 0001 0743 7505 7014 0510 0001 0743 7505

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL, MRECEIPT
(Domestic Mall Only; No Insurance Coverage Provided For delivery Information visit our website at www.usps.com
Postage

Centified Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Sincer, Apr. No.:
Or PO Box No.
MIDLAND TX 79702

LFN CONE PROPERTIES LLC P O BOX 1559 MIDLAND TX 79702

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> <li>LFN CONE PROPERTIES LLC P O BOX 1559</li> </ul>	A. Signature  X
MIDLAND TX 79702	3. Service Type  EY 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 7505
PS Form 3811, July 2013 Domestic Ret	urn Receipt

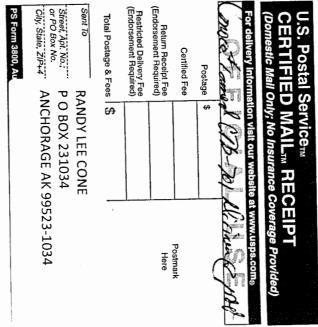




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 7512 7014 0510 0001 0743 7512

#### ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  RANDY LEE CONE P O BOX 231034	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ANCHORAGE AK 99523-1034	3. Service Type
2. Article Number 7014 0510 0001	0743 7512
PS Form 3811, July 2013 Domestic Ref	turn Receipt

## CERTIFIED MA



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7529 7014 0510 0001 0743 7529

U.S. Postal Service<sub>TM</sub>
CERTIFIED MAIL<sub>TM</sub> RECEIPT
(Domestic Mail Only; No Insurance Coverage Provide)
For delivery Information visit our website at www.usps.coms
Postage

For delivery Information visit our website at www.usps.coms
Postage

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

Total Postage & Fees SunwEST CENTRE

Since I. April No.:
Or PO Box No.
City, State, ZiP+4

PS Form 3800, Aut

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
HARVEY E YATES COMPANY SUNWEST CENTRE P O BOX 1933	
ROSWELL NM 88201	3. Service Type  ②☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
Article Number (Transfer from sei 7014 0510 0001	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

7014 0510 0001 0743 7536 7014 0510 0001 0743 7536

#### ADDRESS SERVICE REQUESTED

U.S. Postal Service T. CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CEIPT overage Provided)
For delivery information visit our website at www.usps.come	Aline Comm
Postage \$	(
Certified Fee	
Return Receipt Fee (Endorsement Required)	Hero
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees S	
Sinit To  VAN WINKLE FAMILY LLC  Siried, Apt. No.; 9191 YELLOWSTONE RD  or PO Box No.  City, State, ZiP+4  LONGMONT CO 80503	LY LLC IE RD 503

VAN WINKLE FAMILY LLO 9191 YELLOWSTONE RD LONGMONT CO 80503

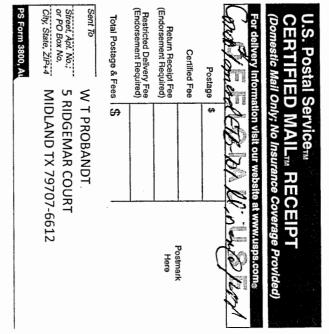
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	<b>DOTTED LINE</b>	TA GLOT ,	SSEHOOV	HE RETURN	T 40
•	DOUBLE WELL	TIANNALIN	IO IOI II	CHERNALIA	400

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
<ul> <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</li> </ul>	A. Signature	☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from iter If YES, enter delivery address below	_
VANDAUNU = =		
VAN WINKLE FAMILY LLC		
9191 YELLOWSTONE RD LONGMONT CO 80503	3. Service Type Certified Mail® Priority Mail Registered Return Reco	eipt for Merchandise
9191 YELLOWSTONE RD	Certified Mail®	eipt for Merchandise

# PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7543 7014 0510 0001 0743 7543

#### ADDRESS SERVICE REQUESTED



W T PROBANDT 5 RIDGEMAR COURT MIDLAND TX 79707-6

	1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  W T PROBANDT  5 RIDGEMAR COURT	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MIDLAND TX 79707-6612	3. Service Type  A Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from ser 7014 0510 0001	0743 7543
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

7014 0510 0001 0743 7550 7014 0510 0001 0743 7550

#### ADDRESS SERVICE REQUESTED

U.S. Postal Service™ RECEIPT

R R HINKLE COMPANY, IN P O BOX 2292 ROSWELL, NM 88202-229

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

SENDER: COMPLETE THIS SECTION		COMPLE	TE THIS SE	ECTION ON DEL	IVERY
<ul> <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. Signat	ure	<u> </u>	
		X			☐ Agent ☐ Addressee
		B. Receiv	ed by (Print	ed Name)	C. Date of Delivery
1. Article Addressed to:		D. Is deliv	ery address enter delive	different from ite ery address belo	m 1? ☐ Yes w: ☐ No
R R HINKLE COMPANY, INC					
P O BOX 2292					
ROSWELL, NM 88202-2292	L				
		☐ Reg	tified Mail®	☐ Priority Mail☐ Return Rece☐ Collect on D	eipt for Merchandise
		4. Restric	ted Delivery	? (Extra Fee)	☐ Yes
2. Article Number 7014 0510 06	107	0743	7550		
PS Form 3811, July 2013 Domes	tic Retur	rn Receipt			



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

7014 0510 0001 0743 7567 7014 0510 0001 0743 7567

ADDRESS SERVICE REQUESTED

U.S. Postal ServicerM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery Information visit our website at www.usps.come
For delivery Information visit our website at www.usps.come

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

Sent To
MCQUIDDY COMM. & ENERGY, INC
Street, Apt. No.:
Or PO Box No.
City, State, ZiP+4

PS Form 8800, Au

ROSWELL, NM 88201

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  B. Received by (Printed Name)	☐ Agent☐ Addresse
1. Article Addressed to:  MCQUIDDY COMM. & ENERGY, INC P O BOX 2072 ROSWELL, NM 88201	D. Is delivery address different from iter     If YES, enter delivery address below	
	3. Service Type  Certified Mail® Priority Mail Registered Return Rece Insured Mail Collect on D  4. Restricted Delivery? (Extra Fee)	eipt for Merchandise
2. Article Number (Transfer from se 7014 0510 0001		Li fes
PS Form 3811, July 2013 Domestic Retu	ırn Receipt	

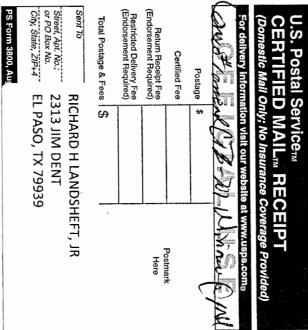




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 7574 7014 0510 0001 0743 7574

#### ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:  RICHARD H LANDSHEFT, JR	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
2313 JIM DENT EL PASO, TX 79939	
	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 Re	turn Receipt



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



7014 0510 0001 0743 7581 7014 0510 0001 0743 7581

ADDRESS SERVICE REQUESTED

U.S. Postal Service <sub>TM</sub> CERTIFIED MAIL <sub>T</sub> (Domestic Mail Only; No Insu	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information	For delivery information visit our website at www.usps.come
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	<del>€</del>
Street. Apt. No.; or PO Box No. City, State, ZIP+4	WILLIAM B LANDSHEFT RT 6 15880 S PEORIA BIXBY, OK 74008
2000 0000	

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

ED TIME	TTOG TA GJO:	/DDHESS' L	NAUTER =	HT 40
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ENVELOPE TO THE RIGHT	PLACE STICKER AT TOP OF I
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  WILLIAM B LANDSHEFT  RT 6 15880 S PEORIA	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
BIXBY, OK 74008	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	
PS Form 3811, July 2013 Domestic Retu	

