C 7B

PMAM1425859059

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

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



		ADMINISTRATIVE APP	PLICATION CHECKLIST	
7	THIS CHECKLIST IS MA		CATIONS FOR EXCEPTIONS TO DIVISION RULES AND	REGULATIONS
Appli	cation Acronyms		THE DIVISION LEVEL IN SANTA FE	
	DHC-Dowr PC-Po	nhole Commingling] [CTB-Lease (ol Commingling] [OLS - Off-Lease [WFX-Waterflood Expansion] [PM [SWD-Salt Water Disposal] [I	X-Pressure Maintenance Expansion] PI-Injection Pressure Increase] cation] [PPR-Positive Production Respo	gling] ot] onse]
[1]	TYPE OF AP [A]	PLICATION - Check Those Which Location - Spacing Unit - Simultane NSL NSP SD		tuoleum tion
	Check [B]	One Only for [B] or [C] Commingling - Storage - Measuren DHC CTB PLC	,	1010 Ammstere #1015-27314 1015-27314 1010 = Amm 3744472
	[C]	Injection - Disposal - Pressure Incre WFX PMX SWD	ease - Enhanced Oil Recovery IPI	30-015-2844
	[D]	Other: Specify		-Amule State
[2]	NOTIFICATI [A]	ON REQUIRED TO: - Check Thos Working, Royalty or Overridin	se Which Apply, or Does Not Apply ag Royalty Interest Owners	30-015-24532 -ROY AETA> 30-015-2747 = Noy AETAS 30-015-27631
	[B]	Offset Operators, Leaseholders	s or Surface Owner	30-015-27631
	[C]	Application is One Which Req		ν_{24}
	[D]	Notification and/or Concurrent U.S. Bureau of Land Management - Commission	t Approval by BLM or LO oner of Public Lands, State Land Office	Nivers; Hanier-
	[E]	For all of the above, Proof of N	Notification or Publication is Attached, and	475/5
	[F]	Waivers are Attached		
[3]		CURATE AND COMPLETE INFO	DRMATION REQUIRED TO PROCESS	S ТНЕ ТҮРЕ
	oval is accurate an		mation submitted with this application for a edge. I also understand that no action will are submitted to the Division.	
	Note:	Statement must be completed by an individ	dual with managerial and/or supervisory capacity.	
	Morales or Type Name	Signature	Production Analyst Title	<u> 9/a/4</u> Date
			mmorales@yatespetroleum.com	

<u>District I</u> 1625 N. French Drive, Hobbs, NM 88240 <u>District II</u> 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.

ODED ATOD MALLE MALE		COMMINGLING	(DIVERSE	O WITE ROLLING	
	troleum Corporation				
	th Fourth St. Artesia, N	NM 88210			
APPLICATION TYPE:					
☐ Pool Commingling ☐ Lease Commingli	ng Pool and Lease Cor	mmingling Off-Lease	Storage and Measur	ement (Only if not Surface	Commingled)
	State				
Is this an Amendment to existing Orde Have the Bureau of Land Management ☐Yes ☐No					ingling
		L COMMINGLIN s with the following in			
(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
		_			
(2) Are any wells producing at top allowa	bles? \[Yes \[No \]				L
 (3) Has all interest owners been notified been described. (4) Measurement type: Metering (5) Will commingling decrease the value 	Other (Specify)		☐Yes ☐No.	ng should be approved	
	(B) LEAS	SE COMMINGLIN	G		
		s with the following in	formation		
(1) Pool Name and Code. N. Seven Riv					
(2) Is all production from same source of(3) Has all interest owners been notified by	• • •		⊠Yes □N	0	
(3) Thas all interest owners been notified by	certified man of the prop				
	Other (Specify)				
	Other (Specify) (C) POOL and	LEASE COMMIN			
(4) Measurement type:	Other (Specify) (C) POOL and	LEASE COMMIN s with the following in			
	Other (Specify) (C) POOL and				
(4) Measurement type: ☑Metering ☐ (1) Complete Sections A and E.	(C) POOL and Please attach sheet O) OFF-LEASE ST	s with the following in	oformation SUREMENT		
(4) Measurement type: Metering (1) Complete Sections A and E.	(C) POOL and Please attach sheet O) OFF-LEASE ST Please attached sheet	or with the following in the control of the control	oformation SUREMENT		
(4) Measurement type: Metering (1) Complete Sections A and E. (1) Is all production from same source of	(C) POOL and Please attach sheet O) OFF-LEASE ST Please attached sheet supply?	or with the following in the control of the control	oformation SUREMENT		
(4) Measurement type: Metering [(1) Complete Sections A and E.	(C) POOL and Please attach sheet O) OFF-LEASE ST Please attached sheet supply?	or with the following in the control of the control	oformation SUREMENT		
(4) Measurement type: Metering (1) Complete Sections A and E. (1) Is all production from same source of (2) Include proof of notice to all interest of	(C) POOL and Please attach sheet D) OFF-LEASE ST Please attached sheet supply? Yes Nowners.	ORAGE and MEA ets with the following o	SUREMENT information	pes)	
(4) Measurement type: Metering (1) Complete Sections A and E. (1) Is all production from same source of (2) Include proof of notice to all interest of	(C) POOL and Please attach sheet O) OFF-LEASE ST Please attached sheet supply? Yes Nowners. DDITIONAL INFO Please attach sheet	ORAGE and MEA	SUREMENT information	rpes)	
(4) Measurement type: Metering (1) Complete Sections A and E. (1) Is all production from same source of (2) Include proof of notice to all interest of (E) All	(C) POOL and Please attach sheet O) OFF-LEASE ST Please attached sheet supply? Yes Nowners. DDITIONAL INFO Please attach sheet ding legal location. all well and facility locati	ORAGE and MEA ets with the following o RMATION (for all swith the following in	SUREMENT information application ty		
(1) Complete Sections A and E. (1) Is all production from same source of (2) Include proof of notice to all interest of (E) Al (1) A schematic diagram of facility, included (2) A plat with lease boundaries showing (3) Lease Names, Lease and Well Number	(C) POOL and Please attach sheet O) OFF-LEASE ST Please attached sheet supply? Yes Nowners. DDITIONAL INFO Please attach sheet ding legal location. all well and facility locatiors, and API Numbers.	ORAGE and MEA ets with the following o RMATION (for all s with the following ir	SUREMENT information application typerory if Federal or States		
(1) Complete Sections A and E. (1) Is all production from same source of Include proof of notice to all interest of the All (1) A schematic diagram of facility, included to A plat with lease boundaries showing	(C) POOL and Please attach sheet D) OFF-LEASE ST Please attached sheet supply? Yes Nowners. DDITIONAL INFO Please attach sheet ding legal location. all well and facility locations, and API Numbers.	ORAGE and MEA ets with the following o RMATION (for all s with the following ir	SUREMENT information application type of the state of th		114

Submit 1 Conv. To Appropriat	a Dietriet	State of Nam Marria			F C 102
Submit 1 Copy To Appropriat Office		State of New Mexic Jinerals and Natura	_		Form C-103 Revised August 1, 2011
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, N		Amerais and ivalura	ii Resources	WELL API NO	
District II – (575) 748-1283	OIL C	ONSERVATION D	IVISION	30-015-28552	
811 S. First St., Artesia, NM 8	12	220 South St. Francis	s Dr.	5. Indicate Type STATE	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, N	NM 87410	Santa Fe, NM 8750)5	6. State Oil & C	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa	Fe, NM			LG-864	
87505	UNDRY NOTICES AND REPO	ORTS ON WELLS		7. Lease Name	or Unit Agreement Name
(DO NOT USE THIS FORM FOR RESERVOIR. USE "APPLICATION OF THE PROPERTY OF THE P	R PROPOSALS TO DRILL OR TO DE ION FOR PERMIT" (FORM C-101) F	EEPEN OR PLUG BACK TO	A DIFFERENT	Amole AMM S	
1. Type of Well: Oil Well	☐ Gas Well ☐ Other			8. Well Numbe	
2. Name of Operator	Yates Petroleum Corporation			9. OGRID Nun	iber 0255/5
3. Address of Operator		1,00010		10. Pool name	
4. Well Location	105 S. Fourth Street Artesia, NI	M 88210		N. Seven Rivers	; Glorietta-Yeso
Unit Letter N	: 660 feet from the	South line and	1980 fe	et from the Wes	t line
Section 16		19S Range 25E			
	11. Elevation (Sa	how whether DR, RKB, R	T, GR, etc.)		
		3500' GR	ma of Matina Da	mant on Oth on D	Note
	12. Check Appropriate	Box to indicate Natu			
	CE OF INTENTION TO			BSEQUENT	
PERFORM REMEDIAL WOR		_	REMEDIAL WORK COMMENCE DRILLI		ALTERING CASING ☐ P AND A ☐
TEMPORARILY ABANDON PULL OR ALTER CASING	☐ CHANGE PLANS ☐ MULTIPLE COM	_	CASING/CEMENT J	_	PANDA L
DOWNHOLE COMMINGLE			orion to occure to		
OTHER: Amendment to (CTR-678 oil only		OTHER:		П
Describe proposed o	or completed operations. (Clearl	y state all pertinent detail	ls, and give pertinent		
proposed work). Sl	EE RULE 19.15.7.14 NMAC. F	For Multiple Completions	: Attach wellbore d	iagram of proposed	d completion or recompletion.
Yates Petroleum respectfully r for the Amole #1, 2, 3 and Ro		to amend CTB-678 by a	dding the Amole #1	& 3. Yates will li	ke to commingle oil production only
Amole AMM State #1	Amole AMM State #2	Amole AMM State #3	Roy AET #	7	Roy AET #8
N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-	•	vers; Glor-Yeso	N. Seven Rivers; Glor-Yeso
Sec.16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 17-T19		Sec. 17-T19S-R25E
API #30-015-27314 St. Lease #LG-864	API #30-015-28424 St. Lease #LG-864	API #30-015-28552 St. Lease #LG-864	API #30-01 Fee	5-2/41/	API #30-015-27631 Fee
Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy Count	y, NM	Eddy County, NM
The commingled production w	vill be located at the Amole batt	ery in Sec. 16-T19S-R251	E, Unit M. Please so	ee attached plats ar	d site security diagram.
The ownership is diversified.	All owners have been notified.	(see attached copies of ce	ertified mail)		
·		,	,		
sales/production will be alloca	pped with continuously metering ated back to each individual well r accuracy. Any vapor recovery	l using the metered (daily	well tests) volumes		sales at the battery. Total swill be compared to total battery
•				s Rov #7 is 15 hb	s, and for the Roy #8 is 14 bbls.
	oddetion for the remote #1 is 15	5013, 711101C #2 13 5 0013.	, minore #3 13 14 001	s, Roy # 7 13 13 00	s, and for the Roy Ho is 14 oois.
Gas Measurement Each well will have its own m	eter located at the battery.				
overall emissions. It will not	ase commingle of production is i result in reduced royalty or impr ry to build separate facilities for	roper measurement of pro	duction. Without ap	proval for utilizin	
I hereby certify that the inform	nation above is true and complete	te to the best of my know	ledge and belief.		
SIGNATURE	chall TITI	LE Production Analyst	D	ATE 9 (11)1	4
Type or print name Miriam M For State Use Only	orales E-mai	il address: <u>mmorales@ya</u>	atespetroleum.com	PHONE: <u>575-748-</u>	4200

TITLE

DATE_

APPROVED BY:_____Conditions of Approval (if any):

NM OIL CONSERVATION

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 LV

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462 State of New Mexico ARTESIA DISTRICT

Energy, Minerals & Natural Resources Depart 2014
OIL CONSERVATION DIVISION
1220 South St. Francis Dr. RECEIVED
Santa Fe, NM 87505

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

☐ AMENDED REPORT

ŀ	V	F	Ţ	T	Ŧ	C	\mathbf{C}	Δ	T	\mathbf{C}	N	Δ	N	I	1 4	۱ (T	ΣF	Δ	G	F	n	F	n	1	٠ Δ	Т	Ή()N	P	Ι.	AΤ	•
١	ľ	Ľ	1,		- 1	∕.	м.	ᄼ			רוי		11		, ,	11	$-\mathbf{r}$	VL.	α	•	1.7	Ľ		ப	IV.	,,,	lι	11	лν	1	\perp	\neg	

1 A	PI Number		² Pool Code ³ Pool N						me			
3(0-015-27314			97565	i		'N. Seven Rivers; G	lorieta-Yeso				
⁴ Property C	ode				5 Property	Name			4 V	Vell Number		
					Amole AMM	1 State -				1		
OGRID N	Vo.				8 Operator	Name			5	Elevation		
025575					Yates Petroleum Corporation 3500'GL							
					" Surface l	Location						
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/Wes	t line	County		
М	16	198	25E		760	South	660	West	۱	Eddy		
			" Bo	ttom Hole	e Location If	Different From	n Surface					
UL or lot no.	Section	Township	Range	Lot ldn	Feet from the	North/South line	Feet from the	East/Wes	t line	County		
				i								
12 Dedicated Acres	13 Joint or	r Infill 14 Con	solidation	Code 15 Oro	ler 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 hottom 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.
			June 9, 2014
			L'Andlier L
			Signature Date
	,		Тіпа Ноепа
		,	Printed Name
1			
1	•		tinah@yatespetroleum.com E-mail Address
	,		
			"CLIDATEVOD CEDTIFICATION
		,	"SURVEYOR CERTIFICATION
			l 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:
1			·
4600			
8			
.			·
			Certificate Number

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals & Natural Resources DepartmenMAY 0 2 2012

OIL CONSERVATION DIVISION Submit NMOCD ARTESIA

Santa Fe, NM 87505

RECEIVED

Form C-102

Revised July 16, 2010

Submit one copy to appropriate

District Office

MENDED REPORT MENDED REPORT

		W	ELL LO	CATIO	N AND ACR	EAGE DEDIC	CATION PLA	T			
	API Numbe	г		² Pool Code	e		³ Pool Na	me			
3	8-015-28424	_	İ	97565			N. Seven Rivers; G	lorieta-Yeso	•		
⁴ Property (Code)			⁵ Property	Name			6	Well Number 1	
		11996			Amole AMM	1 State				2	
7OGRID	No.				8 Operator	Name				9 Elevation	
025575	;				Yates Petroleum	Corporation				3484'GR	
	•				¹⁰ Surface	Location					
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/W	est line	County	
к	16	198	25E		1780	South	1980	We	st	Eddy	
		·	11 Bo	ottom Ho	le Location I	f Different Fron	n Surface				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/We	est line	County	
12 Dedicated Acres	s 13 Joint o	r Infill 14 Co	nsolidation	Code 15 O	rder 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.