PS Form 3800, Au

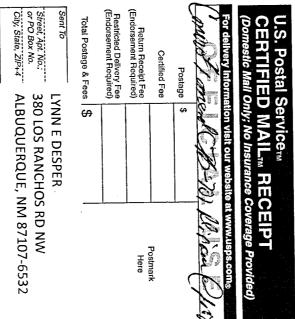


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



0743 7598 0510 7014 0510 0001 0743 7598

#### ADDRESS SERVICE REQUESTED



LYNN E DESPER 380 LOS RANCHOS RD N\ ALBUQUERQUE, NM 871

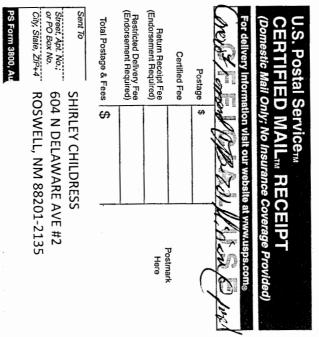
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
LYNN E DESPER 380 LOS RANCHOS RD NW	·
	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandis □ Insured Mail □ Collect on Delivery

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



7014 0510 0001 0743 7604 7014 0510 0001 0743 7604

ADDRESS SERVICE REQUESTED



SHIRLEY CHILDRESS 604 N DELAWARE AVE ROSWELL, NM 88201-;

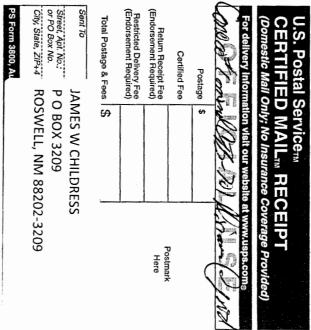
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
SHIRLEY CHILDRESS 604 N DELAWARE AVE #2	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROSWELL, NM 88201-2135	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	
PS Form 3811, July 2013 Domestic Retu	urn Receipt



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

7014 0510 0001 0743 7611 7014 0510 0001 0743 7611

#### ADDRESS SERVICE REQUESTED



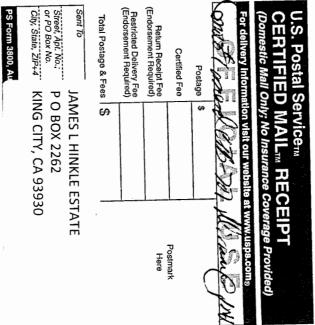
JAMES W CHILDRESS P O BOX 3209 ROSWELL, NM 88202-3209

	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to:</li> <li>JAMES W CHILDRESS</li> <li>P O BOX 3209</li> </ul>	A. Signature  X
ROSWELL, NM 88202-3209	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 7611
PS Form 3811, July 2013 Domestic Re	turn Receipt :

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

7014 0510 0001 0743 7628 7014 0510 0001 0743 7628

#### ADDRESS SERVICE REQUESTED



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

	<b>!</b>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  JAMES L HINKLE ESTATE P O BOX 2262	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
KING CITY, CA 93930	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from sei 7014 0510 0001	0743 7628
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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



7014 0510 0001 0743 7635 7014 0510 0001 0743 7635

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.ucgos.come
Postage
Postage

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

Sent To
HINKLE LIVING TRUST
Street, Apr. No.:
Or PO Box No.
PO BOX 1793
PS Form 3800, Au

PS Form 3800, Au

PS Form 3800, Au

POSWELL, NM 88202-1793

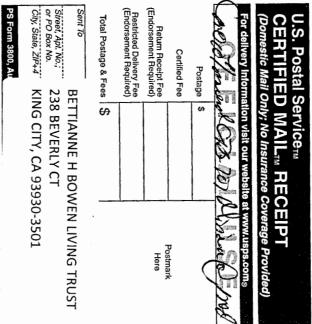
HINKLE LIVING TRUST P O BOX 1793 ROSWELL, NM 88202-1793

ENVELORE TO THE BIGHT	DI ACE STICKER AT 100 DE
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
HINKLE LIVING TRUST P O BOX 1793	
ROSWELL, NM 88202-1793	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 7635
PS Form 3811, July 2013 Domestic Re	turn Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7642 7014 0510 0001 0743 7642

#### ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <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> <li>1. Article Addressed to:</li> <li>BETTIANNE H BOWEN LIVING TRUST 238 BEVERLY CT KING CITY, CA 93930-3501</li> </ul>	A. Signature  X		
2. Article Number (Transfer from se. 7014 0510 0001 0743 7642			
PS Form 3811, July 2013 Domestic Ret	urn Receipt		

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

7014 0510 0001 0743 7659 7014 0510 0001 0743 7659

#### ADDRESS SERVICE REQUESTED

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	\$EIPT overage Provided)
For delivery information visit our website at www.usps.come	A. Mars Divo
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees 🕽 🛠	
CHARLES E HINKLE Sireet Apt. No.: P O BOX 1030 or PO BOX No. City, State, ZiP+4 KING CITY, CA 93930	I30 :
PS Form 3800, Aug	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> </ul>	A. Signature  X ☐ Agent ☐ Addressee  B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
CHARLES E HINKLE P O BOX 1030	
KING CITY, CA 93930	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 7659
PS Form 3811, July 2013 Domestic Ret	urn Receipt





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

7014 0510 0001 0743 7666 7014 0510 0001 0743 7666

#### ADDRESS SERVICE REQUESTED

Siriest, Apt. No.: 265 259 <sup>TH</sup> AVE NE or PO Box No. SAMMAMISH, WA 98074-3478	Total Postage & Fees   \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	emoradarywan se ensteam in sign wonten de	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
4-3478			Here	Doetmark		Muspercomo	o⊤ ge Provided)

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 THIS SECTION ON DELIVERY	
<ul> <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> </ul>	A. Signature  X	
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deli	ivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
KRISTEN COOMES 265 259 <sup>TH</sup> AVE NE		
SAMMAMISH, WA 98074-3478	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchan ☐ Insured Mail ☐ Collect on Delivery	dise
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from se, 7014 0510 0001	0743 7666	
PS Form 3811, July 2013 Domestic Re	turn Receipt	

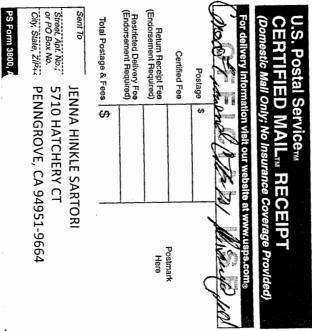


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 7673 7014 0510 0001 0743 7673

ADDRESS SERVICE REQUESTED



JENNA HINKLE SARTORI 5710 HATCHERY CT PENNGROVE, CA 94951-9

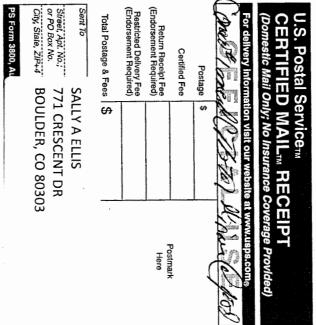
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	/ERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, are the front if exercises.</li> </ul>	A. Signature  X  B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item     If YES, enter delivery address below	
JENNA HINKLE SARTORI 5710 HATCHERY CT PENNGROVE, CA 94951-9664	3. Service Type  St—Certified Mail® □ Priority Mail I □ Registered □ Return Recei □ Insured Mail □ Collect on De	pt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from sei 7014 0510 0001	0743 7673	
PS Form 3811, July 2013 Domestic Ret	urn Receipt	



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

7014 0510 0001 0743 7680 7014 0510 0001 0743 7680

#### ADDRESS SERVICE REQUESTED



SALLY A ELLIS 771 CRESCENT DR BOULDER, CO 80303

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

The second section of the second section secti	The state of the s
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X □ Agent □ Addressee  B. Received by (Printed Name) □ C. Date of Delivery  D. Is delivery address different from item 1? □ Yes
1. Article Addressed to:  SALLY A ELLIS 771 CRESCENT DR	If YES, enter delivery address below:
BOULDER, CO 80303	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
PS Form 3811, July 2013 Domestic Retu	urn Receipt

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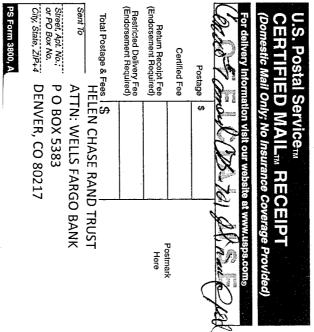


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 7697 7014 0510 0001 0743 7697

#### ADDRESS SERVICE REQUESTED



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

	1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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,</li> </ul>	A. Signature  X
or on the front if space permits.  1. Article Addressed to: HELEN CHASE RAND TRUST ATTN: WELLS FARGO BANK P O BOX 5383	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DENVER, CO 80217	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number 7014 0510 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 743 7497
PS Form 3811, July 2013 Domestic Ret	turn Receipt

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

7014 0510 0001 0743 7703 7014 0510 0001 0743 7703

#### ADDRESS SERVICE REQUESTED

PS Form 3800, Au	Sineet Apt. No.: P O BOX 50880 or PO Box No. P O BOX 79710	Total Postage & Fees   \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	U.S. Postal Service <sub>TM</sub> CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	TC		J	Here	Postmark	(	e at www.usps.come	CEIPT Coverage Provided)

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

THE PICE TO THE PICE T	PI ACE STICKER AT TOP OF		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <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> <li>Article Addressed to:</li> <li>LONESOME OIL, LLC</li> </ul>	A. Signature  X		
P O BOX 50880 MIDLAND, TX 79710	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery		
2. Article Number 7014 0510 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 743 7703		
PS Form 3811, July 2013 Domestic Return Receipt			



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7710 7014 0510 0001 0743 7710

#### ADDRESS SERVICE REQUESTED

	PS Form 3800, Au	PS Fo
TE 1500 N 55402-1498	Sireet, Apt. No.; 50 S 6 <sup>TH</sup> STREET STE 1500 or PO Box No. 50 S MINNEAPOLIS, MN 55402-1498	Street or PO City, S
ANDERMOLEN		Sent To
)R FOUNDATION	Total Postage & Fees   \$ OUFTICO SUPFRIOR FOUNDATION	Tota
	Restricted Delivery Fee (Endorsement Required)	Restr (Endor
Here	Return Receipt Fee (Endorsement Required)	R (Endor
Dostmark	Certified Fee	
(	Postage \$	
Udas B/ N	cot rained (The 10) Mis	270
COVERAGE Provided)	CERTIFIED MAILTM RECEIP I  (Domestic Mail Only; No Insurance Coverage Provided)	g C
<b>A</b>	U.S. Postal Service™	<u>ا</u>

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  QUETICO SUPERIOR FOUNDATION ATTN: THOMAS VANDERMOLEN 50 S 6 <sup>TH</sup> STREET STE 1500	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MINNEAPOLIS, MN 55402-1498	3. Service Type  End 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	
PS Form 3811, July 2013 Domestic Ret	urn Receipt

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7727 7014 0510 0001 0743 7727

U.S. Postal Servicem
CERTIFIED MAIL, RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.xisps.come
Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Sent To
ROLLA R III AND ROSEMARY H HINKLE
Total Postage & Fees
Siziest Apit. No.;
or PO Box No.
City, State, Zip44
ROSWELL, NM 88202-2292
PS Form 3800, A

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
<ul> <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</li> </ul>	A. Signature	☐ Agent
<ul> <li>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>	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from iter If YES, enter delivery address below	
ROLLA R III AND ROSEMARY H HINKLE		
P O BOX 2292		
P O BOX 2292 ROSWELL, NM 88202-2292		Express™ eipt for Merchandise
P O BOX 2292	Certified Mail® ☐ Priority Mail ☐ Registered ☐ Return Rece	eipt for Merchandise



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



7014 0510 0001 0743 7734 7014 0510 0001 0743 7734

# CERTIFIED MAIL TIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provide For delivery Information visit our website at www.usps.come Postage Secreted Delivery Fee (Endorsement Required) Total Postage & Formation Visit our website at www.usps.come Postage Secreted Delivery Fee (Endorsement Required) Total Postage & Formation Visit our website at www.usps.come Postage Secreted Delivery Fee (Endorsement Required) Total Postage & Formation Visit our website at www.usps.come Postage Secreted Delivery Fee (Endorsement Required) Total Postage & Formation Visit our website at www.usps.come Postage Secreted Delivery Fee (Endorsement Required) Total Postage & Formation Visit our website at www.usps.come Postage Secreted Delivery Information Visit our website at www.usps.come Postage All Williams Visit our website at www.usps.come Postage Postage All Williams Visit our website at www.usps.come Postage All Williams Visit our website at www.usps.come Postage All Williams Visit our website at www.usps.come Postage Postage Visit our website at www.usps.come Postage Postage Visit our website at www.usps.come Postage Postage Visit our website at www.usps.come Postage Visit our website All Visit our website at www.usps.come Postage Visit our website All Visi

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> <li>MADISON M &amp; SUSAN M HINKLE P O BOX 2292</li> <li>ROSWELL, NM 88202-2292</li> </ul>	A. Signature  X
,	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	
PS Form 3811, July 2013 Domestic Re	turn Receipt

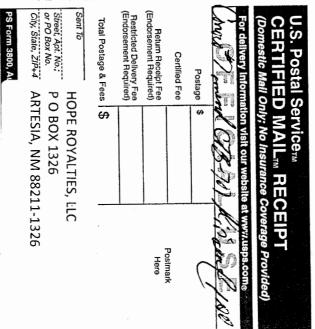


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 7741 7014 0510 0001 0743 7741

#### ADDRESS SERVICE REQUESTED



HOPE ROYALTIES, LLC P O BOX 1326 ARTESIA, NM 88211-132

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
HOPE ROYALTIES, LLC	
P O BOX 1326 ARTESIA, NM 88211-1326	3. Şervice Type
1320	☐ 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 000)	L 0743 774L
PS Form 3811, July 2013 Domestic Re	eturn Receipt



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

7014 0510 0001 0743 7758 7014 0510 0001 0743 7758

ADDRESS SERVICE REQUESTED

U.S. Postal Servicena
CERTIFIED MAIL M. RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.usps.come
Postage \$

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

Sent To

MARSHALL & WINSTON, INC
Siriest, Apt. No.; PO BOX 50880
Cry, State, ZiP+4

MIDLAND, TX 79710-0880

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	IVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X	☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from iten If YES, enter delivery address below	
MARSHALL & WINSTON, INC P O BOX 50880 MIDLAND, TX 79710-0880		
	3. Service Type  A Certified Mail®   Priority Mail	Express™
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PS Form 3811, July 2013 Domestic Ret	urn Receipt	

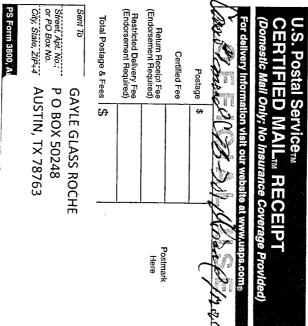




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 7765 7014 0510 0001 0743 7765