F 17	T			The state of the s
16				¹⁷ OPERATOR CERTIFICATION
	}			I hereby certify that the information contained herem is true and complete
ii .		1		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
i				interest, or to a voluntary pooling agreement or a compulsory pooling
				order hejetofore entered by the division
				April 30, 2012
				Signature Date
				Signature (Date
				Tina Huerta
				Printed Name
				tinah@vatespetroleum com E-mail Address
				18SURVEYOR CERTIFICATION
				I hereby certify that the well location shown on this
4000		ŀ		plat was plotted from field notes of actual surveys
1980'W		ŀ		made by me or under my supervision, and that the
				same is true and correct to the best of my belief
	,			600 1.10 ·
				or file
				Date of Survey
	_			Signature and Soal of Professional Surveyor
	7.5			
	20			
	780'S			
	0		'	
				0.5.2
				Certificate Number
	<u> </u>			l

NM OIL CONSERVATION

State of New Mexico

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

ARTESIA DISTRICT Energy, Minerals & Natural Resources Department 2014

RECEIVED

Form C-102 Revised August 1, 2011

District Office

☐ AMENDED REPORT

Submit one copy to appropriate

District 1 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 District 11 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 District III

1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV

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

			WELL LO	CATIO	ON AND ACI	REAGE DEDIC	CATION PLA	T			
' A	PI Number	-		² -Pool Co	ode .		³ Pool Na	me			
30)-015-28552			97565	· •		N. Seven Rivers; C	lorieta-Yeso	Yeso		
4 Property C	ode				5 Property	Name		-	6 Well Number		
					Amole AM	M State				3	
⁷ OGRID N	io.				⁸ Operator	Name			9	Elevation	
025575					Yates Petroleum	Corporation				3500'GL	
					¹⁰ Surface	Location					
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/Wes	st line	County	
N	16	19S	25E		660	South	1980	Wes	it	Eddy	
			"Bo	ttom H	ole Location I	f Different From	n Surface				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/Wes	st line	County	
12 Dedicated Acres	13 Joint or	Infill 14	Consolidation	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			17 OPERATOR CERTIFICATION I hereby certify that the information contained berein 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 hale 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. June 16, 2014 Signature Date Tina Huerta Printed Name tinah@vatespetroleum.com E-mail Address
1920° W	5,019		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:

District.1

1625 N. French Dr., Hobbs, 16488240 FIVED
Phone: (575) 393-6161 Flax 2(\$75) 393-60720 VED
District.11

811 S. First St., Artesia, NM 88210: p.
Phone: (575) 748-1283 Fax: (575)|748-9720 7 2013
District.111
1000 Rio Brazos Road, Aztec, NM 87410

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

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

District III 1000 Rio Brazos Road	Aziec, NM 87	7410			1220 80	ush Cs	Francis Dr.			District Office
Phone: (505) 334-6년 District IV	itika (166) 35	*EPPAR	TESIA	·					\square AM	ENDED REPORT
1220 S. St. Francis Dr. Phone: (505) 476-3460					Santa	i Fe, N	M 87505			
			WELL L	OCAT	TON AN	D ACF	REAGE DEDIC			
	API Numbe				Code			³ Pool Na		
	-015-2741	17		975		5 p		. Seven Rivers;	Slorieta-Yeso	6 AV-II AV
⁴ Property	Loue					Property Roy A				⁶ Well Number 7
OGRID	No.					Operator				, Elevation
02557	5					-	Corporation			3534'GL
	······································				u S	urface	Location			
UL or lot no.	Section	Townshi	.	Lot Ic		rom the	North/South line	Feet from the	East/West line	County
K	17	198	25E		10	650	South	1650	West	Eddy
			" B	ottom	Hole Loc	ation I	f Different Fron	n Surface		
UL or lot no.	Section	Townshi	ip Range	Lot lo	dn Feet f	rom the	North/South line	Feet from the	East/West line	County
12 Dedicated Acres	13 Joint o	r Infill	14 Consolidation	1 Code	15 Order No.					
40										
								to the best of n owns a workin the proposed l location pursu interest, or to to	ny knowledge and belief, as ginterest or unleased mine to the focution or has and to a contract with an or a voluntary pooling agreemented by the division.	tined herein is true and complete at that this organization either ral interest in the land including a right to drill this well at this weer of such a mineral or working ent or a compulsory pooling order September 25, 2013 Date
[650'W								I hereby ce was plotted me or unde and correc Date of Stav	rtify that the well lo I from field notes of ir my supervision, ar I to the best of my be	TIFICATION cation shown on this plat actual surveys made by ad that the same is true

Certificate Number

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

State of New Mexico

RECEIVED

Energy, Minerals & Natural Resources Department 2013

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr. NMOCD ARTESIA

District Office

Santa Fe, NM 87505

MENDED REPORT

	API Number 0-015-27631	r		² Pool Code 97565			³ Pool Nan N. Seven Rivers; Gl		
⁴ Property (Code		_1		⁵ Property N Roy AE			. ° v	Vell Number 8
OGRID 0 025575					,	⁹ Elevation 3534'GL			
					" Surface I	Location			
UL or lot no. P	Section 17	Township 19S	Range 25E	Let Idn	Feet from the 660	North/South line South	Feet from the 760	East/West line East	County Eddy
			" Bo	ttom Hol	e Location If	Different From	Surface		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
12 Dedicated Acre 40	s Joint	or Infill 14	Consolidation	Code 15 Ore	der No.				
lo allowable v	will be ass	igned to th	is complet	ion until al	l interests have l	been consolidated of	or a non-standard	d unit has been app	proved by the
16			, <u>, , , , , , , , , , , , , , , , , , </u>				II -	PERATOR CERT	

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 roposed bottom hole location or has a right to drill this well at this rsuant to a contract with an owner of such a mineral or working nt or a compulsory pooling order nber 25, 2013 Tina 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: 460'E Certificate Number



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

> -Michael Farmer -September, 2014

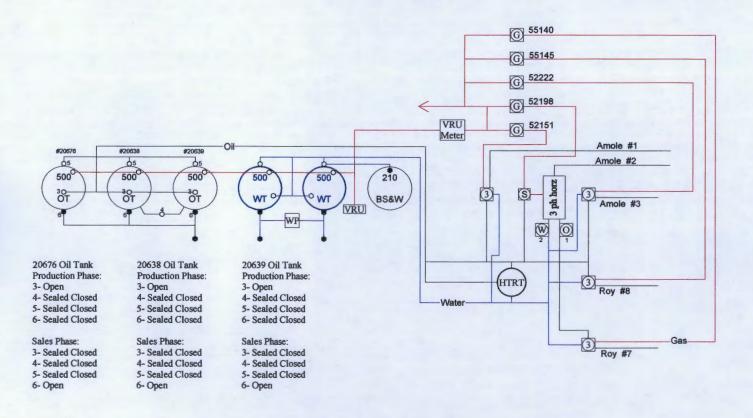
> > Wells

Amole #1 Amole #2 Amole #3 Roy #7 Roy #8

Amole Battery

760' FSL & 660' FWL * Sec 16 - T19S-R25E* Unit M Eddy County, NM API - 3001527314





Legend 1- Turbine Allocation Meter (Oil) 2- Turbine Allocation (Water) 3- Fill Line 4- EQ Line 5- Circ Line 6- Load Line *- Sales Point x- Inactive Line = Valve Closed O = Valve Opened G = Gas Meter 3 = 3 Phase Seperato S = Seperato Water (O) = ON 3 ph horz = 3 Phase Horizontal Seperato 210 Bottom Sediment & Water (Slop Tank) BS&W

MARTIN YATES, III 1912-1985

FRANK W. YATES 1936-1986 S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO BB210-2118

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: Surface Lease Commingle Amole AMM State #1,2,3 & Roy AET #7,8

Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-678 oil only for the wells below:

Amole AMM State #1	Amole AMM State #2	Amole AMM State #3	Roy AET #7	Roy AET #8
N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso
Sec.16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 17-T19S-R25E	Sec. 17-T19S-R25E
API #30-015-27314	API #30-015-28424	API #30-015-28552	API #30-015-27417	API #30-015-27631
St. Lease #LG-864	St. Lease #LG-864	St. Lease #LG-864	Fee	Fee
Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM

The commingled production will be located at the Amole battery in Sec. 16-T19S-R25E, Unit M. 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 average oil production for the Amole #1 is 13 bbls, Amole #2 is 5 bbls, Amole #3 is 14 bbls, Roy #7 is 15 bbls, and for the Roy #8 is 14 bbls.

Gas Measurement

Each well will have its own meter located at the battery.

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.

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

Sincerely, Miriam Morales Production Analyst

Company: Ya

I hereby approve this application

KATHY H. PORTER

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III 1912-1985 FRANK W. YATES

1936-1986 S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES CHAIRMAN EMERITUS

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXEGUTIVE VIGE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN

RE: Surface Lease Commingle Amole AMM State #1,2,3 & Roy AET #7,8 Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-678 oil only for the wells below:

Amole AMM State #1	Amole AMM State #2	Amole AMM State #3	Roy AET #7	Roy AET #8
N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso
Sec.16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 17-T19S-R25E	Sec. 17-T19S-R25E
API #30-015-27314	API #30-015-28424	API #30-015-28552	API #30-015-27417	API #30-015-27631
St. Lease #LG-864	St. Lease #LG-864	St. Lease #LG-864	Fee	Fee
Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM

The commingled production will be located at the Amole battery in Sec. 16-T19S-R25E, Unit M. 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 average oil production for the Amole #1 is 13 bbls, Amole #2 is 5 bbls, Amole #3 is 14 bbls, Roy #7 is 15 bbls, and for the Roy #8 is 14 bbls.

Gas Measurement

Each well will have its own meter located at the battery.

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.

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

Sincerely, Miriam Morales Production Analyst

I hereby approve this application

KATHY H. PORTER

SECRETARY

DENNIS G. KINSEY

MARTIN YATES, III

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 DFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

RE: Surface Lease Commingle Amole AMM State #1,2,3 & Roy AET #7,8 Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-678 oil only for the wells below:

Amole AMM State #1	Amole AMM State #2	Amole AMM State #3	Roy AET #7	Roy AET #8
N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso
Sec.16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 17-T19S-R25E	Sec. 17-T19S-R25E
API #30-015-27314	API #30-015-28424	API #30-015-28552	API #30-015-27417	API #30-015-27631
St. Lease #LG-864	St. Lease #LG-864	St. Lease #LG-864	Fee	Fee
Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM

The commingled production will be located at the Amole battery in Sec. 16-T19S-R25E, Unit M. 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 average oil production for the Amole #1 is 13 bbls, Amole #2 is 5 bbls, Amole #3 is 14 bbls, Roy #7 is 15 bbls, and for the Roy #8 is 14 bbls.

Gas Measurement

Each well will have its own meter located at the battery.

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.

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

Sincerely, Miriam Morales Production Analyst

Company:

I hereby approve this application

KATHY H. PÖRTER SEGRETARY 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

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: Surface Lease Commingle Amole AMM State #1,2,3 & Roy AET #7,8 Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-678 oil only for the wells below:

Amole AMM State #1	Amole AMM State #2	Amole AMM State #3	Roy AET #7	Roy AET #8
N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso
Sec.16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 17-T19S-R25E	Sec. 17-T19S-R25E
API #30-015-27314	AP1 #30-015-28424	API #30-015-28552	API #30-015-27417	API #30-015-27631
St. Lease #LG-864	St. Lease #LG-864	St. Lease #LG-864	Fee	Fee
Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM

The commingled production will be located at the Amole battery in Sec. 16-T19S-R25E, Unit M. 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 average oil production for the Amole #1 is 13 bbls, Amole #2 is 5 bbls, Amole #3 is 14 bbls, Roy #7 is 15 bbls, and for the Roy #8 is 14 bbls.