ADDRESS SERVICE REQUESTED



GAYLE GLASS ROCHE P O BOX 50248 AUSTIN, TX 78763

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
GAYLE GLASS ROCHE P O BOX 50248	
AUSTIN, TX 78763	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 7765
PS Form 3811, July 2013 Domestic Re	eturn Receipt



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



7014 0510 0001 0743 7772 7014 0510 0001 0743 7772

#### ADDRESS SERVICE REQUESTED

		PS Form 3800, Au
911	P O BOX 2827 BIG FORK, MT 59911	Street, Apt. No.; Por PO Box No. City, State, ZIP+4
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	€	Total Postage & Fees S
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Here		Return Receipt Fee (Endorsement Required)
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at www.usps.come	(Domestic Mail Only; No insurance coverage Provided)	(Domestic Mail C
CEIPT	CERTIFIED MAIL RECEIPT	CERTIFIE
	Service	IIS Postal S

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

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X ☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
GAYLE ELIZABETH LANGFORD P O BOX 2827	
BIG FORK, MT 59911	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 7772
PS Form 3811 July 2013 Domestic Be	turn Receipt

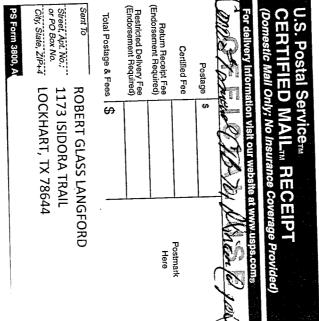
# CERTIFIEU



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

7014 0510 0001 0743 7789 7014 0510 0001 0743 7789

ADDRESS SERVICE REQUESTED



ROBERT GLASS LANGFORE 1173 ISIDORA TRAIL LOCKHART, TX 78644

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL LOCKHART, TX 78644	
	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from serv. 7014 0510 0001	0743 7789
PS Form 3811, July 2013 Domestic Retu	

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

7014 0510 0001 0743 7796 7014 0510 0001 0743 7796

#### ADDRESS SERVICE REQUESTED

U.S. POSTAI SETVICE™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No insurance Coverage Provided)
For delivery information visit our website at www.usps.come
l
Postmark Here
JEFFERSON MILNER LANGFORD P O BOX 22205
SANTA FE, NM 87502

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

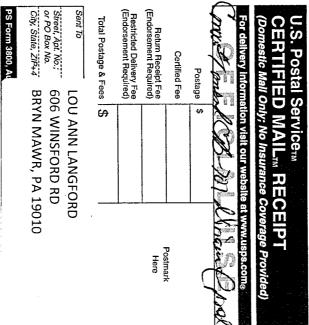
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X □ Agent □ Address  B. Received by (Printed Name) □ C. Date of Delive	
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
JEFFERSON MILNER LANGFORD P O BOX 22205		
SANTA FE, NM 87502	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ Collect on Delivery	ise
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7014 0510 0001	0743 7796	
PS Form 3811, July 2013 Domestic Ret	urn Receipt	



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

7014 0510 0001 0743 7802 7014 0510 0001 0743 7802

#### ADDRESS SERVICE REQUESTED



LOU ANN LANGFORD 606 WINSFORD RD BRYN MAWR, PA 19010

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
LOU ANN LANGFORD	
606 WINSFORD RD	
BRYN MAWR, PA 19010	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 000	1 0743 7802
PS Form 3811, July 2013 Domestic	Return Receipt





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

7014 0510 0001 0743 7819 7014 0510 0001 0743 7819

#### ADDRESS SERVICE REQUESTED

U.S. Postal S CERTIFIEI (Domestic Mall of For delivery information of the control	U.S. Postal Servicerm CERTIFIED MAILTIM RECEIPT (Domestic Mall Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com Postage  Postage  Certified Fee Return Receipt Fee Endorsement Required)  Postmark Here	EIPT  werage Provided)  www.usps.com  man  Postmark  Here
Restricted Delivery Fee Endorsement Required)		
Total Postage & Fees \$	₩	•
Sent To  AL Street, Apt. No.;  P ( DIP, State, ZIP+4 AL	ALLISON CLAIRE CURRY SAUNDERS P O BOX 50327 AUSTIN, TX 78763-0327	RRY SAUNDERS 327
'S Form 3800, Au		

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

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DOTTED LINE	DECE EULD DA	OT IN HEAT	JII & 33A14

THOR BREDEBOOLS	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> </ul>	A. Signature  X
ALLISON CLAIRE CURRY SAUNDERS P O BOX 50327 AUSTIN, TX 78763-0327	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise
2. Article Number 7014 0510 0001	□ Insured Mail □ Collect on Delivery  4. Restricted Delivery  7a Fee) □ Yes  □ 743 7819
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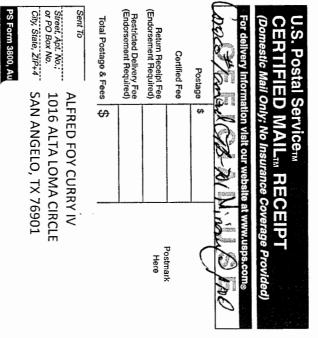


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 7826 7014 0510 0001 0743 7826

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ALFRED FOY CURRY IV 1016 ALTA LOMA CIRCLE	
SAN ANGELO, TX 76901	
	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 7826
PS Form 3811, July 2013 Domestic Ret	curn Receipt

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



7014 0510 0001 0743 7833 7014 0510 0001 0743 7833

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL MRECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery Information visit our website at www.usps.comb
Postage
Centified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees
Street, Apt. No.; or PO Box No.
City, State, ZiP44

RS Form 3800, A

CERTIFIED MAIL Lam RECEIPT

Postmark
Postmark
Here

Postmark
Here

RICHARD HOWELL ESTATE
Street, Apt. No.; or PO BOX 94

City, State, ZiP44

LAKEWOOD, NM 88254

RICHARD HOWELL ESTATE P O BOX 94 LAKEWOOD, NM 88254

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	VEN I
<ul> <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</li> </ul>	A. Signature	☐ Agent ☐ Addresse
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from iter If YES, enter delivery address belo	
RICHARD HOWELL ESTATE P O BOX 94 LAKEWOOD, NM 88254		
LAKEWOOD, 14	3. Service Type  Gertified Mail® Priority Mail  Registered Return Rec	eipt for Merchandis
entrage of the second control of the		
(4) In the second stage of the control of the second se	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7014 0510 0001		☐ Yes



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



7014 0510 0001 0743 7840 7014 0510 0001 0743 7840

Certified Fee

Postage

# Return Receipt Fee (Endorsement Required) Total Postage & Fees S THE JAMES H & BETTY R HOWELL Sent To REVOCABLE TRUST Sinest Api. No.; Or PO Box No. City, Sizite, ZiPi-4 LAKEWOOD, NM 88254 PS Form 8800, A PS Form 8800, A PARENTAL POSTAGE APPLICATION OF THE CONTROL OF THE

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.usps.come

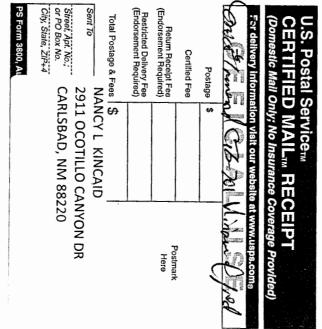
THE JAMES H & BETTY R HC REVOCABLE TRUST P O BOX 75 LAKEWOOD, NM 88254

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
THE JAMES H & BETTY R HOWELL REVOCABLE TRUST P O BOX 75	
LAKEWOOD, NM 88254	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 Ref	turn Receipt

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

7014 0510 0001 0743 7857 7014 0510 0001 0743 7857

#### ADDRESS SERVICE REQUESTED



NANCY L KINCAID 2911 OCOTILLO CANYON CARLSBAD, NM 88220

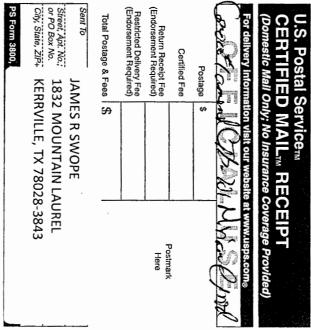
SENDER: COMPLETE T	HIS SECTION		СОМРЬ	ETE THIS SE	ECTION ON DE	LIVERY
<ul> <li>Complete items 1, 2, all item 4 if Restricted Dell</li> <li>Print your name and act so that we can return the Attach this card to the or on the front if space</li> </ul>	ivery is desired.  Idress on the revolution to you.  Idea to you.  Idea to you.  Idea to you.	verse	A. Sign X B. Rece	ature eived by <i>(Print</i>	ted Name)	☐ Agent ☐ Addressee  C. Date of Delivery
1. Article Addressed to:  NANCY L KINCAID 2911 OCOTILLO CA CARLSBAD, NM 88	NYON DR		11	-	different from its ery address belo	
			<b>₽</b> C	ice Type ertified Mail® egistered sured Mail ricted Deliver	☐ Priority Ma ☐ Return Rec ☐ Collect on y? (Extra Fee)	ceipt for Merchandise
2. Article Number (Transfer from si	014 0510	2001	0743	7857		
PS Form 3811, July 2013	3	Domestic Re	eturn Recei	ot		



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

ADDRESS SERVICE REQUESTED



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

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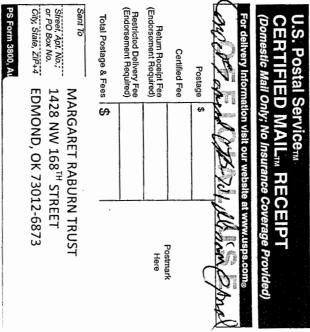
	,
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
JAMES R SWOPE 1832 MOUNTAIN LAUREL KERRVILLE, TX 78028-3843	3. Şervice Type
KEMM	☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from sei 7014 0510 0001	0743 7864
PS Form 3811, July 2013 Domestic Re	eturn Receipt

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



7014 0510 0001 0743 7871 7014 0510 0001 0743 7871

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

OF THE RETURN ADDRESS, FOLD ADDRES

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to:</li> </ul> MARGARET RABURN TRUST	A. Signature  X
1428 NW 168 <sup>TH</sup> STREET EDMOND, OK 73012-6873	3. Service Type     Certified Mail®
2. Article Number 7014 0510 0001	0743 7871
PS Form 3811, July 2013 Domestic Re	eturn Receipt :

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7888 7014 0510 0001 074<u>3</u> 7888

#### ADDRESS SERVICE REQUESTED

0	<sub>10,At</sub> ARTESIA, NM 88210	PS Form 3800, Au
		City, State, ZIP+4
TLETT	o. ATTN: CHERYL BARTLETT	or PO Box No.
ANK	FIRST AMERICAN BANK	
AFER	— THELMA MAY SCHAFER	Sent To
	Total Postage & Fees \$	Total Posta
	elivery Fee It Required)	Restricted Delivery Fee (Endorsement Required)
Here	Retum Receipt Fee prsement Required)	Retum Receipt Fee (Endorsement Required)
Postmark	Certified Fee	ç
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at www.usps.com	on v	For delive
CEIP I overage Provided)	CERTIFIED MAIL™ RECEIP I Domestic Mail Only; No Insurance Coverage Provided)	CERT (Domestic
	Postal Service™	U.S. Po

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

#### DETAIL BETTIEN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Х	☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from iter     If YES, enter delivery address below	
THELMA MAY SCHAFER		
FIRST AMERICAN BANK		
ATTN: CHERYL BARTLETT		
P O BOX AA	3. Service Type	
ARTESIA, NM 88210	Certified Mail® Priority Mail Registered Return Rece Insured Mail Collect on D	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	0743 7888	
PS Form 3811, July 2013 Domestic Ret	urn Receipt	





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

7014 0510 0001 0743 7895 7014 0510 0001 0743 7895

ADDRESS SERVICE REQUESTED

U.S. Postal Service <sup>TM</sup> CERTIFIED MAIL <sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	⟩EIPT overage Provided)
For delivery information visit our website at www.usps.come	e www.usps.come
Postage \$	(
Certified Fee	Doctmark
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees S	
CAUPAHE PROPERTIES PARTNERSHIP Street, Apr. No.: 5299 RIO PENASCO RD City, State, ZiP44 MAYHILL, NM 88339	TIES PARTNERSHIP ) RD }9
PS Form 3800, Au	

CAUPAHE PROPERTIES PARTN 5299 RIO PENASCO RD MAYHILL, NM 88339

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X	
Article Addressed to:  CAUPAHE PROPERTIES PARTNERSHIP	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
5299 RIO PENASCO RD MAYHILL, NM 88339	3. Service Type  ☐ Certified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	=
2. Article Number (Transfer from ser 7014 0510 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 743 7895	-
PS Form 3811, July 2013 Domestic Retu		

\_ == 6 + 8 > 2 = 8 > 3 = 0 = 2 = 1 + 6



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

7014 0510 0001 0743 7901 7014 0510 0001 0743 7901

ADDRESS SERVICE REQUESTED

Siriest, Apit. No.: P O BOX 97 City, State, ZiP+4 WINSTON, NM 87943	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
ER 943			Here	Doetmark	Ć	Carrie 104	EIPT overage Provided)

STERLING M CARTER P O BOX 97 WINSTON, NM 87943

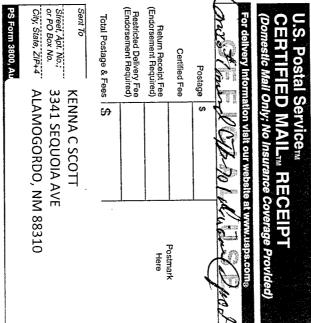
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature	☐ Agent ☐ Addresse	
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Deliver	
. Article Addressed to:	D. Is delivery address different from item     If YES, enter delivery address below:		
STERLING M CARTER P O BOX 97			
WINSTON, NM 87943	3. Service Type		
	4. Restricted Delivery? (Extra Fee)	☐ Yes	
Article Number (Transfer from sei 7014 0510 0001	0743 7901		



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

7014 0510 0001 0743 7918 7014 0510 0001 0743 7918

#### ADDRESS SERVICE REQUESTED



KENNA C SCOTT 3341 SEQUOIA AVE ALAMOGORDO, NM 88310

	s 1, 2, and 3. Also complete ted Delivery is desired.	COMPLETE THIS SECTION ON DI  A. Signature	The second of the second
	and address on the reverse return the card to you.	X	☐ Agent
Attach this card or on the front if	IO the back of the many	B. Received by (Printed Name)	C. Date of Deliver
Article Addressed	to:	D. Is delivery address different from it     If YES, enter delivery address bela	em 1? Yes
KENNA C SCO 3341 SEQUOIA			
ALAMOGORDA	A AVE		
ALAMOGORD	J, NM 88310	3. Service Type  ☐ Certified Mail® ☐ Priority Mai ☐ Registered ☐ Return Rec	eipt for Merchandise
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## PETROLEUM PETROLEUM FOREORRITION



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7925 7014 0510 0001 0743 7925