Gas Measurement

Each well will have its own meter located at the battery.

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.

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

Sincerely, Miriam Morales Production Analyst

Company: Trust

I hereby approve this application

KATHY H. PORTER

SECRETARY

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

> S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES CHAIRMAN EMERITUS

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

RE: Surface Lease Commingle Amole AMM State #1,2,3 & Roy AET #7,8 Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend CTB-678 oil only for the wells below:

Amole AMM State #1	Amole AMM State #2	Amole AMM State #3	Roy AET #7	Roy AET #8
N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso
Sec.16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 17-T19S-R25E	Sec. 17-T19S-R25E
AP1 #30-015-2 7 314	API #30-015-28424	API #30-015-28552	API #30-015-27417	API #30-015-27631
St. Lease #LG-864	St. Lease #LG-864	St. Lease #LG-864	Fee	Fee
Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM

The commingled production will be located at the Amole battery in Sec. 16-T19S-R25E, Unit M. 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 average oil production for the Amole #1 is 13 bbls, Amole #2 is 5 bbls, Amole #3 is 14 bbls, Roy #7 is 15 bbls, and for the Roy #8 is 14 bbls.

Gas Measurement

Each well will have its own meter located at the battery.

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.

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

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

1914-2008



JOHN A. YATES CHAIRMAN EMERITUS

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

September 11, 2014

RE: Surface Lease Commingle Amole AMM State #1,2,3 & Roy AET #7,8 Eddy County, New Mexico

Dear Interest Owner.

Yates Petroleum is requesting approval from the Oil Conservation Division and the State Land Office to amend CTB-678 oil only for the wells below:

Amole AMM State #1	Amole AMM State #2	Amole AMM State #3	Roy AET #7	Roy AET #8
N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso	N. Seven Rivers; Glor-Yeso
Sec.16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 16-T19S-R25E	Sec. 17-T19S-R25E	Sec. 17-T19S-R25E
API #30-015-27314	API #30-015-28424	API #30-015-28552	API #30-015-27417	API #30-015-27631
St. Lease #LG-864	St. Lease #LG-864	St. Lease #LG-864	Fee	Fee
Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM	Eddy County, NM

The commingled production will be located at the Amole battery in Sec. 16-T19S-R25E, Unit M.

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 average oil production for the Amole #1 is 13 bbls, Amole #2 is 5 bbls, Amole #3 is 14 bbls, Roy #7 is 15 bbls, and for the Roy #8 is 14 bbls.

Gas Measurement

Each well will have its own meter located at the battery.

Morals

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 Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

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

Sincerely.

Miriam Morales Production Analyst

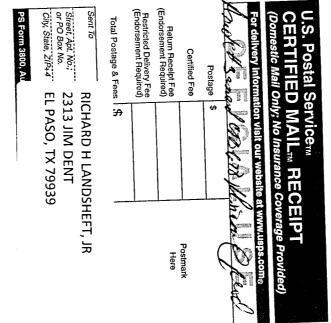


YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**



7014 0510 0001 0743 8182 0510 0001 0743 8182

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature ☐ 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?	
RICHARD H LANDSHEFT, JR 2313 JIM DENT		
EL PASO, TX 79939	3. Service Type di 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 8182	

PS Form 3811, July 2013

(Transfer from ser.

ROLEUM PORRTION



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

0007 0510 0743 7014 0510 0001 0743 8168

ADDRESS SERVICE REQUESTED

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

ROSWELL, NM 88202-2292

P O BOX 2292 R HINKLE COMPANY, INC

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

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

SENDER: COMPLETE THIS SECTION

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

R R HINKLE COMPANY, INC P O BOX 2292

l	COMPLETE THIS SECTION ON DEL	IVERY
l	A. Signature	
	х	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from iter If YES, enter delivery address below	_

ROSWELL, NM 88202-2292

3. Service T			
Certifie	ed Mail® 🔲	Priority Mail Expre	ess™
☐ Regist	ered 🗆	Return Receipt fo	r Merchandise
☐ Insure	d Mail 🔲	Collect on Deliver	y
4. Restricted	Delivery? (E	xtra Fee)	☐ Yes

2. Article Number (Transfer from service

7014 0510 0001 0743 8168

PS Form 3811, July 2013

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

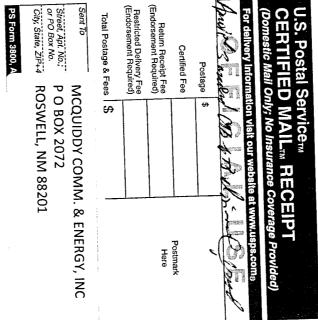
(Transfer from se

PS Form 3811, July 2013



7014 0510 0001 0743 8175 7014 0510 0001 0743 8175

ADDRESS SERVICE REQUESTED



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

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

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ☐ Agent ■ Complete items 1, 2, and 3. Also complete ☐ Addressee item 4 if Restricted Delivery is desired. X Print your name and address on the reverse C. Date of Delivery B. Received by (Printed Name) so that we can return the card to you. Attach this card to the back of the mailpiece, ☐ Yes D. Is delivery address different from item 1? or on the front if space permits. If YES, enter delivery address below: 1. Article Addressed to: MCQUIDDY COMM. & ENERGY, INC P O BOX 2072 Service Type ☐ Priority Mail Express™ ROSWELL, NM 88201 Certified Mail® ☐ Return Receipt for Merchandise ☐ Registered ☐ Collect on Delivery ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 7014 0510 0001 0743 B175 2. Article Number



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

PS Form 3811, July 2013

7014 0510 0001 0743 8199 7014 0510 0001 0743 8199

ADDRESS SERVICE REQUESTED

U.S. Postal S CERTIFIEI (Domestic Mail o	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information	For delivery information visit our website at www.usps.come
Postage	
Certified Fee	Dottook
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	€ 9
Sent To WI Street, Apt. No.; RT or PO Box No. RT City, State, ZIP+4 BI)	WILLIAM B LANDSHEFT RT 6 15880 S PEORIA BIXBY, OK 74008
PS Form 3800, A	

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

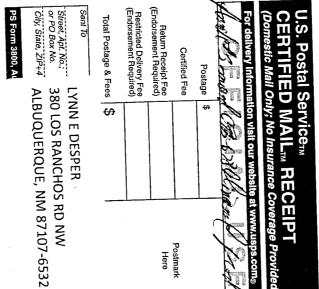
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent X ■ Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. 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: WILLIAM B LANDSHEFT RT 6 15880 S PEORIA **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 7014 0510 0001 0743 8199 (Transfer from sei



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

7014 0510 0001 0743 8205 7014 0510 0001 0743 8205

ADDRESS SERVICE REQUESTED



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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

OF THE BETLIRN 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. 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
LYNN E DESPER	
380 LOS RANCHOS RD NW	
ALBUQUERQUE, NM 87107-6532	3. Service Type C 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 8205
PS Form 3811, July 2013 Domestic Ret	urn Receipt :

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

7014 0510 0001 0743 8212 7014 0510 0001 0743 8212

ADDRESS SERVICE REQUESTED

PS Form 3800, A	Sent To Siriest, Apt. No.: or PO Box No. City, State, ZiP+ ROSWELL, NM 88201-2135	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. POSTAI SERVICETM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
	E #2			Here		`	www.usps.come	EIPT verage Provided)	

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: 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	0743 8212
PS Form 3811, July 2013 Domestic Re	turn Receipt





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

7014 0510 0001 0743 8229 7014 0510 0001 0743 8229

ADDRESS SERVICE REQUESTED

Action to the	7
202-3209	Sitiot. Apt. No.: P O BOX 3209 or PO Box No. City, State, ZiP-4 ROSWELL, NM 88202-3209
ESS	Sent To JAMES W CHILDRESS
	Total Postage & Fees 🕏
	Restricted Delivery Fee (Endorsement Required)
Here	Return Receipt Fee (Endorsement Required)
Doctmark	Certified Fee
(Postage \$
Maring for	her seemen should
at www.usps.come	For delivery information visit our website at www.usps.come
CEIPT Coverage Provided)	CERTIFIED MAIL _{TM} RECEIPT (Composite Mail Only: No Insurance Coverage Provided)
	U.S. Postal Service™

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you.	A. Signature	□ Agent □ Addressee
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	n 1? ☐ Yes w: ☐ No
JAMES W CHILDRESS P O BOX 3209 ROSWELL, NM 88202-3209		
	3. Service Type Certified Mail® Priority Mail Registered Return Rece Insured Mail Collect on De	ipt for Merchandise
2. Article Number (Transfer from serv. 701.4 0510 0001	4. Restricted Delivery? (Extra Fee)	☐ Yes



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



7014 0510 0001 0743 8236 7014 0510 0001 0743 8236

ADDRESS SERVICE REQUESTED

	PS Form 3800, Au
TATE 0	JAMES L HINKLE ESTATE Siriest Apr. No.; or PO Box No. P O BOX 2262 City, State, ZiP+4 KING CITY, CA 93930
	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
Here	Retum Receipt Fee (Endorsement Required)
	Certified Fee
	Postage \$
e at www.usps.come	For delivery information visit our website at www.usps.come
CEIPT Coverage Provided)	U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

	BIACE STICKED AT TOP OF ENVE
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X
JAMES L HINKLE ESTATE P O BOX 2262	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 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	
DO E 2011 11 4015	eturn Receipt





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

PS Form 3811, July 2013

0510 0001 0743 8243 7014 0510 0001 0743 8243

ADDRESS SERVICE REQUESTED

Sent To Street, Apr. No.; Por PO Box No. Poly, State, ZIP+4 R	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	For delivery information	U.S. Postal ServiceTM CERTIFIED MAIL (Domestic Mail Only; No Inst	
HINKLE LIVING TRUST P O BOX 1793 ROSWELL, NM 88202-1793	\$				₩	For delivery information visit our website as the Conference of th	U.S. Postal ServiceTIM CERTIFIED MAILTIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
JST :02-1793			Here	Postmark	,	hoff m	EIPT verage Provided)	

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

ROSWELL, NM 88202-1793

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature	☐ 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 iter If YES, enter delivery address below	_
HINKLE LIVING TRUST		
P O BOX 1793		
ROSWELL, NM 88202-1793	3. Service Type Certified Mail® Priority Mail Registered Return Rece Insured Mail Collect on D	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7014 0510 0001	0743 8243	



7014 0510 0001 0743 8250 STREET 7014 0510 0001 0743 8250

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

ADDRESS SERVICE REQUESTED

		PS Form 3800, Au
BETTIANNE H BOWEN LIVING TRUST 238 BEVERLY CT KING CITY, CA 93930-3501		Sent To Sireet, Apt. No.; or PO Box No. City, State, ZIP+4
	Fees S	Total Postage & Fees
	y Fee uired)	Restricted Delivery Fee (Endorsement Required)
Here	t Fee uired)	Return Receipt Fee (Endorsement Required)
Postmark	Fee	Certified Fee
(Postage \$	P os
thing had	For delivery information visit our website at www.usps.com	For delivery int
CEIPT Coverage Provided)	CERTIFIED MAIL THE RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	CERTIFI (Domestic Ma
	al Carvice	II C Docto

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Postsick 1. 2.	COMPLETE THIS SECTION ON DELIVERY A. Signature
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.	X ☐ Agent ☐ Addressee B. Received by (Printed Name) ☐ C. Date of Delivery
Article Addressed to: BETTIANNE H BOWEN LIVING TRUST 238 BEVERLY CT	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
KING CITY, CA 93930-3501	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)
PS Form 3811, July 2013 Domestic Ret	





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

7014 0510 0001 0743 8267 7014 0510 0001 0743 8267

ADDRESS SERVICE REQUESTED

U.S. Postal S CERTIFIED (Domestic Mail O	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provic	T Je Provi
For delivery informati	For delivery information visit our website at www.usps.com	usps.co
	49	(
Certified Fee		
Return Receipt Fee (Endorsement Required)		Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
	CHARLES E HINKLE	
or PO Box No. P	P O BOX 1030	
City, State, ZIP+4 KII	KING CITY, CA 93930	

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

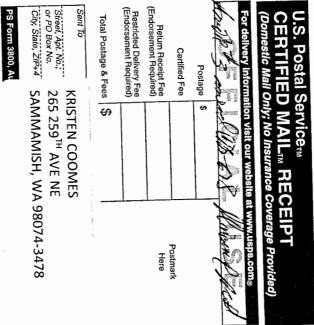
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CHARLES E HINKLE P O BOX 1030	
KING CITY, CA 93930	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
2. Article Number (Transfer from s 7014 0510 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 743 ♣2₺?
	eturn Receipt



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

0510 0001 0743 8274 7014 0510 0001 0743 8274

ADDRESS SERVICE REQUESTED



KRISTEN COOMES 265 259TH AVE NE SAMMAMISH, WA 98074-3478

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X □ 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
KRISTEN COOMES 265 259 TH AVE NE	
SAMMAMISH, WA 98074-3478	3. Service Type
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 0510 0001	0743 8274
PS Form 3811, July 2013 Domestic Ref	turn Receipt

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



7014 0510 0001 0743 8281 7014 0510 0001 0743 8281

ADDRESS SERVICE REQUESTED

PS Form 3800, A	JENNA HINKLE SARTORI Siriest Apt. No.: or PO Box No. City, State, ZiP+4 PENNGROVE, CA 94951-9664	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.com	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
:	ORI 951-9664			Here	Postmark		Manufacture of such	EIPT /erage Provided)

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JENNA HINKLE SARTORI 5710 HATCHERY CT	
	3. Service Type ☑ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
5710 HATCHERY CT	 ☑ Certified Mail[®] ☐ Priority Mail Express[™] ☐ Registered ☐ Return Receipt for Merchandise

Tail feet the transfer of the





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8298 7014 0510 0001 0743 8298

ADDRESS SERVICE REQUESTED

Sent To Siriedt, Apit No.: 771 CRESCENT DR City, State, ZiP+4 BOULDER, CO 80303	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Condition in a series of the s	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro)
			Her	Postm	(PT age Pro

SALLY A ELLIS 771 CRESCENT DR BOULDER, CO 80303

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY
 ■ 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
so 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 If YES, enter delivery address be	
SALLY A ELLIS		
771 CRESCENT DR		
BOULDER, CO 80303		fail Express™ eceipt for Merchandise n Delivery
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7014 0510 0001	0743 8298	
PS Form 3811, July 2013 Domestic Ref	turn Receipt	



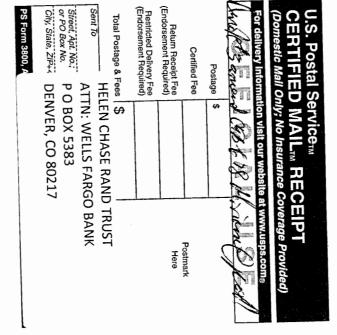


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

; PS Form 3811, July 2013

7014 0510 0001 0743 8304 7014 0510 0001 0743 8304

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent 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: HELEN CHASE RAND TRUST ATTN: WELLS FARGO BANK P O BOX 5383 **DENVER, CO 80217** 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 8304 (Transfer from se

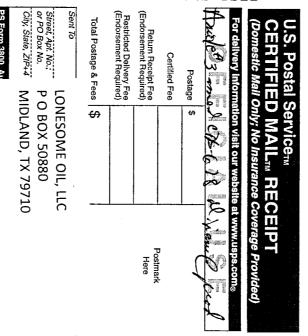




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8311 7014 0510 0001 0743 8311

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

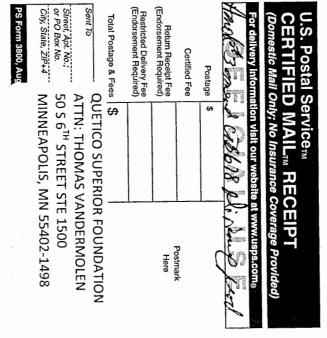
<u>.</u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
LONESOME OIL, LLC P O BOX 50880	
MIDLAND, TX 79710	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8311
PS Form 3811, July 2013 Domestic Re	eturn Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8328 7014 0510 0001 0743 8328

ADDRESS SERVICE REQUESTED



QUETICO SUPERIOR FOUNDATION ATTN: THOMAS VANDERMOLEN 50 S 6TH STREET STE 1500 MINNEAPOLIS, MN 55402-1498

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: QUETICO SUPERIOR FOUNDATION ATTN: THOMAS VANDERMOLEN 50 S 6TH STREET STE 1500 MINNEAPOLIS, MN 55402-1498 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 8328 (Transfer from sei . PS Form 3811, July 2013 Domestic Return Receipt



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

7014 0510 0001 0743 8335 7014 0510 0001 0743 8335

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	CEIPT overage Provided)
For delivery information visit our website at www.usps.come	at www.usps.come
Postage \$	
Certified Fee	,
Return Receipt Fee Endorsement Required)	Postmark Here
Restricted Delivery Fee Endorsement Required)	
Total Postage & Fees \$	
Sent To Sent To ROLLA R III AND ROSEMARY H HINKLE STREET AND NO. P O BOX 2292 Olivi, State, ZiP+4 ROSWELL, NM 88202-2292	SEMARY H HINKLE)2-2292
'S Form 3800, Au	

ROLLA R III AND ROSEMARY H HINKI ROSWELL, NM 88202-2292

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature ☐ 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 Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
ROLLA R III AND ROSEMARY H HINKLE P O BOX 2292	
ROSWELL, NM 88202-2292	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
	0743 8335



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

7014 0510 0001 0743 8342 7014 0510 0001 0743 8342

ADDRESS SERVICE REQUESTED

U.S. Postal (CERTIFIEI	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	ΞΙΡΤ verage Provided)
For delivery information	For delivery information visit our website at www.usps.come	www.usps.come
Postage	₩	•
Certified Fee		Postmark
Return Receipt Fee (Endorsement Required)		Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fens	" •	
Sent To	MADISON M & SUSAN M HINKLE	SAN M HINKLE
Street, Apt. No.; or PO Box No. City, State, ZIP+4	P O BOX 2292 ROSWELL, NM 88202-2292	02-2292
PS Form 3800, Aug		

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

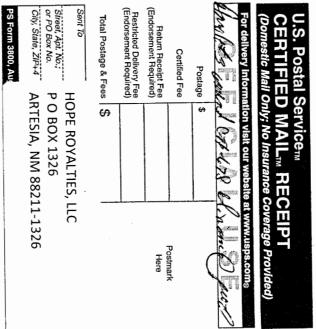
	· · · · · · · · · · · · · · · · · · ·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X ☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MADISON M & SUSAN M HINKLE P O BOX 2292	
ROSWELL, NM 88202-2292	3. Service Type
-12 2232	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 8342
PS Form 3811, July 2013 Domestic Ret	urn Receipt

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

PS Form 3811, July 2013

7014 0510 0001 0743 8359 7014 0510 0001 0743 8359

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

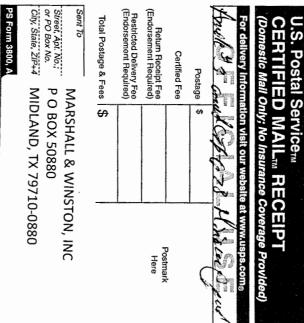
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. □ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: HOPE ROYALTIES, LLC P O BOX 1326 ARTESIA, NM 88211-1326 Service Type ☑ Certified Mail® ☐ Priority Mail Express™ ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7014 0510 0001 0743 8359 (Transfer from se



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

7014 0510 0001 0743 8366 7014 0510 0001 0743 8366

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	Is delivery address different from iter If YES, enter delivery address below	
MARSHALL & WINSTON, INC P O BOX 50880		
MIDLAND, TX 79710-0880	3. Service Type Certified Mail® Priority Mail Registered Return Rec	Express™ eipt for Merchandise
	☐ Insured Mail ☐ Collect on E	,
		,

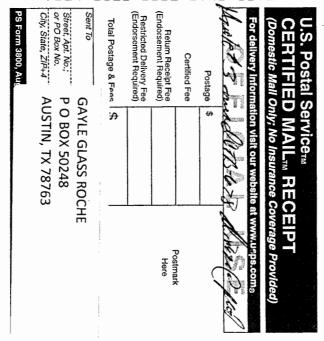


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 8373 7014 0510 0001 0743 8373

ADDRESS SERVICE REQUESTED



GAYLE GLASS ROCHE P O BOX 50248 AUSTIN, TX 78763

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

<u> </u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
GAYLE GLASS ROCHE P O BOX 50248	
AUSTIN, TX 78763	3. Service Type 【 Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001 (Transfer from s	3743 8373
PS Form 3811, July 2013 Domestic Ref	urn Receipt

■ 発生点 KES YS BESET 5HK FL e > 8





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

7014 0510 0001 0743 8380 7014 0510 0001 0743 8380

ADDRESS SERVICE REQUESTED

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	CEIPT overage Provided)
For delivery information visit our website at www.usps.come	at www.usps.com
Postage \$	<
Certified Fee	
Return Receipt Fee (Endorsement Required)	Postmark Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
GAYLE ELIZABETH LANGFORD GAPOBOX No.: PO BOX 2827 TOTO, State, ZiP-14 BIG FORK, MT 59911	LANGFORD 11
PS Form 3800, Au	

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

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes
Article Addressed to: GAYLE ELIZABETH LANGFORD	If YES, enter delivery address below:
P O BOX 2827	
BIG FORK, MT 59911	3. Service Type ♣☐ Certified Mail® ☐ Priority Mail Express** ☐ Registered ☐ Return Receipt for Merchandis
	☐ Insured Mail ☐ Collect on Delivery

GERI IFIEL

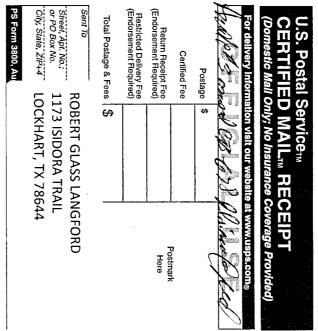




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8397 7014 0510 0001 0743 8397

ADDRESS SERVICE REQUESTED



ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL LOCKHART, TX 78644

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.	A. Signature	□ Agent □ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from ited If YES, enter delivery address below	n 1? ☐ Yes w: ☐ No
ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL		
LOCKHART, TX 78644		
,	3. Service Type Certified Mail® ☐ Priority Mail ☐ Registered ☐ Return Rece ☐ Insured Mail ☐ Collect on Do	ipt for Merchandise
2. Article Number	4. Restricted Delivery? (Extra Fee)	☐ Yes
(Transfer from se. 7014 0510 0001	0743 8397	
PS Form 3811, July 2013 Domestic Re	turn Receipt	







7014 0510 0001 0743 8403 7014 0510 0001 0743 8403

ADDRESS SERVICE REQUESTED

Sent To JEFFERSON MILNER L Street, Apt. No.: P O BOX 22205 City, State, ZiF-4 SANTA FE, NM 87502	Total Postage & Fees \$	Restricted Delivery Fee Endorsement Required)	Retum Receipt Fee Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.	CERTIFIED MAIL RECEIP	II S Doctal Service
JEFFERSON MILNER LAN P O BOX 22205 SANTA FE, NM 87502						ODA RA	IL _{TM} RECEIP	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to: JEFFERSON MILNER LANGFORD	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
P O BOX 22205 SANTA FE, NM 87502	3. Service Type ***Cortified 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 8403
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

PS Form 3811, July 2013

7014 0510 0001 0743 8410 7014 0510 0001 0743 8410

ADDRESS SERVICE REQUESTED

PS Form 3800. Auc	Sent To Sireet, Apr. No.: or PO Box No. City, State, ZIP+4
	в ē Z

LOU ANN LANGFORD 606 WINSFORD RD BRYN MAWR, PA 19010

	Cont To	7
	Total Postage & Fees \$	
	Restricted Delivery Fee (Endorsement Required)	~
Here	Return Receipt Fee (Endorsement Required)	_
Dormark	Certified Fee	
(Postage \$	
should few	Jak toward Char	72
at www.usps.com⊛	(Domestic Mail Only; No insurance coverage Provided)	
EIPT	CERTIFIED MAIL RECEIP	- 77
	U.S. Postal Service™	

LOU ANN LANGFORD 606 WINSFORD RD BRYN MAWR, PA 19010

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	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 iter If YES, enter delivery address belov	—
LOU ANN LANGFORD 606 WINSFORD RD		
BRYN MAWR, PA 19010	3. Service Type K☐ Certified Mail® ☐ Priority Mail ☐ Registered ☐ Return Reco	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7014 0510 0001	0743 8410	

Domestic Return Receipt

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

7014 0510 0001 0743 8427 7014 0510 0001 0743 8427

ADDRESS SERVICE REQUESTED

U.S. Postal S CERTIFIED (Domestic Mail O	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	EIPT verage Provided)
For delivery informs	For delivery information visit our website at www.usps.come	www.usps.come
had attended	18 3 20 mm	Minicale Med
Postage	49	(
Certified Fee		Poetmark
Return Receipt Fee (Endorsement Required)		Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$	€	
Sent To A Street, Apt. No.; or PO Box No. City, State, ZIP+4 A	ALLISON CLAIRE CURRY SAUNDERS P O BOX 50327 AUSTIN, TX 78763-0327	RRY SAUNDERS 0327
PS Form 3800, Au		

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

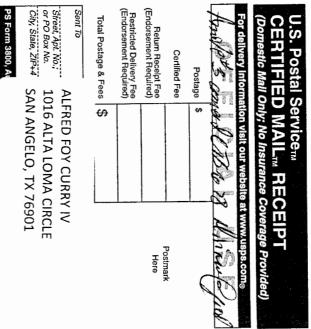
OF THE RETURN ADDRESS, FOLD AT DOTTEU LINE				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X			
1. Article Addressed to: ALLISON CLAIRE CURRY SAUNDERS P O BOX 50327	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
AUSTIN, TX 78763-0327	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 Ret	urn Receipt			

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

PS Form 3811, July 2013

7014 0510 0001 0743 8434 7014 0510 0001 0743 8434

ADDRESS SERVICE REQUESTED



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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: ALFRED FOY CURRY IV 1016 ALTA LOMA CIRCLE SAN ANGELO, TX 76901	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	

Domestic Return Receipt

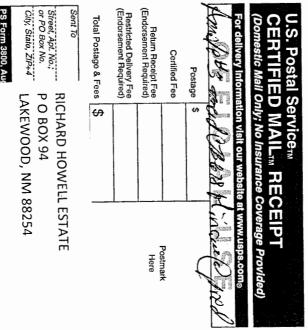


YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

: PS Form 3811, July 2013

7014 0510 0001 0743 8441 7014 0510 0001 0743 8441

ADDRESS SERVICE REQUESTED



RICHARD HOWELL ESTATE P O BOX 94 LAKEWOOD, NM 88254

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: RICHARD HOWELL ESTATE P O BOX 94 	A. Signature X
LAKEWOOD, NM 88254	3. Service Type A Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number 7014 0510 0001	D743 8441

Domestic Return Receipt





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

7014 0510 0001 0743 8458 7014 0510 0001 0743 8458

ADDRESS SERVICE REQUESTED

U.S. Postal Service MAILT CERTIFIED MAILT (Domestic Mail Only; No Inst	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	Postmark
Retum Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	€
Sent To Th	THE JAMES H & BETTY R HOWELL
_	REVOCABLE TRUST P O BOX 75
City, State, ZIP+4	LAKEWOOD, NM 88254
2800 A	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. 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
2 Addition No.	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8458
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

7014 0510 0001 0743 8465 7014 0510 0001 0743 8465

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL, (Domestic Mail Only; No Inst	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)
For delivery information v	For delivery information visit our website at www.usps.come
Postage	Omer in the Control
Certified Fee	
Retum Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	€9
Sent To NA	NANCY L KINCAID
Street, Apt. No.; or PO Box No. CA City, State, ZIP+4	CARLSBAD, NM 88220
PS Form 3800, Au	

NANCY L KINCAID 2911 OCOTILLO CANYON DR CARLSBAD, NM 88220

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X
NANCY L KINCAID 2911 OCOTILLO CANYON DR CARLSBAD, NM 88220	If YES, enter delivery address below: No
	3. Service Type MS Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
2. Article Number (Transfer from s 7014 0510 0001 [4. Restricted Delivery? (Extra Fee)
PS Form 3811 July 2013	





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8472 7014 0510 0001 0743 8472

ADDRESS SERVICE REQUESTED

		PS Form 3800, Aug
LAUREL)28-3843	1832 MOUNTAIN LAUREL KERRVILLE, TX 78028-3843	Street, Apt. No.; or PO Box No. City, State, ZIP+4
	JAMES R SWOPE	
	\$	Total Postage & Fees
	3.6	Restricted Delivery Fee (Endorsement Required)
Here	3,0	Return Receipt Fee (Endorsement Required)
Dostmark	a	Certified Fee
	49	Postage
at www.hisps.come	omocyclenyww is onscient in the Charles of the Char	For delivery inform
CEIP I Coverage Provided)	CERTIFIED MAIL™ RECEIP I (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIE (Domestic Mail
	Postal Service™	U.S. Postal

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

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 Print your name and address on the reverse so that we can return the card to you. □ Addressee B. Received by (Printed Name) Attach this card to the back of the mailpiece, C. Date of Delivery or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: JAMES R SWOPE 1832 MOUNTAIN LAUREL KERRVILLE, TX 78028-3843 Service Type © Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7014 0510 0001 0743 8472 (Transfer from se PS Form 3811, July 2013 Domestic Return Receipt





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

7014 0510 0001 0743 8489 7014 0510 0001 0743 8489

ADDRESS SERVICE REQUESTED

RN TRUST REET 12-6873	MARGARET RABURN TRUST 1428 NW 168 TH STREET EDMOND, OK 73012-6873	Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4
Management	\$	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
ļ		Certified Fee
(49	Postage
Must fresh	and OBER	know to a
at www.usps.come	For delivery information visit our website at www.usps.come	For delivery inform
CEIPT Coverage Provided)	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIE (Domestic Mail
	Service™	U.S. Postal Service™

MARGARET RABURN TRUST 1428 NW 168TH STREET EDMOND, OK 73012-6873

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MARGARET RABURN TRUST 1428 NW 168 TH STREET	
EDMOND, OK 73012-6873	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 8489
PS Form 3811, July 2013 Domestic Ret	urn Receipt





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

7014 0510 0001 0743 8496 7014 0510 0001 0743 8496

ADDRESS SERVICE REQUESTED

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.comp Postage Postage **Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	at www.usps.come at www.usps.come Postmark Here
Postage \$	4
Certified Fee	Dostmark
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	-
Total Postage & Fees \$	
Sent To THELMA MAY SCHAFER	AFER
FIRST AMERICAN BANK OF PO Box No. ATTN: CHERYL BARTLETT	RTLETT
PS Form 3800, Au ARTESIA, NM 88210	10

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

AND SHOULD SHOUL	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: THELMA MAY SCHAFER FIRST AMERICAN BANK ATTN: CHERYL BARTLETT	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
P O BOX AA ARTESIA, NM 88210	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from si 7014 0510 0001	1743 8496
PS Form 3811, July 2013 Domestic Re	turn Receipt





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

7014 0510 0001 0743 8502 7014 0510 0001 0743 8502

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{Tra} CERTIFIED MAIL _T (Domestic Mall Only; No Insu	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mall Only; No Insurance Coverage Provided))EIPT overage Provided)
For delivery informet	For delivery information visit our website at www.usps.come	et www.usps.come
Postage	↔ (X
Certifled Fee		1
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$	↔	
Sent To CAI Street, Apt. No.; 529 or PO Box No. 529 City, State, ZIP+4 MA	CAUPAHE PROPERTIES 5299 RIO PENASCO RD MAYHILL, NM 88339	CAUPAHE PROPERTIES PARTNERSHIP 5299 RIO PENASCO RD MAYHILL, NM 88339
PS Form 3800, A		

CAUPAHE PROPERTIES PARTNERS 5299 RIO PENASCO RD MAYHILL, NM 88339

OF THE BETURN ADDRESS EQUATOR TO THE BETURN AND THE HIGH!

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.	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: CAUPAHE PROPERTIES PARTNERSHIP 5299 RIO PENASCO RD MAYHILL, NM 88339	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001 0	Yes 1743 AED2
PS Form 3811, July 2013 Domestic Retu	

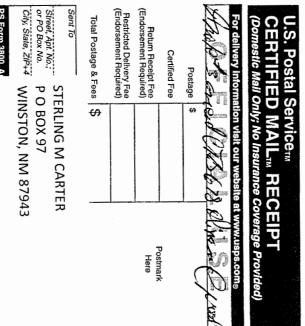




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8519 7014 0510 0001 0743 8519

ADDRESS SERVICE REQUESTED



STERLING M CARTER P O BOX 97 WINSTON, NM 87943

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
STERLING M CARTER P O BOX 97	
WINSTON, NM 87943	3. Service Type Apr 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 8519
PS Form 3811 July 2013 Domestic D	oturn Possint

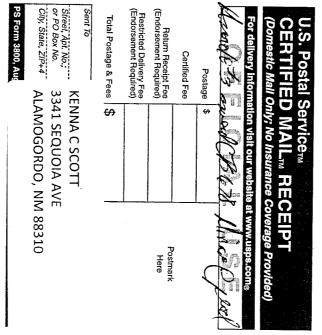




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8526 7014 0510 0001 0743 8526

ADDRESS SERVICE REQUESTED



KENNA C SCOTT 3341 SEQUOIA AVE ALAMOGORDO, NM 88310

41

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

1. Article Addressed to: D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X B. Received by (Printed Name)	☐ Agent ☐ Addressee
Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee)	1. Article Addressed to: KENNA C SCOTT 3341 SEQUOIA	D. Is delivery address different from it	10 []
(Transfer from sen 7014 0510 0001 0747 0747		Certified Mail® Priority Mail Registered Return Rece Insured Mail Collect on D	eipt for Merchandise Pelivery
PS Form 3811, July 2013	(Transfer from sen/014 0510 0001.	NOUS ACT	Yes

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

7014 0510 0001 0743 8533 7014 0510 0001 0743 8533

ADDRESS SERVICE REQUESTED

U.S. Postal Service.

CERTIFIED MAIL. MRECEIPT
(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

MICHAEL T CARTER

Site of PO Box No.

2106 WILLS WAY RD

GRANDBURY, TX 76049-5788

PS Form 3800, Au

PS Form 3800, Au

PS Form 3800, Au

PS Form 3800, Au

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature	☐ Agent ☐ Addresse
	B. Received by (Printed Name)	C. Date of Deliver
Article Addressed to:	D. Is delivery address different from ite If YES, enter delivery address below	
MICHAEL T CARTER		
2106 WILLS WAY RD		
GRANDBURY, TX 76049-5788	3. Service Type Certified Mail® Priority Mail Registered Return Rec	eipt for Merchandis
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from se 7014 0510 0001	0743 8533	
PS Form 3811, July 2013 Domestic Ret		





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

7014 0510 0001 0743 8540 7014 0510 0001 0743 8540

ADDRESS SERVICE REQUESTED

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	SEIPT overage Provided)
For delivery information visit our website at www.usps.come	at www.usps.com®
house 3 anos (Ils 6)	Non and for fless
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Tapt. No.: or PO Box No. City, State, ZIP+4 SNYDER, TX 79549	
PS Form 3800, Aug	

JACK S MCDONALD 1110 COLLEGE AVE SNYDER, TX 79549

 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. 	COMPLETE THIS SECTION ON DEL A. Signature X	IVERY □ 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: JACK S MCDONALD 1110 COLLEGE AVE	D. Is delivery address different from iten If YES, enter delivery address below	n 1? □ Yes v: □ No
SNYDER, TX 79549	Collect on De	pt for Merchandise
2. Article Number (Transfer from st	4. Restricted Delivery? (Extra Fee)	☐ Yes
PS Form 3811, July 2013 Domestic Re	eturn Receipt	



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

0743 0510 0007 7014 0510 0001 0743 8557

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Sent To Retum Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Certified Fee AUSTIN, TX 78746 4

CYDNEY M MEDFORD 2111 PAISANO RD AUSTIN, TX 78746

2111 PAISANO RD CYDNEY M MEDFORD

Postage

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

CYDNEY M MEDFORD 2111 PAISANO RD AUSTIN, TX 78746

TE THIS SECTION	COMPLETE THIS SECTION	
, 2, and 3. Also complete d Delivery is desired. nd address on the reverse urn the card to you. the back of the mailpiece, bace permits. DFORD RD	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item If YES, enter delivery address below	☐ Agent ☐ Addressee C. Date of Delivery
46	4. Restricted Dalling	t for Morohanair
7014 0510 0001 0	1743 8557	☐ Yes

(Transfer from serre PS Form 3811, July 2013

2. Article Number

Domestic Return Receipt





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

7014 0510 0001 0743 8564 7014 0510 0001 0743 8564

ADDRESS SERVICE REQUESTED

U.S. Postal Service MAILT CERTIFIED MAILT (Domestic Mail Only; No Insu	U.S. Postal ServiceTIM CERTIFIED MAILTIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
For delivery informs	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 & FARS	÷ 7
Sent To Sireet, Apt. No.; or PO Box No. City, State, ZiP+4 W	JAN A HERRSTROM 810 FOREST OAKS CIR WOODWAY, TX 76712-2235
PS Form 3800, Au	

JAN A HERRSTROM 810 FOREST OAKS CIR WOODWAY, TX 76712-2235

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1?
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 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number 7014 0510 0001	
PS Form 3811, July 2013 Domestic Re	eturn Receint

PETROLEUM

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

PS Form 3811, July 2013

7014 0510 0001 0743 8571 7014 0510 0001 0743 8571

ADDRESS SERVICE REQUESTED

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

For delivery Information visit our website at www.usps.come
Postage
Centified Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees
Sent To
Or PO Box No.
City, State, ZiP44

VILLA RICA, GA 30180

PS Form 8800, Au

RECEIPT

Provided)

Form 8800, Au

Postmark
Here

GEORGE S CRANFORD 2009 HUBBARD CT VILLA RICA, GA 30180

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X B. Received by (Printed Name)	☐ Agent ☐ Addresse C. Date of Deliver
	0 1 1 1	40 DV
1. Article Addressed to: GEORGE S CRANFORD 2009 HUBBARD CT	D. Is delivery address different from iter If YES, enter delivery address below	

Domestic Return Receipt



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

7014 0510 0001 0743 8588

ADDRESS SERVICE REQUESTED

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	SEIPT overage Provided)
For delivery information visit our website at www.usps.come	at www.usps.com⊛
thrope amond of explying	elyman from
Postage \$	(
Certified Fee	Doetmark
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sireet, Apt. No.; P O BOX 7501	SPENCER
City. State, ZIP+4 MIDLAND, TX 79708	08

ANGELA ESSMAN SPENCER P O BOX 7501 MIDLAND, TX 79708

	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
ANGELA ESSMAN SPENCER P O BOX 7501 MIDLAND, TX 79708	
DEAND, 1X 79708	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 se 7014 0510 0001	0743 8588
PS Form 3811, July 2013 Domestic Re	eturn Receipt

Domestic Return Receipt





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

0510 0007 7014 0510 0001 0743 8595

ADDRESS SERVICE REQUESTED

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

SAN ANGELO, TX 76904 3509 DOMINION RIDGE RAY HALL BECK

3

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

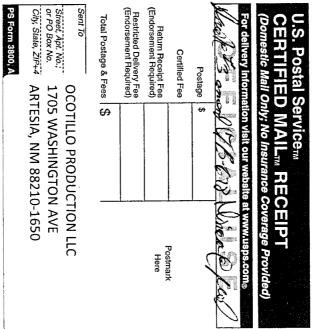
RAY HALL BECK 3509 DOMINION RIDGE SAN ANGELO, TX 76904

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. X ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: **RAY HALL BECK** 3509 DOMINION RIDGE SAN ANGELO, TX 76904 3. Service Type ☐ Priority Mail Express™ Certified Mail® ☐ Return Receipt for Merchandise ☐ Registered ☐ Collect on Delivery ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7014 0510 0001 0743 8595 (Transfer from sei.

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

7014 0510 0001 0743 8601 7014 0510 0001 0743 8601

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
OCOTILLO PRODUCTION LLC 1705 WASHINGTON AVE	
ARTESIA, NM 88210-1650	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 8601
PS Form 3811, July 2013 Domestic Re	turn Receipt



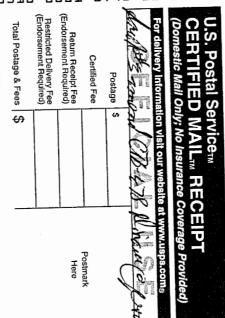
YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8618 7014 0510 0001 0743 8618

ADDRESS SERVICE REQUESTED

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

VAN WINKLE FAMILY LLC 9191 YELLOWSTONE RD LONGMONT, CO 80503



VAN WINKLE FAMILY LLC 9191 YELLOWSTONE RD LONGMONT, CO 80503

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X □ Agent □ Addresse B. Received by (Printed Name) □ C. Date of Deliver D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
VAN WINKLE FAMILY LLC 9191 YELLOWSTONE RD LONGMONT, CO 80503	3. Service Type
	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Auticle Ni	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8618
PS Form 3811, July 2013 Domestic Reti	urn Receipt



7014 0510 0001 0743 8625

YATES BUILDING - 105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8625

7014 0510 0001 0743 8625

ADDRESS SERVICE REQUESTED

RECEIPT surance Coverage Provid our website at www.usps.com Postmark Here HARPER JNK RD HUR, NM 88253	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 DAVID A HARPER Street, Apt. No.: or PO Box No. City, State, ZiP+4 LAKE ARTHUR, NM 88253	U.S. Postal Service CERTIFIED MAIL RECEIP
--	---	---

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X
DAVID A HARPER 43-1 W FUNK RD LAKE ARTHUR, NM 88253	3. Service Type
2. Article Number 7014 0510 0001	☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
	eturn Receipt





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

7014 0510 0001 0743 8632 7014 0510 0001 0743 8632

ADDRESS SERVICE REQUESTED

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JUANEL A HARPER 2103 W CENTRE AVE	
ARTESIA, NM 88210-2245	3. Service Type A Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number 7014 0510 0001	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 2013 Domestic Ret	urn Receipt :

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

7014 0510 0001 0743 8649 7014 0510 0001 0743 8649

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	SEIPT overage Provided)
For delivery information visit our website at www.usps.come	atwww.usps.come
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postago & Fees \$	
Sinet To JAMI A HARL Sinet, Apr. No.; 2485 E 54 TH ST Or PO Box No. City, State, ZiP+4 TULSA, OK 74105-7201	201
PS Form 3800, Au	

JAMI A HARL 2485 E 54TH ST TULSA, OK 74105-7201

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature Agent Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of 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
JAMI A HARL 2485 E 54 TH ST	
TULSA, OK 74105-7201	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8649
PS Form 3811, July 2013 Domestic Re	turn Receipt





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

7014 0510 0001 0743 8656

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	EIPT verage Provided)
For delivery information visit our website at www.usps.come	Man Salla
Postage \$	-
Certified Fee	Doctmark
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees S	
Street Apit No.: JAMES A CARSON or PO Box No. P O BOX 1761 city, State, ZiP44 LOWELL, AR 72745-1761	1761
PS Form 3800, A	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: JAMES A CARSON P O BOX 1761	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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
	□743 8656
PS Form 3811, July 2013 Domestic Re	eturn Receipt





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

7014 0510 0001 0743 8663 7014 0510 0001 0743 8663

ADDRESS SERVICE REQUESTED

						<i>y</i>	
Sent To Sireet, Apt. No.; or PO Box No. City, State, ZIP+4	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information	U.S. Posta CERTIFIE (Domestic Mai
Z 6 Z	S	d)	96	8	ge	4	0 110
TWIN OAKS PETROLEUM 4010 LAZYBROOK DR NOLLANVILLE, TX 76559	€				4	For delivery information visit our website at www.usps.come	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
OLEUM (DR 76559			Here	Dogwood		Tang County	ΞΙΡΤ ⁄erage Provided)

TWIN OAKS PETROLEUM 4010 LAZYBROOK DR NOLLANVILLE, TX 76559

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TWIN OAKS PETROLEUM 4010 LAZYBROOK DR	
NOLLANVILLE, TX 76559	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 8663
PS Form 3811, July 2013 Domestic Re	turn Receipt

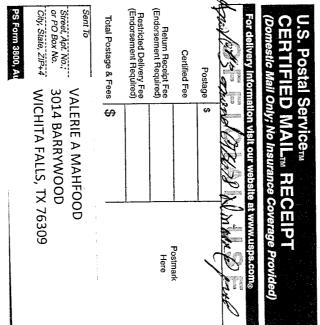




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8670 7014 0510 0001 0743 8670

ADDRESS SERVICE REQUESTED



VALERIE A MAHFOOD 3014 BARRYWOOD WICHITA FALLS, TX 76309

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

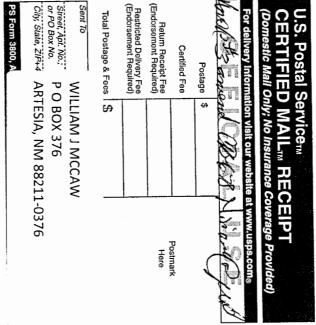
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	COMPLETE THIS SECTION ON DELIVERY A. Signature X
or on the front if space permits. 1. Article Addressed to: VALERIE A MAHFOOD 3014 BARRYWOOD	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
WICHITA FALLS, TX 76309	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from si 7014 0510 0001 [1743 8670
PS Form 3811, July 2013 Domestic Retu	urn Receipt

THE SET OF THE BEST OF THE PARTY OF THE PART

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

7014 0510 0001 0743 8687 7014 0510 0001 0743 8687

ADDRESS SERVICE REQUESTED



WILLIAM J MCCAW P O BOX 376 ARTESIA, NM 88211-0376

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes
Article Addressed to: WILLIANA	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 sei 7014 0510 0001	0743 8687
PS Form 3811, July 2013 Domestic Ret	turn Receipt



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

7014 0510 0001 0743 8694 7014 0510 0001 0743 8694

ADDRESS SERVICE REQUESTED

Sent to
Street, Apt. No.;
or PO Box No.
City, State, ZiP+4
PS Form 8800, Au

BRYAN, TX 77807

MARY G RIDDLE
2924 MIRRORMERE CR

U.S. Postal Service_{TM}
CERTIFIED MAIL_{TM} 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

Total Postage & Fees

Return Receipt Fee
(Endorsement Required)

Total Postage & Fees

S

Total Postage & Fees

MARY G RIDDLE 2924 MIRRORMERE CR BRYAN, TX 77807

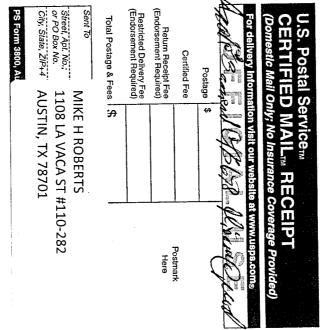
A. Signature
_ Addres
B. Received by (Printed Name) C. Date of Deliv
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchand☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
. 0743 8694
1

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



7014 0510 0001 0743 8700 7014 0510 0001 0743 8700

ADDRESS SERVICE REQUESTED



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

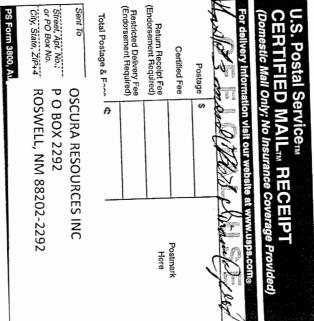
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

- 新華寺 さんじょう じゅうきょう うまさんしゅ きょう

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8717 7014 0510 0001 0743 8717

ADDRESS SERVICE REQUESTED



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

ESS, FOLD AT D	UCCAN MINUTES	1 2H I 40
U TA M IO3 993	GUUY MULLING	

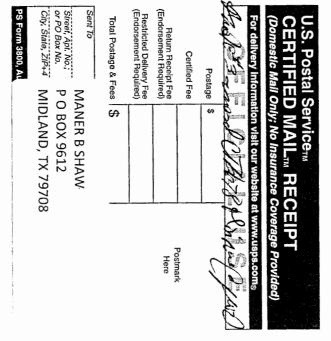
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: OSCURA RESOURCES INC P O BOX 2292	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROSWELL, NM 88202-2292	3. Service Type L Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8717
PS Form 3811, July 2013 Domestic Ret	urn Receipt

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



7014 0510 0001 0743 8724 7014 0510 0001 0743 8724

ADDRESS SERVICE REQUESTED



MANER B SHAW P O BOX 9612 MIDLAND, TX 79708

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature 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	
MANER B SHAW P O BOX 9612		
MIDLAND, TX 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 8724	
PS Form 3811, July 2013 Domestic R	leturn Receipt	





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

7014 0510 0001 0743 8731 7014 0510 0001 0743 8731

ADDRESS SERVICE REQUESTED

Sont To Street, Apt. No.; or PO Box No. 1209 COUNTRY CLUB DR City, State, ZiP+4 MIDLAND, TX 79701	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	on operation of the Contraction	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
JB DR 1			Here	,	17	Total Comments	CEIPT overage Provided)

JAMES W ESSMAN 1209 COUNTRY CLUB DR MIDLAND, TX 79701

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JAMES W ESSMAN 1209 COUNTRY CLUB DR	
MIDLAND, TX 79701	3. Service Type 【Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from sei 7014 0510 0001	0743 8731
PS Form 3811, July 2013 Domestic Re	eturn Receipt

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREE1
ARTESIA, NEW MEXICO 88210

PS Form 3811, July 2013

7014 0510 0001 0743 8748 7014 0510 0001 0743 8748

ADDRESS SERVICE REQUESTED

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

ELORENCE M ESSMAN CURRY 804 PALOMINO MIDLAND, TX 79705

Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Busher amond Merky Wind	For delivery information visit our website at www.usps.come	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
		Here	Postmark	(ANT OF SO	sps.com _®	Provided)

FLORENCE M ESSMAN CURRY 804 PALOMINO MIDLAND, TX 79705

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
FLORENCE M ESSMAN CURRY 804 PALOMINO	
MIDLAND, TX 79705	3. Service Type ★ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8748

Domestic Return Receipt

CERTIFIED MAIL.

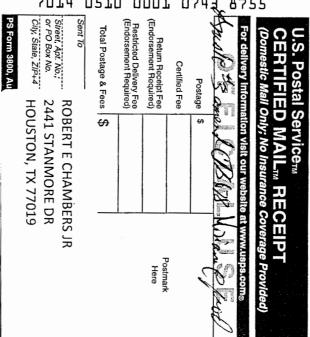




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7014 0510 0001 0743 8755 7014 0510 0001 0743 8755

ADDRESS SERVICE REQUESTED



ROBERT E CHAMBERS JR 2441 STANMORE DR HOUSTON, TX 77019

i	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if appearance. 	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
ROBERT E CHAMBERS JR 2441 STANMORE DR	
HOUSTON, TX 77019	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8755
PS Form 3811, July 2013 Domestic Ret	turn Receipt

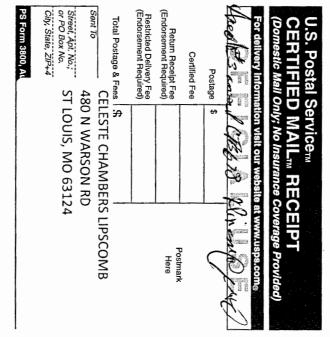
PETROLEUM CORPORATION



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

7014 0510 0001 0743 8762 7014 0510 0001 0743 8762

ADDRESS SERVICE REQUESTED



CELESTE CHAMBERS LIPSCOMB 480 N WARSON RD ST LOUIS, MO 63124

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes
1. Article Addressed to:	If YES, enter delivery address below:
CELESTE CHAMBERS LIPSCOMB 480 N WARSON RD ST LOUIS, MO 63124	
	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 8762
PS Form 3811, July 2013 Domestic Re	turn Receipt

CERTIFIED MAIL,





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8779 7014 0510 0001 0743 8779

ADDRESS SERVICE REQUESTED

PS Form 3800, Aug	NEVA CHAMBERS DAWSON Street, Apt. No.; or PO Box No. 8 S WEST OAK RD City, State, ZiP+4 HOUSTON, TX 77056-2122	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 (Domestic Mail Only; No Insurance Coverage Provided)
	DAWSON)56-2122			Here		2	That Charles	CEIPT Poverage Provided)

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

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 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: **NEVA CHAMBERS DAWSON** 8 S WEST OAK RD 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 7014 0510 0001 0743 8779 (Transfer from s PS Form 3811, July 2013 Domestic Return Receipt

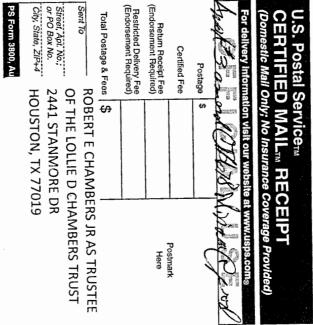
CERTIFIED MAIL



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

7014 0510 0001 0743 8786 7014 0510 0001 0743 8786

ADDRESS SERVICE REQUESTED



ROBERT E CHAMBERS JR AS TRUS OF THE LOLLIE D CHAMBERS TRU 2441 STANMORE DR HOUSTON, TX 77019

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

s	Ξ	ND	Е	R:	CO	MPL	ETE	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:

ROBERT E CHAMBERS JR AS TRUSTEE OF THE LOLLIE D CHAMBERS TRUST 2441 STANMORE DR HOUSTON, TX 77019

A. Signature X	COMPLETE THIS SECTION ON DEL	IVERY
B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	A. Signature	
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	X	
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	B. Received by (Printed Name)	C. Date of Delivery
Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery		
4. Restricted Delivery? (Extra Fee) ☐ Yes	Certified Mail®	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes

2. Article Number (Transfer from se

7014 0510 0001 0743 8786

: PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL





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

7014 0510 0001 0743 8793 7014 0510 0001 0743 8793

ADDRESS SERVICE REQUESTED

24-1343	ST LOUIS, MO 63124-1343	PS Form 3800, Aug
D	480 N WARSON RD	City, State, ZIP+4 L
UST	DESCENDANTS TRUST	or PO Box No.
AS TRUTEE OF THE LOLLIE D CHAMBER!	AS TRUTEE OF THI	
RS LIPSCOMB	CELESTE CHAMBERS LIPSCOMB	Sent To
	₩	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
(↔	Postage
Ninaspound	(Le como f Most Nings	meter
at www.usps.com@	For delivery information visit our website at www.usps.come	For delivery inform
CEIPT Coverage Provided)	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIE (Domestic Mail
	Service™	U.S. Postal Service™

CELESTE CHAMBERS LIPSCOMB
AS TRUTEE OF THE LOLLIE D CHAMB
DESCENDANTS TRUST
480 N WARSON RD
ST LOUIS, MO 63124-1343

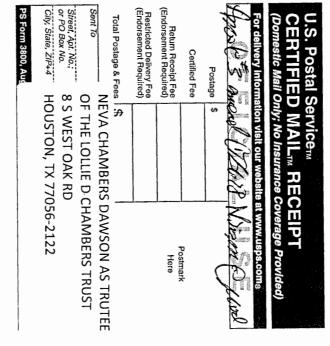
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to: CELESTE CHAMBERS LIPSCOMB AS TRUTEE OF THE LOLLIE D CHAMBERS DESCENDANTS TRUST	D. Is delivery address different from item 1? If YES, enter delivery address below: No
480 N WARSON RD ST LOUIS, MO 63124-1343	3. Service Type
2. Article Number 7014 0510 0001	0743 8793
PS Form 3811, July 2013 Domestic Re	turn Receipt



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

0510 0743 7014 0510 0001 0743 8809

ADDRESS SERVICE REQUESTED



NEVA CHAMBERS DAWSON AS TRU OF THE LOLLIE D CHAMBERS TRUST 8 S WEST OAK RD HOUSTON, TX 77056-2122

ENVELOPE TO THE RIGHT

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: NEVA CHAMBERS DAWSON AS TRUTEE OF THE LOLLIE D CHAMBERS TRUST 8 S WEST OAK RD 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)

PS Form 3811, July 2013

2. Article Number

(Transfer from se

Domestic Return Receipt

7014 0510 0001 0743 8809

☐ Yes

CERTIFIED MAIL...



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8816 7014 0510 0001 0743 8816

ADDRESS SERVICE REQUESTED

		PS Form 3800, Aug
x 76308-9087	P O BOX 9087 WICHITA FALLS, TX 76308-9087	Street, Apt. No.; or PO Box No. City, State, ZIP+4
EEMAN	ALICE A HANKS FREEMAN	Sent To
	*	Total Postage & F
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
Doctorock		Certified Fee
~	69	Postage
my Janes	KADPON	hop to
at www.usps.come	For delivery information visit our website at www.usps.come	For delivery inform
SEIPT	CERTIFIED MAIL. RECEIPT	CERTIFIE
	ServiceTM	U.S. Postal

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
	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
ALICE A HANKS FREEMAN P O BOX 9087	
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 sei 7014 0510 0001	0743 8816
PS Form 3811, July 2013 Domestic Ref	urn Receipt

PETROLEUM CORPORATION



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0743 8823 7014 0510 0001 0743 8823

ADDRESS SERVICE REQUESTED

: PS Form 3811, July 2013

		PS Form 3800, A
7-6612	W T PROBANDT 5 RIDGEMART CT MIDLAND, TX 79707-6612	Sent To Sireet, Apt. No.; 5 F On PO Box No. 5 F Only State, ZiF+4 MI
	\$	Total Postage & Fees \$
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
Doctor		Certified Fee
0	₩	Postage
And Comments of the state of th	For delivery information visit our website at www.usps.come	For delivery information
EIPT overage Provided)	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service MAILT (Domestic Mail Only; No Inst

W T PROBANDT 5 RIDGEMART CT MIDLAND, TX 79707-6612

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: W T PROBANDT **5 RIDGEMART CT** MIDLAND, TX 79707-6612 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 8823 (Transfer from ser

Domestic Return Receipt

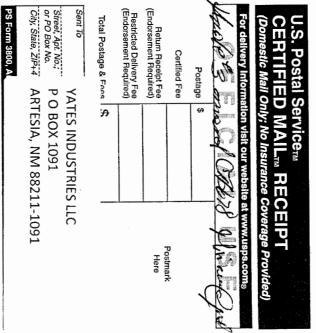
CERTIFIED MAIL.



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

7014 0510 0001 0743 8830 7014 0510 0001 0743 8830

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from item 1? ☐ Yes
Article Addressed to:	If YES, enter delivery address below:
YATES INDUSTRIES LLC P O BOX 1091	
ARTESIA, NM 88211-1091	3. Service Type A Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8830
PS Form 3811, July 2013 Domestic Re	eturn Receipt

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



7014 0510 0001 0743 7014 0510 0001 0743 8847

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 70

WILMINGTON, DE 19801 BRIAN D WOEHLER TRUST 919 N MARKET ST STE 420

Return Receipt Fee Gendorsement Required) Restricted Delivery Fee	Certified Fee	Postage \$	July 3 inc	For delivery information	(Domestic Mail Only;	CERTIFIED N	U.S. Postal Service™
Postmark Here		(Mark Himena Of Part	formation visit our website at www.usps.come	(Domestic Mail Only; No Insurance Coverage Provided)	MAIL RECEIPT	VICETM

BRIAN D WOEHLER TRUST 919 N MARKET ST STE 420 WILMINGTON, DE 19801

SENDER: COMPLETE THIS SECTION

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

BRIAN D WOEHLER TRUST 919 N MARKET ST STE 420 WILMINGTON, DE 19801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Transfer from se

7014 0510 0001 0743 8847

PS Form 3811, July 2013

Domestic Return Receipt



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

7014 0510 0001 0743 8854 7014 0510 0001 0743 8854

ADDRESS SERVICE REQUESTED

	PS Form 3800, Au	PS Forn
MAN LIV TRUST N AVE	Sent To Street, Apit. No.: 6637 S NEW HAVEN AVE City, State, ZiP+4 TULSA, OK 74136	Sent To Street, Apt. No.: or PO Box No. City, State, ZIP
	Total Postage & Fees \$	Total F
	Restricted Delivery Fee (Endorsement Required)	Restrict (Endorse
Here	Retum Receipt Fee (Endorsement Required)	Ret Endorse
Postmark	Certified Fee	
(Postage \$,
White Iva	KAN POTEN	P
at www.usps.coma	(Domestic Mail City) No insurance Coverage	ווסטו)
CEIPT	RTIFIED MAIL™ RECEIP	CE
	Postal Service	<u>ا</u>

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

SS: FOLD AT DOTTED LIVE SE ENVELOPE TO THE MIGHT	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: ELIZABETH J NORMAN LIV TRUST 6637 S NEW HAVEN AVE TULSA, OK 74136	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type ♣© Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery 4. Restricted Delivery? (Extra Fee) □ Yes
	□743 8854
PS Form 3811, July 2013 Domestic Ref	turn Receipt

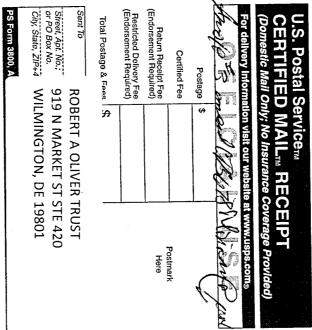
CERTIFIED MAIL,



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

7014 0510 0001 0743 8861 7014 0510 0001 0743 8861

ADDRESS SERVICE REQUESTED



ROBERT A OLIVER TRUST 919 N MARKET ST STE 420 WILMINGTON, DE 19801

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROBERT A OLIVER TRUST	
919 N MARKET ST STE 420	
WILMINGTON, DE 19801	
	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 7014 0510 0001	0743 8861
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 8878 7014 0510 0001 0743 8878

ADDRESS SERVICE REQUESTED

U.S. Postal Service_{TM}
CERTIFIED MAIL_{TM} RECEIPT
(Domestic Mall Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.xusps.come
Postage
Postage
Centified Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees
Sent To
UNIT PETROLEUM COMPANY
Firest Apit. No.;
Or PO Box No.
City, State, ZiP44
TULSA, OK 74170-2500

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	.IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X B. Received by (Printed Name)	☐ Agent☐ Addressee☐ C. Date of Delivery☐
Article Addressed to:	D. Is delivery address different from iter If YES, enter delivery address below	
UNIT PETROLEUM COMPANY P O BOX 702500		
TULSA, OK 74170-2500	3. Service Type Certified Mail® Priority Mail Registered Return Rece Insured Mail Collect on D	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
]743 8878	
PS Form 3811, July 2013 Domestic Ret	rum Receipt	:

CERTIFIED MAIL.





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

7014 0510 0001 0743 8885 7014 0510 0001 0743 8885

ADDRESS SERVICE REQUESTED

		PS Form 3800, Au
ω	P O BOX 264 JERICHO, NY 11753	or PO Box No. P
RANKEN	FREDERICK VAN VRANKEN	' '
	€	Total Postage & Fees \$
		Restricted Delivery Fee (Endorsement Required)
Postmark Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
	€	Postage
And Surper N St.	Molow	holers !
Domestic Mail Only; No insurance Coverage Provided)	(Domestic Mail Only; No Insurance Coverage Provide	(Domestic Mail (
CEIPT	Service₁₁ :D MAIL₁₁₁ RECEIP	U.S. Postal S

FREDERICK VAN VRANKEN P O BOX 264 JERICHO, NY 11753

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature
	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
FREDERICK VAN VRANKEN P O BOX 264	
JERICHO, NY 11753	3. Service Type 【Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0510 0001	0743 8885
PS Form 3811 July 2013 Domestic F	leturn Receipt

PETROLEUM CORPORATION

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

7014 0510 0001 0743 8892 7014 0510 0001 0743 8892

ADDRESS SERVICE REQUESTED

U.S. Postal Service CERTIFIED MAIL.	.S. Postal Service _™ ;ERTIFIED MAIL™ RECEIP ⁻	
(Domestic Mail O	(Domestic Mail Only; No Insurance Coverage Provided)	verage Provided)
For delivery informa	tion visit	Awww.usps.com@
Mulle 2 a	word (Thorse	Milconfed (40)
Postage	4	6
Certified Fee		
Return Receipt Fee (Endorsement Required)		Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage &	Ð	
Sireet, Api. No.; 24: or PO Box No. City, State, ZIP+4 HO	FRANCES B BUNN REVOCABLE TRUST 2493 MAKIKI HEIGHTS DR HONOLULU, HI 96822-2547	EVOCABLE TRUST TS DR 2-2547
PS Form 3800, A		

FRANCES B BUNN REVOCABLE TRU! 2493 MAKIKI HEIGHTS DR HONOLULU, HI 96822-2547

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
FRANCES B BUNN REVOCABLE TRUST 2493 MAKIKI HEIGHTS DR -HONOLULU, HI 96822-2547	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 등급기급
PS Form 3811, July 2013 Domestic Re	eturn Receipt

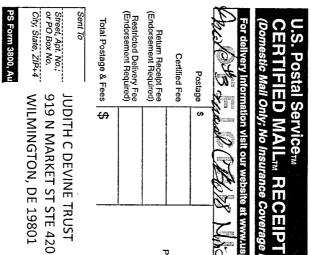




YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**

0510 0001 0743 8908 0510 0001 0743 8908

ADDRESS SERVICE REQUESTED



Postmark Here

JUDITH C DEVINE TRUST 919 N MARKET ST STE 420 WILMINGTON, DE 19801

OTTED LINE	ESS' LOTD VI D	OF THE RETURN ADDR
		TACE STICKER AT 10P

SENDER: COMPLETE THIS		COMPLETE THIS SECTI	ION ON DELIVERY			
 Complete items 1, 2, and 3. item 4 if Restricted Delivery Print your name and address so that we can return the car Attach this card to the back or on the front if space perm Article Addressed to: 	s desired. on the reverse d to you.	A. Signature X				
JUDITH C DEVINE TRUST 919 N MARKET ST STE 4: WILMINGTON, DE 19801	20					
		3. Service Type ☑ Certified Mail® ☐ I ☐ Registered ☐ I	Priority Mail Express™			
		· · · · · · · · · · · · · · · · · · ·	Return Receipt for Merchandise Collect on Delivery			

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



7014 0510 0001 0743 8915 7014 0510 0001 0743 8915

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL, (Domestic Mail Only; No Ins.	J.S. Postal Service _™ CERTIFIED MAIL _™ RECEIP ⁻ Domestic Mall Only; No Insurance Coverage	U.S. Postal Service _{ts} CERTIFIED MAIL _{ts} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
For delivery informs	For delivery information visit our website at www.usps.come	at www.usps.come
Postage	\$	
Certified Fee		
Retum Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	€9	
Sent To AC Street, Apt. No.; 91 or PO Box No. 91 City, State, ZIP+4 W	AGNES CLUTHE OLIVER FO 919 N MARKET ST STE 420 WILMINGTON, DE 19801	AGNES CLUTHE OLIVER FOUNDATION 919 N MARKET ST STE 420 WILMINGTON, DE 19801
PS Form 3800, Au		

AGNES CLUTHE OLIVER FOUNDATI 919 N MARKET ST STE 420 WILMINGTON, DE 19801

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X						
1. Article Addressed to: AGNES CLUTHE OLIVER FOUNDATION	If YES, enter delivery address below: No						
919 N MARKET ST STE 420 WILMINGTON, DE 19801	3. Service Type						
	4. Restricted Delivery? (Extra Fee) ☐ Yes						
2. Article Number 7014 0510 0001							
PS Form 3811, July 2013 Domestic Re	turn Receipt						

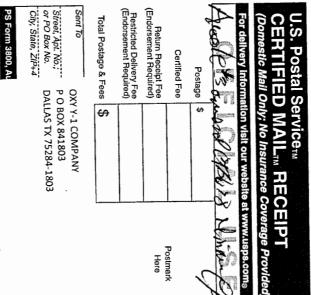


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7014 0510 0001 0743 8922 7014 0510 0001 0743 8922

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	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
OXY Y-1 COMPANY P O BOX 841803 DALLAS TX 75284-1803	
•	3. Service Type ✓ Certified Mail®
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 0510 0001	0743 8922
PS Form 3811, July 2013 Domestic Ret	

Yates Petroleum Corporation 105 South 4th Street Artesia, NM 88210



7014 0510 0001 0743 4757 7014 0510 0001 0743 4757

			. .	ם נו נו		דוו		rar
City, State, ZIP+4	Street, Apt. No.:	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Feo (Endorsement Required)	Certified Fee	Postage	Andets an	U.S. Postal S CERTIFIED (Domestic Mail of
FO DA	0.7.5	()				69	Margareth	Service _{""}) MAIL _{""} RE(<i>nly; No Insurance</i> (
See Reverse for Instructions				Postmark Here			1 Lingue Clus	CEIPT Coverage Provided)

New Mexico State Lan Commissioner of Publi 310 Old Santa Fe Trai P.O. Box 1148 Santa Fe, New Mexico

, and the second	to	lieoeR rrute	P oiteemo(]		Transfer from se SULY July S
	252h	EH20	T000	0750	ትፒዐረ	2, Article Number
☐ Priority Mail Express"" ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ (estra Fee) ☐ Yes	tified Mail gistered ured Mail	iea 🗆	841		lis1T e	Mew Mexico State Sommissioner of 310 Old Santa Fe P.O. Box 1148 Santa Fe, New M
ON ON DELIVERY Addressee C. Date of Delivery	betring) yd	Signature . Received	,A X B	red. le reverse	a 3, Also es dress on the le card to y ack of the	Complete Items 1, 2, and items 4, 2, and items 4, 2, and item 4 if Restricted Deliver name and addressed to that we can return the Stack this card to the bor on the front if space or on the front if space

State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez Governor

David Martin
Cabinet Secretary-Designate

Brett F. Woods, Ph.D. Deputy Cabinet Secretary Jami Bailey, Division Director Oil Conservation Division



August 28, 2013

ADMINISTRATIVE COMMON TANK BATTERY ORDER

Administrative Order CTB-679 Administrative Application Reference No. pAXK1321156670

Yates Petroleum Corporation
Attention: Ms. Miriam Morales

RE: Surface Commingling

Reference is made to your administrative application received on July 29, 2013.

It is our understanding that you propose to commingle production from diversely owned wells, limited to one common source of supply, through facilities operated by the above named operator ("Applicant"). By this application you are seeking commingling approval pursuant to Division Rule 19.15.12.10.C.(4) NMAC. It is further understood that you have provided notice to all interest owners in accordance with Rule 12.10.C(4)(c) NMAC, and no objections have been received.

Applicant is hereby authorized to surface commingle oil and gas production from the North Seven Rivers; Glorieta-Yeso Pool (Pool Code 97565) from the following wells located in Township 19 South, Range 25 East, Eddy County, New Mexico:

Amole ANM State Com. Well No. 2 (API No. 30-015-28424), located 1780 FSL & 1980 FWL, (Unit K) in Section 16

Barbara Well No. 17 (API No. 30-015-24717), located 1650 FSL & 1650 FWL, (Unit K) in Section 17

Barbara Well No. 18 (API No. 30-015-27631, located 660 FSL & 760 FEL (Unit P) in Section 17

It is our understanding that production from these wells is diversely owned. Production will be allocated by separate metering. Meters will be calibrated as required by Rule 19.15.12.10.C(2) NMAC.

August 28, 2013 Page 2

Off lease storage and sale is approved. The oil from these wells will be measured and sold at the central battery near the Amole State Com Well No. 2 in the Southwest Quarter of Section 16.

This installation shall be constructed and operated in accordance with applicable Division Rules.

The operator shall notify the Artesia District office of the Division prior to implementation of commingling operations, and shall notify the transporter of this commingling authority.

As per Division Rule 19.15.12.10.C.(4)(h) NMAC, the operator shall not commence commingling prior to approval from the New Mexico State Land Office.

Applicant has not provided notice that it is requesting addition of future wells or additional leases or pools to this commingle as per Rule 12.10.C.(4)(g)(i) NMAC. Therefore, additional wells or pools shall not be included in this surface commingle without the operator again making application and providing notice to all owners.

Sincerely,

JAMPBAILEY
Division Director

JB/db

cc: Oil Conservation Division – Artesia
New Mexico State Land Office

Inquire/Update Production History

9/18/14 13:41:16

Type options, press Enter. 2=Edit 4=Delete 5=Display

0 P	Pr	od		11	API	Reg Dys	Oil-	-Water-				
T	Mo/	Year		Name	9	Cpl	Prd	Produced	Sold	Produced	Sold	Prod
	7	2014	AMOLE	AMM	STATE	S02	31	688	594	3290	3290	5505
_	6	2014	AMOLE	AMM	STATE	S02	30	296	177	1789	1789	8178
	5	2014	AMOLE	AMM	STATE	S1						
	5	2014	AMOLE	AMM	STATE	S02	15			8	8	4806

9/18/14 13:42:45

MPSD821

Inquire/Update Production History

Type options, press Enter. 2=Edit 4=Delete 5=Display

						Reg						
Pı	rod		Well API Dys					Gas				
Mo/	/Year				Cpl	Prd	Produced	Sold	Produced	Sold	Prod	
7	2014	AMOLE	AMM	STATE	S02	31	305	302	153	153	1098	
6	2014	AMOLE	MMA	STATE	S02	30	125	156	219	189	665	
5	2014	AMOLE	MMA	STATE	S02	23	146	99	181	181	494	
4	2014	AMOLE	AMM	STATE	S02	25	63		109	59	302	
							84	96	317	270	477	
							78	97	161	114	440	
	Mo 7 6 5 4 3	6 2014 5 2014 4 2014 3 2014	Mo/Year 7 2014 AMOLE 6 2014 AMOLE 5 2014 AMOLE 4 2014 AMOLE 3 2014 AMOLE	Mo/Year Name 7 2014 AMOLE AMM 6 2014 AMOLE AMM 5 2014 AMOLE AMM 4 2014 AMOLE AMM 3 2014 AMOLE AMM	Mo/Year Name 7 2014 AMOLE AMM STATE 6 2014 AMOLE AMM STATE 5 2014 AMOLE AMM STATE 4 2014 AMOLE AMM STATE 3 2014 AMOLE AMM STATE	Mo/Year Name Cpl 7 2014 AMOLE AMM STATE S02 6 2014 AMOLE AMM STATE S02 5 2014 AMOLE AMM STATE S02 4 2014 AMOLE AMM STATE S02 3 2014 AMOLE AMM STATE S02	Prod Well API Dys	Prod Well API Dys Oil- Mo/Year Name Cpl Prd Produced 7 2014 AMOLE AMM STATE S02 31 305 6 2014 AMOLE AMM STATE S02 30 125 5 2014 AMOLE AMM STATE S02 23 146 4 2014 AMOLE AMM STATE S02 25 63 3 2014 AMOLE AMM STATE S02 31 84	Prod Well API Dys Oil Mo/Year Name Cpl Prd Produced Sold 7 2014 AMOLE AMM STATE S02 31 305 302 6 2014 AMOLE AMM STATE S02 30 125 156 5 2014 AMOLE AMM STATE S02 23 146 99 4 2014 AMOLE AMM STATE S02 25 63 3 2014 AMOLE AMM STATE S02 31 84 96	Prod Mo/Year Well API Dys Oil Gas	Prod Well API Dys Oil Gas Mo/Year Name Cpl Prd Produced Sold Produced Sold 7 2014 AMOLE AMM STATE S02 31 305 302 153 153 153 153 6 2014 AMOLE AMM STATE S02 30 125 156 219 189 181 181 4 2014 AMOLE AMM STATE S02 25 63 109 59 59 3 2014 AMOLE AMM STATE S02 31 84 96 317 270	

Inquire/Update Production History

9/18/14 13:43:26

Type options, press Enter. 2=Edit 4=Delete 5=Display

0							Reg					
P	Pı	Prod Well					Dys	Oil-		-Water-		
T	Mo/	Year		Name	3	Cpl	Prd	Produced	Sold	Produced	Sold	Prod
	7	2014	AMOLE	AMM	STATE	S02	31	732	5 <i>77</i>	1541	1510	5368
	6	2014	AMOLE	MMA	STATE	S02	30	128	7 7	1066	1036	9449
	5	2014	AMOLE	AMM	STATE	S1						
	4	2014	AMOLE	AMM	STATE	S1						
	3	2014	AMOLE	AMM	STATE	S1						
	2	2014	AMOLE	AMM	STATE	S1						

Inquire/Update Production History

9/18/14 13:43:41

Property 012735 001 ROY AET #7 Production Date Range 02 2014 to 09 2014

Type options, press Enter.
2=Edit 4=Delete 5=Display

0							Reg					
P	Pr	od		V	vell	API	Dys	Oil-		Gas-		-Water-
T	Mo/	Year		Na	ame	Cp1	Prd	Produced	Sold	Produced	Sold	Prod
	7	2014	ROY	AET	#7	S02	31	553	655	534	534	1874
	6	2014	ROY	AET	#7	S02	3.0	423	502	555	555	1487
	5	2014	ROY	AET	#7	S02	23	363	302	697	697	1835
	4	2014	ROY	AET	#7	S02	24	222		739	739	1199
	3	2014	ROY	AET	#7	502	31	430	496	998	998	1364
	2	2014	ROY	AET	#7	S02	28	389	506	584	584	1413
<u></u>												

Inquire/Update Production History

9/18/14 13:43:53

Type options, press Enter.
2=Edit 4=Delete 5=Display

O							Reg						
P	Pr	od	Well			API	Dys	Oil		Gas		-Water-	
T	Mo/	Year		Na	me	Cpl	Prd	Produced	Sold	Produced	Sold	Prod	
, ,	7	2014	ROY	AET	#8	S02	30	542	642			1968	
	6	2014	ROY	AET	#8	S02	30	418	496	149	149	1584	
	5	2014	ROY	AET	#8	S02	23	347	298	316	316	1697	
	4	2014	ROY	AET	#8	S02	25	238		390	390	952	
	3	2014	ROY	AET	#8	S02	31	392	455	614	614	1604	
·	2	2014	ROY	AET	#8	S02	28	372	471	360	360	1386	
·'								- · -					