#### ADDRESS SERVICE REQUESTED

		PS Form 3800, Au
(D 6049-5788	2106 WILLS WAY RD GRANDBURY, TX 76049-5788	Street, Apt. No.; or PO Box No. 21 City, State, ZIP+4 GT
~	MICHAEL T CARTER	Sent To
,	<del>69</del>	Total Postage & Fees   \$
		Restricted Delivery Fee (Endorsement Required)
Here		Retum Receipt Fee (Endorsement Required)
		Certified Fee
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1 Massella	TENN I VIII VIII I VIII I VIII	DEWAY INOM
CEIP I Coverage Provided)	CERTIFIED MAILTM RECEIP I  (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIE (Domestic Mail C
	Postal Service <sub>™</sub>	U.S. Postal

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

•	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> </ul>	A. Signature  X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MICHAEL T CARTER 2106 WILLS WAY RD	
GRANDBURY, TX 76049-5788	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from ser 7014 0510 0001	0743 7925
PS Form 3811, July 2013 Domestic Re	eturn Receipt



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

7014 0510 0001 0743 7932 7014 0510 0001 0743 7932

ADDRESS SERVICE REQUESTED

U.S. Postal Servicem
CERTIFIED MAIL, RECEIPT
COMMENT INformation visit our website at www.usps.co
Postage \$
Centified Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$
Sent To
JACK S MCDONALD
Total Postage & Fees S
Siried Apit. No.;
or PO Box No.
City, State, ZiP44

PS Form 3800, Aug

PS Form 3800, Aug

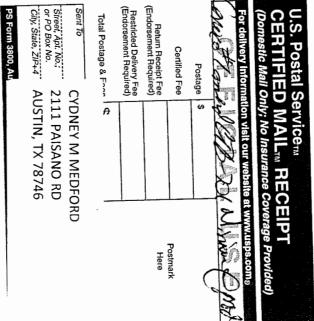
PS Form 3800, Aug

JACK S MCDONALD 1110 COLLEGE AVE SNYDER, TX 79549

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
JACK S MCDONALD 1110 COLLEGE AVE	
SNYDER, TX 79549	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
man managan da mangan da manggan da mangangkan sa managan da managan da managan da managan managan managan man	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 7932
PS Form 3811, July 2013 Domestic Ret	urn Receipt

0001 0743 7949 7014 0510 0001 0743 7949

#### ADDRESS SERVICE REQUESTED



CYDNEY M MEDFORD 2111 PAISANO RD AUSTIN, TX 78746

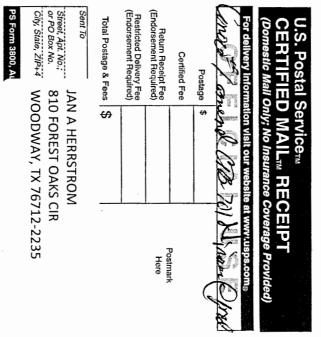
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  CYDNEY M MEDFORD 2111 PAISANO RD	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
AUSTIN, TX 78746	3. Service Type  DC 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	
PS Form 3811, July 2013 Domestic Be	turn Receipt

Domestic Return Receipt

# ATES PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 7956 7014 0510 0001 0743 7956

#### ADDRESS SERVICE REQUESTED



JAN A HERRSTROM 810 FOREST OAKS CIR WOODWAY, TX 76712-22:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X ☐ Agent ☐ Addressee  B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
JAN A HERRSTROM 810 FOREST OAKS CIR	
WOODWAY, TX 76712-2235	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from s /U_14	]743 7956
PS Form 3811, July 2013 Domestic Ret	





7014 0510 0001 0743 7963 7014 0510 0001 0743 7963

### ADDRESS SERVICE REQUESTED

20C	
GEC	Street Apt No.:

GEORGE S CRANFORD 2009 HUBBARD CT VILLA RICA, GA 30180

,	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
Here	Retum Receipt Fee (Endorsement Required)
	Certified Fee
	Postage \$
Warde	must war 18 301
our website at www.usps.com®	For delivery information visit our website
CEIPT Coverage Provided)	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	U.S. Postal Service™

GEORGE S CRANFORD 2009 HUBBARD CT VILLA RICA, GA 30180

;	,
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
GEORGE S CRANFORD 2009 HUBBARD CT	
VILLA RICA, GA 30180	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 7963
PS Form 3811, July 2013 Domestic Rev	turn Receipt

## PETROLEUM CORPORATION

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

7014 0510 0001 0743 7987 7014 0510 0001 0743 7987

ADDRESS SERVICE REQUESTED

U.S. Postal Service.

CERTIFIED MAIL.

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.come

Postage

Postage

Sent To

TWIN OAKS PETROLEUM

Sineri Jair. No.;

or PO Box No.

City, State, ZiF+4

NOLLANVILLE, TX 76559

TWIN OAKS PETROLEUN 4010 LAZYBROOK DR NOLLANVILLE, TX 76559

<ul> <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</li> </ul>	A. Signature  Agent  Address
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1?
TWIN OAKS PETROLEUM 4010 LAZYBROOK DR NOLLANVILLE, TX 76559	3. Service Type  Ø Certified Mail® □ Priority Mail Express™
4.6	<ul> <li>☐ Certified Mail<sup>®</sup></li> <li>☐ Priority Mail Express<sup>™</sup></li> <li>☐ Registered</li> <li>☐ Return Receipt for Merchandi</li> <li>☐ Insured Mail</li> <li>☐ Collect on Delivery</li> </ul>
	4. Restricted Delivery? (Extra Fee) ☐ Yes

## PETROLEUM CORPORATION

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

7014 0510 0001 0743 7994 7014 0510 0001 0743 7994

#### ADDRESS SERVICE REQUESTED

RAY HALL BECK 3509 DOMINION RIDGE SAN ANGELO, TX 76904

#### LACE STICKER AT 10P OF ENVELOPE TO THE HIGHT

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X ☐ Agent ☐ Addressee  B. Received by (Printed Name) ☐ C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
RAY HALL BECK 3509 DOMINION RIDGE SAN ANGELO, TX 76904	
SAN ANGLES, IX 70304	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number 7014 0510 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes  ☐ 743 7月月4
PS Form 3811, July 2013 Domestic Re	turn Receipt

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

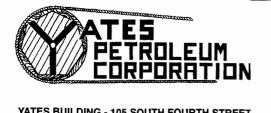
7014 0510 0001 0743 8007 7014 0510 0001 0743 8007

#### ADDRESS SERVICE REQUESTED

U.S. Postal Service TA CERTIFIED MAIL TA (Domestic Mail Only; No Insura	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.come	r website at www.usps.coms
Postage \$	
Certified Fee	7
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees S	
Sent To OCOTILLO Siriest, Apt. No.; or PO Box No. City, State, ZiP+4 ARTESIA, N	OCOTILLO PRODÚCTION LLC 1705 WASHINGTON AVE ARTESIA, NM 88210-1650

OCOTILLO PRODUCTION L 1705 WASHINGTON AVE ARTESIA, NM 88210-1650

	F	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	1 A	Agent Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date	of Delivery
Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:	Yes No
OCOTILLO PRODUCTION LLC		
1705 WASHINGTON AVE		
ARTESIA, NM 88210-1650		
	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Me ☐ Insured Mail ☐ Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) □	Yes
2. Article Number (Transfer from sen 7014 0510 0001	0743 8007	·
PS Form 3811, July 2013 Domestic Retu	urn Receipt	

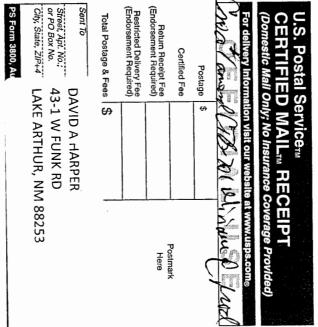




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8014 7014 0510 0001 0743 8014

#### ADDRESS SERVICE REQUESTED



DAVID A HARPER 43-1 W FUNK RD LAKE ARTHUR, NM 88253

#### PLACE STICKEH AT 10P OF EWECOPE TO THE MIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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 Agent  A Gent  Addresse  B. Received by (Printed Name)  C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1?
DAVID A HARPER	
43-1 W FUNK RD	
LAKE ARTHUR, NM 88253	3. Service Type      Certified Mail® □ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery





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

-7014-0510 0001-0743-8021 -7014 0510 0001 0743 8021

#### ADDRESS SERVICE REQUESTED

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	SEIPT overage Provided)
For delivery information visit our website at	M Marcomo
Postage \$	C
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	•
JUANEL A HARPER Siriest, Apr. No.: 2103 W CENTRE AVE City, State, ZiP+4 ARTESIA, NM 88210-2245	√E 0-2245
PS Form 3800, Au	

JUANEL A HARPER 2103 W CENTRE AVE ARTESIA, NM 88210-2245

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <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> </ul>	A. Signature  X				
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	D. Is delivery address different from item 1?   Yes				
JUANEL A HARPER 2103 W CENTRE AVE	If YES, enter delivery address below: ☐ No				
2103 W CENTRE AVE ARTESIA, NM 88210-2245	3. Service Type				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number 7014 0510 000	1 0743 8021				
PS Form 3811, July 2013 Domestic R	Return Receipt				





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

7014 0510 0001 0743 8038 7014 0510 0001 0743 8038

#### ADDRESS SERVICE REQUESTED

PS Form 3800, A	JAMI A HARL  Serie Jan No.: 2485 E 54 <sup>TH</sup> ST  City. State. ZiP+4 TULSA, OK 74105-7201	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.dsps.come	CERTIFIED MAILTM RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)
	-7201			Here	Postmark	(	My Marriage Come	CEIPT Coverage Provided)

JAMI A HARL 2485 E 54<sup>TH</sup> ST TULSA, OK 74105-7201

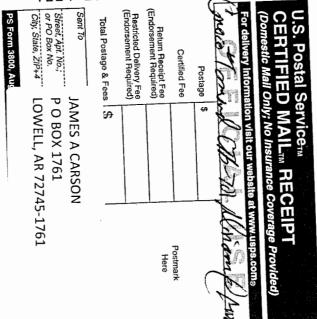
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  JAMI A HARL 2485 E 54 <sup>TH</sup> ST TULSA, OK 74105-7201	A. Signature  X
2. Article Number 7014 0510 0001 PS Form 3811, July 2013	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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### ADDRESS SERVICE REQUESTED



JAMES A CARSON P O BOX 1761 LOWELL, AR 72745-1761

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L DOLLED TINE			PHOTO POUR	,

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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</li> </ul>	A. Signature  X ☐ Agent ☐ Addresse
<ul> <li>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>	B. Received by (Printed Name)  C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JAMES A CARSON P O BOX 1761	
LOWELL, AR 72745-1761	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 8045
PS Form 3811, July 2013 Domestic Re	eturn Receipt



7014 0510 0001 0743 8052

7014 0510 0001 0743 8052

#### ADDRESS SERVICE REQUESTED

Sent To  V P Street, Apt. No.; or PO Box No. Oity, State, ZIP+4  W	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Retum Receipt Fee (Endorsement Required)	Certified Fee	Postage	For delivery informatic	U.S. Postal Service <sub>TM</sub> CERTIFIED MAIL <sub>T</sub> (Domestic Mail Only; No Insu	
VALERIE A MAHFOOD 3014 BARRYWOOD WICHITA FALLS, TX 76309	<b>⇔</b>		Here	Postmark	4	M I PE SER I STATE IN THE WAY WE WANTED	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
			6	nark	(	Sale Common	vided)	

WICHITA FALLS, TX 76309

VALERIE A MAHFOOD 3014 BARRYWOOD WICHITA FALLS, TX 76309

■ Complete items 1, 2, and 3. Also complete	A. Signature	the filter of the filter of the
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	x	☐ Agent ☐ Addresse
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address be	
VALERIE A MAHFOOD		
3014 BARRYWOOD		
3014 BARRYWOOD WICHITA FALLS, TX 76309	· _	fail Express™ eceipt for Merchandise n Delivery
	Certified Mail® ☐ Priority M☐ Registered ☐ Return R	eceipt for Merchandise





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8069

7014 0510 0001 0743 8069

#### ADDRESS SERVICE REQUESTED

ServicerM D MAILTM RECEIPT Only; No Insurance Coverage Provided) mation visit our website at www.usps.come mation visit our website at www.usps.come  mation visit our website at www.usps.come  mation visit our website at www.usps.come  Postmark Postmark Here  ARTESIA, NM 88211-0376	Sent To  WILLIAM J MCCAW  OF PO BOX No. P O BOX 376	Total Postage & Fees \$	Return Receipt Fee Endorsement Required) Restricted Delivery Fee	Certified Fee Postmark	Postage \$	TO Collivery information visit our website as www.disps.com	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	IIS Postal Service™
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WILLIAM J MCCAW P O BOX 376 ARTESIA, NM 88211-0376

#### OE THE BETURN ADDRESS, FOLD AT DOTTED LINE PLACE STICKER AT TOP OF ENVELOPE TO THE MAIN

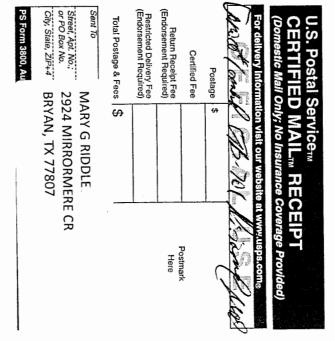
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  Agent  Addressee			
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Deliver  D. Is delivery address different from item 1?  Yes			
Article Addressed to:	If YES, enter delivery address below:			
WILLIAM J MCCAW P O BOX 376				
ARTESIA, NM 88211-0376	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	0743 8069			
PS Form 3811, July 2013 Domestic F	leturn Receipt			





7014 0510 0001 0743 8076 7014 0510 0001 0743 8076

#### ADDRESS SERVICE REQUESTED



MARY G RIDDLE 2924 MIRRORMERE CR BRYAN, TX 77807

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  MARY G RIDDLE 2924 MIRRORMERE CR	If YES, enter delivery address below:
BRYAN, TX 77807	3. Şervice 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	D743 8D76

PS Form 3811, July 2013

Domestic Return Receipt

7014 0510 0001 0743 8083

ADDRESS SERVICE REQUESTED

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

AUSTIN, TX 78701

1108 LA VACA ST #110-282

MIKE H ROBERTS

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MIKE H ROBERTS 1108 LA VACA ST #110-282 AUSTIN, TX 78701	3. Service Type G-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 8083
PS Form 3811, July 2013 Domestic Re	eturn Receipt

## PETROLEUM CORPORATION

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

7014 0510 0001 0743 8090 7014 0510 0001 0743 8090

#### ADDRESS SERVICE REQUESTED

(Domestic Mall Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.come Postage  Postage  S  Certified Fee  Postmark  Here	PS Form 3800, Aug	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To or PO Box No. City, State, ZiPi-4 Rt	tion visit our website  *  *  *  *  *  *  *  *  *  *  *  *  *	at www.usps.come at www.usps.come at www.usps.come at www.usps.come at www.usps.come Postmark Here  202-2292
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OSCURA RESOURCES INC P O BOX 2292 ROSWELL, NM 88202-2292

#### LACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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 cond to the reverse.</li> </ul>	A. Signature  X
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
OSCURA RESOURCES INC	
P O BOX 2292 ROSWELL, NM 88202-2292	3. Service Type
	Certified Mail* ☐ 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
PS Form 3811, July 2013 Domestic Ref	turn Receipt

7014 0510 0001 0743 8106 7014 0510 0001 0743 8106

#### ADDRESS SERVICE REQUESTED

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	777	-

MANER B SHAW P O BOX 9612 MIDLAND, TX 79708

Total Postage & Fees   \$	Restricted Delivery Fee Endorsement Required)	Return Receipt Fee Endorsement Required)	Certified Fee	Postage \$	must mare	(Domestic Mail Only; No Insurance Coverage Provided)	<b>CERTIFIED I</b>	U.S. Postal Service™
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MANER B SHAW P O BOX 9612 MIDLAND, TX 79708

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	RY
<ul> <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> </ul>	A. Signature	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C.	Date of Delivery
Article Addressed to:	D. Is delivery address different from item 17 If YES, enter delivery address below:	? ☐ Yes ☐ No
MANER B SHAW		
P O BOX 9612		
MIDLAND, TX 79708		
	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Exp ☐ Registered ☐ Return Receipt ☐ Insured Mail ☐ Collect on Delive	for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from servic 7014 0510 000)		
PS Form 3811, July 2013 Domestic Retu		

Domestic Return Receipt





7014 0510 0001 0743 8113 7014 0510 0001 0743 8113

#### ADDRESS SERVICE REQUESTED

U.S. Postal Service <sub>TM</sub> CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CEIPT overage Provided)
For delivery information visit our website at www.usps.come	Manusps.com
Postage \$	7
Certified Fee	
Retum Receipt Fee (Endorsement Required)	Postmark Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees S	
JAMES W ESSMAN  Street, Apr. No.: 1209 COUNTRY CLUB DR  On PO Box No. Oily, State, ZiP44 MIDLAND, TX 79701	IB DR
PS Form 3800, At	

JAMES W ESSMAN 1209 COUNTRY CLUB DR MIDLAND, TX 79701

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> <li>JAMES W ESSMAN</li> <li>1209 COUNTRY CLUB DR</li> </ul>	A. Signature  X
MIDLAND, TX 79701	3. Service Type  ☑ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8113
PS Form 3811, July 2013 Domestic F	Return Receipt



ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 7970 7014 0510 0001 0743 7970

CERTIFIED MAIL<sub>IM</sub> RECEIPT

(pomestic Mail Only; No Insurance Coverage Proposition Mail Only; No Insurance Coverage Proposition Visit our website at www.usps

For delivery Information visit our website at www.usps

Postage \$

Certified Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To ANGELA ESSMAN SPENCER

Siriest, Apt. No.:

Or FOO BOX 7501

City, State, ZiF4-4 MIDLAND, TX 79708

Postmark Here ANGELA ESSMAN SPENCER P O BOX 7501 MIDLAND, TX 79708

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1. Article Addressed to:  ANGELA ESSMAN SPENCER P O BOX 7501 MIDLAND, TX 79708	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DEAND, 1X 79708	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 7970
PS Form 3811, July 2013 Domestic Re	eturn Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8120 7014 0510 0001 0743~8120

ADDRESS SERVICE REQUESTED

U.S. Postal Service<sub>TM</sub>
CERTIFIED MAIL<sub>Tm</sub> RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery Information Visit our website at www.usps.come
Postage

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

Sent To
Or PO Box No.
City, Sizie, ZiP+4

MIDLAND, TX 79705

PS Form 3800, A

RECEIPT

Postmark
Here

FLORENCE M ESSMAN CURRY 804 PALOMINO MIDLAND, TX 79705

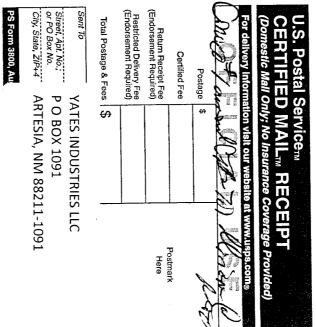
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1. Article Addressed to:  FLORENCE M ESSMAN CURRY 804 PALOMINO	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
MIDLAND, TX 79705	3. Service Type
2. Article Numbi (Transfer from 7014 0510 0001 0	
PS Form 3811, July 2013 Domestic Ret	urn Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8137 7014 0510 0001 0743 8137

#### ADDRESS SERVICE REQUESTED



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

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<ul> <li>SENDER: COMPLETE THIS SECTION</li> <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>	B. Received by (D.: )	Agent Addressee of Delivery
1. Article Addressed to: YATES INDUSTRIES LLC P O BOX 1091	D. Is delivery address different from item 1?  If YES, enter delivery address below:	Yes No
ARTESIA, NM 88211-1091	3. Service Type	rchandise
2. Article Number (Transfer from sei 7014 0510 0001	0743 8137	es
PS Form 3811, July 2013 Domestic Ret	turn Receipt	



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



7014 0510 0001 0743 8144 7014 0510 0001 0743 8144

#### ADDRESS SERVICE REQUESTED

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

OXY Y-1 COMPANY
No.: P O BOX 841803
No. DALLAS TX 75284-1803

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: 1. Article Addressed to: OXY Y-1 COMPANY P O BOX 841803 DALLAS TX 75284-1803 3. Service Type ☐ Priority Mail Express\*\* Certified Mail® ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7014 0510 0001 0743 8144 (Transfer from se, Domestic Return Receipt PS Form 3811, July 2013

## State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez

Governor

David Martin Cabinet Secretary

Jami Bailey
Division Director
Oil Conservation Division



Brett F. Woods, Ph.D. Deputy Cabinet Secretary

#### 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:

Name	API No.	Footages	ULSTR
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

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 November December 

Year: 2014

Pool Name: N. SEVEN RIVERS; GLORIETA-YESO

**Days Produced** Month Oil(BBLS) Gas(MCF) Water(BBLS) January February March April May June July August September October November December 

CUM PROD 2548 11189

Well\_Name:

DAGGER DRAW # 010

API:

3001526662

8100

Location:

M-19-19.0S-25E 660 FSL 660 FWL

Operator Name:

YATES PETROLEUM CORPORATION

County: Eddy

Elevation GL:

3568 Depth TVD

Year:

2013

Pool Name:

N. SEVEN RIVERS; GLORIETA-YESO

Month	Oil(BBLS)	Gas(MCF) V	Water(BBLS)	Days Produced
October	533	1790 4	1437	21
November	383	2609 2	2585	30
December	246	1465 1	L617	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

## State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

David Martin
Cabinet Secretary

Jami Bailey
Division Director
Oli Conservation Division



Brett F. Woods, Ph.D. Deputy Cabinet Secretary

#### ADMINISTRATIVE CENTRAL TANK BATTERY ORDER

Administrative Order CTB-701 Administrative Application Reference No. pMAM1405836508

April 14, 2014

Yates Petroleum Corporation Attention: Miriam Morales

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Name	API No.	Footages	<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

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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.

Well Name:	LODEWICK A # 002	API:	3001526635	
Location:	E-19-19.0S-25E 1650 FN		0001320033	
	YATES PETROLEUM CORP		Eddy	
Land Type:	Private	Well Type:	Oil	
Elevation GL:	3585	Depth TVD:	7875	
Year:	2013			
Pool Name:	N. SEVEN RIVERS; GLORIE	TA-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; GLORIE	TA-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
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		

April 14, 2014 Page 2

DONE at Santa Fe, New Mexico, on April 14, 2014

Jami Bailey Division Director

JB/mam

Oil Conservation Division - Artesia cc: