

ABOVE THIS LINE FOR DIVISION USE ONLY

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



ADMINISTRATIVE APPLICATION CHECKLIST

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

Application Acronyms:

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

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

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

Check One Only for [B] or [C]

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

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

[D] Other: Specify _____

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

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

[B] ☐ Offset Operators, Leaseholders or Surface Owner

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

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

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

[F] ☒ Waivers are Attached

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

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

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

Miriam Morales
 Print or Type Name

[Signature]
 Signature

Production Analyst
 Title

9/16/14
 Date

mmorales@yatespetroleum.com
 e-mail Address

- CTB-679-A
 - Yates Petroleum Corporation
 25575

Wells
 - Amole Amm State #1
 30-015-27314
 - Amole Amm State #2
 30-015-28424
 - Amole State #3
 30-015-28552
 - Roy AETH7
 30-015-27417
 - Roy AETH8
 30-015-27631
 Pool
 - N. Seven Rivers; Unit #1
 YASU
 97565

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

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

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

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

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

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

LEASE TYPE: ☒ Fee ☒ State ☐ Federal

Is this an Amendment to existing Order? ☒ Yes ☐ No If "Yes", please include the appropriate Order No. CTB-678
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☒ Yes ☐ No

(A) POOL COMMINGLING
Please attach sheets with the following information

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

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

(B) LEASE COMMINGLING
Please attach sheets with the following information

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

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

- (1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

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

(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

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

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

SIGNATURE: 

TITLE: Production Analyst

DATE: 9/11/14

TYPE OR PRINT NAME: Miriam Morales

TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-015-28552
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-864
7. Lease Name or Unit Agreement Name Amole AMM State
8. Well Number 3
9. OGRID Number 025575
10. Pool name or Wildcat N. Seven Rivers; Glorieta-Yeso
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3500' GR

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Yates Petroleum Corporation	
3. Address of Operator 105 S. Fourth Street Artesia, NM 88210	
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>16</u> Township <u>19S</u> Range <u>25E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3500' GR	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: Amendment to CTB-678 oil only <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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

Yates Petroleum respectfully requests administrative approval to amend CTB-678 by adding the Amole #1 & 3. Yates will like to commingle oil production only for the Amole #1, 2, 3 and Roy 7, 8.

Amole AMM State #1 N. Seven Rivers; Glor-Yeso Sec. 16-T19S-R25E API #30-015-27314 St. Lease #LG-864 Eddy County, NM	Amole AMM State #2 N. Seven Rivers; Glor-Yeso Sec. 16-T19S-R25E API #30-015-28424 St. Lease #LG-864 Eddy County, NM	Amole AMM State #3 N. Seven Rivers; Glor-Yeso Sec. 16-T19S-R25E API #30-015-28552 St. Lease #LG-864 Eddy County, NM	Roy AET #7 N. Seven Rivers; Glor-Yeso Sec. 17-T19S-R25E API #30-015-27417 Fee Eddy County, NM	Roy AET #8 N. Seven Rivers; Glor-Yeso Sec. 17-T19S-R25E API #30-015-27631 Fee Eddy County, NM
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The commingled production will be located at the Amole battery in Sec. 16-T19S-R25E, Unit M. Please see attached plats and site security diagram.

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

Oil Measurement

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

Estimated daily 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. This will increase costs and shorten the economic life of each well.

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

SIGNATURE Miriam Morales TITLE Production Analyst DATE 9/11/14

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

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

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

NM OIL CONSERVATION
State of New Mexico ARTESIA DISTRICT
Energy, Minerals & Natural Resources
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

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-27314	² Pool Code 97565	³ Pool Name N. Seven Rivers; Glorieta-Yeso
⁴ Property Code	⁵ Property Name Amole AMM State	⁶ Well Number 1
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁹ Elevation 3500'GL

¹⁰ Surface Location

UL or lot no. M	Section 16	Township 19S	Range 25E	Lot Idn	Feet from the 760	North/South line South	Feet from the 660	East/West line West	County Eddy
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¹¹ Bottom Hole Location If Different From Surface

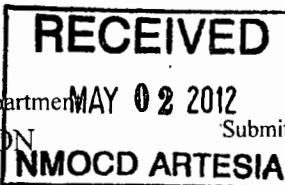
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

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

¹⁶ 	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature Date June 9, 2014 Tina Huerta Printed Name tina@yatespetroleum.com E-mail Address			
	¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor:			
	Certificate Number			

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



Form C-102
Revised July 16, 2010
Submit one copy to appropriate
District Office

☒ **AMENDED REPORT**

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-28424	² Pool Code 97565	³ Pool Name N. Seven Rivers; Glorieta-Yeso
⁴ Property Code 11996	⁵ Property Name Amole AMM State	⁶ Well Number 2
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁹ Elevation 3484'GR

¹⁰ **Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	16	19S	25E		1780	South	1980	West	Eddy

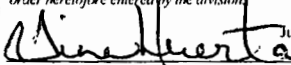
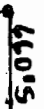
¹¹ **Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

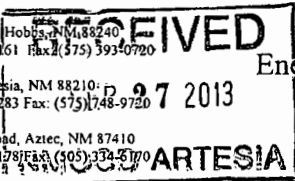
¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶ 	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature _____ Date April 30, 2012 Tina Huerta Printed Name tina@yatespetroleum.com E-mail Address	
	¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey _____ Signature and Seal of Professional Surveyor _____ Certificate Number _____	

16			<p>17 OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> June 16, 2014 Date </div> </div> <div style="margin-top: 10px;"> <u>Tina Huerta</u> Printed Name </div> <div style="margin-top: 10px;"> <u>tinah@vatespetroleum.com</u> E-mail Address </div>
			<p>18 SURVEYOR CERTIFICATION</p> <p><i>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.</i></p> <div style="margin-top: 20px;"> Date of Survey </div> <div style="margin-top: 10px;"> Signature and Seal of Professional Surveyor: </div>
<div style="text-align: right; margin-right: 10px;">1980' W</div> <div style="text-align: center;">  </div>			<div style="text-align: right;">Certificate Number</div>

District I
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Phone: (575) 393-6161 Fax: (575) 393-0720
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1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462



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

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

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-27417		² Pool Code 97565		³ Pool Name N. Seven Rivers; Glorieta-Yeso	
⁴ Property Code		⁵ Property Name Roy AET			⁶ Well Number 7
⁷ OGRID No. 025575		⁸ Operator Name Yates Petroleum Corporation			⁹ Elevation 3534' GL

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	17	19S	25E		1650	South	1650	West	Eddy

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	¹⁶ OPERATOR CERTIFICATION		
	<p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p>		
	<p><i>Tina Huerta</i> September 25, 2013 Signature Date</p>		
	<p>Tina Huerta Printed Name tina.h@yatespetroleum.com E-mail Address</p>		
¹⁷ SURVEYOR CERTIFICATION			
<p><i>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.</i></p>			
<p>Date of Survey Signature and Seal of Professional Surveyor:</p>			
<p>Certificate Number</p>			

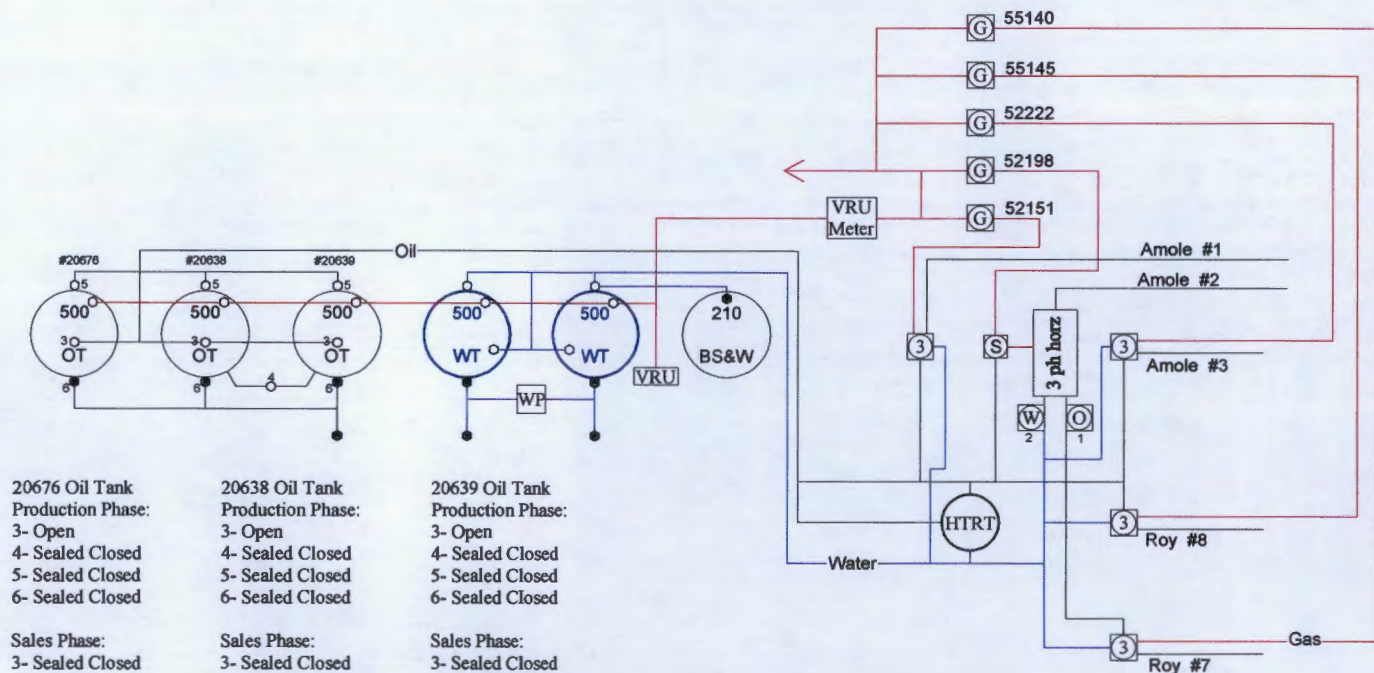


105 South 4th Street * Artesia, NM 88210
(575) 748-1471

-Michael Farmer
-September, 2014

Amole Battery

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



20676 Oil Tank
Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

20638 Oil Tank
Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

20639 Oil Tank
Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

Wells

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

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
○ = Valve Open

G = Gas Meter
3 = 3 Phase Separator
S = Separator
W = Water
O = Oil

3 ph horz = 3 Phase Horizontal Separator

HTRT = Heater Treater

VRU = Vapor Recovery Unit

210
BS&W = Bottom Sediment & Water (Slop Tank)

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

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES
CHAIRMAN EMERITUS

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

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

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



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

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



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
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.

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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: Yates Brothers

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



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

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Gas Measurement

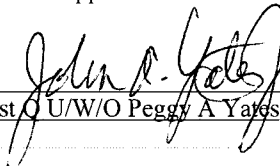
Each well will have its own meter located at the battery.

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: Trust U/W/O Peggy A Yates

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
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TELEPHONE (575) 748-1471

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

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Gas Measurement

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

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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

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118

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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

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

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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

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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Richard H Landsheft, Jr

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

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

2. Article Number
(Transfer from sen

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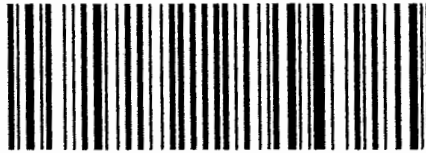
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P O BOX 2292
ROSWELL, NM 88202-2292

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

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☐ Agent

☐ Addressee

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

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MCQUIDDY COMM. & ENERGY, INC
P O BOX 2072
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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
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If YES, enter delivery address below: ☐ No

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4. Restricted Delivery? (Extra Fee) ☐ Yes

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City, State, ZIP+4
**WILLIAM B LANDSHEFT
RT 6 15880 S PEORIA
BIXBY, OK 74008**

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

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

2. Article Number
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City, State, ZIP+4

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380 LOS RANCHOS RD NW
ALBUQUERQUE, NM 87107-6532

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ALBUQUERQUE, NM 87107-6532

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

2. Article Number
(Transfer from se

7014 0510 0001 0743 8205

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X

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☐ Addressee

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C. Date of Delivery

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If YES, enter delivery address below: ☐ No

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☐ Yes



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City, State, ZIP+

SHIRLEY CHILDRESS
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ROSWELL, NM 88201-2135

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ROSWELL, NM 88201-2135

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1. Article Addressed to:

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

2. Article Number
(Transfer from se)

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A. Signature

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☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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4. Restricted Delivery? (Extra Fee)

☐ Yes



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ARTESIA, NEW MEXICO 88210

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	JAMES W CHILDRESS P O BOX 3209 ROSWELL, NM 88202-3209
PS Form 3800, AUG 2013	

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

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

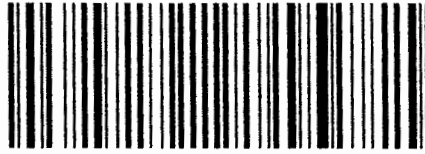
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: JAMES W CHILDRESS P O BOX 3209 ROSWELL, NM 88202-3209	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from serv. 7014 0510 0001 0743 8229	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, July 2013	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8236

7014 0510 0001 0743 8236

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from ser 7014 0510 0001 0743 8236

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8243
7014 0510 0001 0743 8243

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

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

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

Postmark
Here

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from se

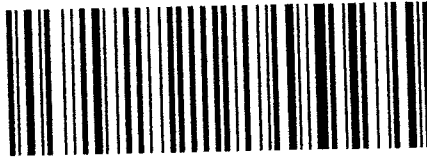
7014 0510 0001 0743 8243



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8250

7014 0510 0001 0743 8250

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

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

PS Form 3800, Au

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

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

Postmark
Here

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from se

7014 0510 0001 0743 8250

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8267

7014 0510 0001 0743 8267

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

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

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

Postmark
Here

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only: No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
Charles E Hinkle
7014 0510 0001 0743 8267

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s)

7014 0510 0001 0743 8267



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8274
7014 0510 0001 0743 8274

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

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

PS Form 3800, AI

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

Postage
Certified Fee

Postmark
Here

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number 7014 0510 0001 0743 8274
(Transfer from se)

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8281
7014 0510 0001 0743 8281

Sent To
JENNA HINKLE SARTORI
5710 HATCHERY CT
PENN GROVE, CA 94951-9664

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

Handwritten signature: Jenna Hinkle Sartori

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

JENNA HINKLE SARTORI
5710 HATCHERY CT
PENN GROVE, CA 94951-9664

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JENNA HINKLE SARTORI
5710 HATCHERY CT
PENN GROVE, CA 94951-9664

2. Article Number
(Transfer from se)

7014 0510 0001 0743 8281

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

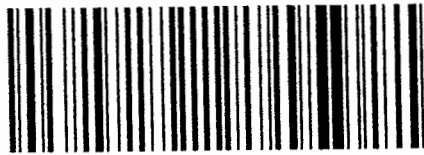
☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8298

7014 0510 0001 0743 8298

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

SALLY A ELLIS
771 CRESCENT DR
BOULDER, CO 80303

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

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

Postmark
Here

Sally A Ellis

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

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

SALLY A ELLIS
771 CRESCENT DR
BOULDER, CO 80303

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SALLY A ELLIS
771 CRESCENT DR
BOULDER, CO 80303

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from s

7014 0510 0001 0743 8298

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8304

7014 0510 0001 0743 8304

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

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

Handwritten signature: Helen Chase Rand

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

Postmark Here

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

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

PS Form 3800, A

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se

7014 0510 0001 0743 8304

PS Form 3811, July 2013

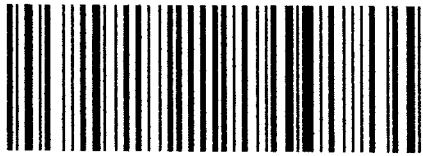
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8311

7014 0510 0001 0743 8311

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Handwritten: 4/26/13 3:00 PM 05-18 Midland TX</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	LONESOME OIL, LLC
Street, Apt. No., or PO Box No.	P O BOX 50880
City, State, ZIP+4	MIDLAND, TX 79710
PS Form 3800, All	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s

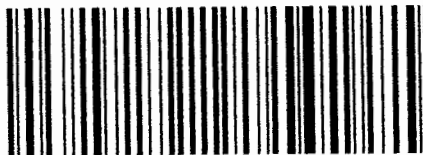
7014 0510 0001 0743 8311



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8328

7014 0510 0001 0743 8328

U.S. Postal Service™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Handwritten signature: Thomas VanderMolen</i>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to Street Apt. No.; or PO Box No. City, State, ZIP+4 QUETICO SUPERIOR FOUNDATION ATTN: THOMAS VANDERMOLLEN 50 S 6TH STREET STE 1500 MINNEAPOLIS, MN 55402-1498	
PS Form 3800, Aug	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from sel)

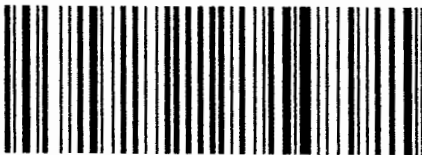
7014 0510 0001 0743 8328



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8335

7014 0510 0001 0743 8335

U.S. Postal Service™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Handwritten: Made 5/18/13 at 11:58 AM</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, All	

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7014 0510 0001 0743 8335

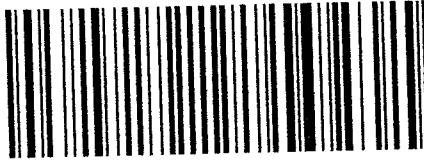
(Transfer from se)



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8342

7014 0510 0001 0743 8342

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>Handwritten: Thank you and love to 18 children of Fred</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, Aug.	
MADISON M & SUSAN M HINKLE P O BOX 2292 ROSWELL, NM 88202-2292	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from serv.

7014 0510 0001 0743 8342

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8359

7014 0510 0001 0743 8359

PS Form 3800, Aug

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
HOPE ROYALTIES, LLC
P O BOX 1326
ARTESIA, NM 88211-1326

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

Postmark
Here

Handwritten signature: Charles J. ...

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from se.

7014 0510 0001 0743 8359

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8366

7014 0510 0001 0743 8366

PS Form 3800, A

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

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

Postmark
Here

Handwritten signature: Marshall & Winston, Inc

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from ser

7014 0510 0001 0743 8366



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8373

7014 0510 0001 0743 8373

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Gayle Glass Roche</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, AUG 01	
GAYLE GLASS ROCHE P O BOX 50248 AUSTIN, TX 78763	

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GAYLE GLASS ROCHE
P O BOX 50248
AUSTIN, TX 78763

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s)

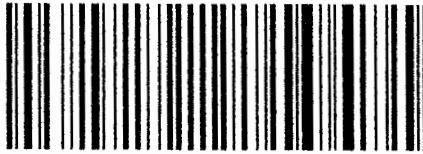
7014 0510 0001 0743 8373



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8380

7014 0510 0001 0743 8380

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type



Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from servi

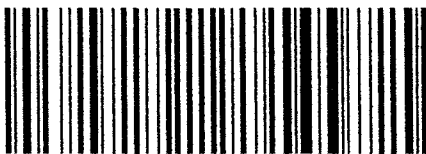
7014 0510 0001 0743 8380

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8397

7014 0510 0001 0743 8397

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	
ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL LOCKHART, TX 78644	
PS Form 3800, April 2003	

ROBERT GLASS LANGFORD
1173 ISIDORA TRAIL
LOCKHART, TX 78644

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROBERT GLASS LANGFORD
1173 ISIDORA TRAIL
LOCKHART, TX 78644

2. Article Number
(Transfer from se)

7014 0510 0001 0743 8397

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8403

7014 0510 0001 0743 8403

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

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

PS Form 3800, Aug

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

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

Postmark
Here

Jefferson Milner Langford

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7014 0510 0001 0743 8403

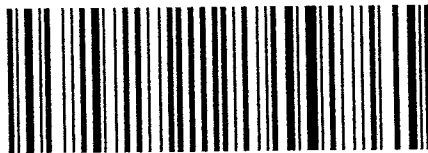
PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8410

7014 0510 0001 0743 8410

PS Form 3800, Aug

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
LOU ANN LANGFORD
606 WINSFORD RD
BRYN MAWR, PA 19010

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

\$

Postmark
Here

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

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

LOU ANN LANGFORD
606 WINSFORD RD
BRYN MAWR, PA 19010

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LOU ANN LANGFORD
606 WINSFORD RD
BRYN MAWR, PA 19010

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se)

7014 0510 0001 0743 8410



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8427

7014 0510 0001 0743 8427

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

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

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

Postmark
Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
Allison Curry Saunders
7/15/13

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from se

7014 0510 0001 0743 8427

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8434

7014 0510 0001 0743 8434

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

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

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

Postmark
Here

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from st)

7014 0510 0001 0743 8434

PS Form 3811, July 2013

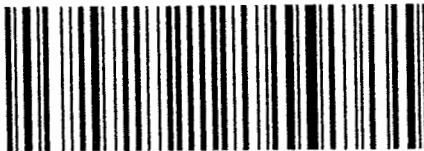
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8441

7014 0510 0001 0743 8441

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

RICHARD HOWELL ESTATE
P O BOX 94
LAKEWOOD, NM 88254

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

\$

Postmark
Here

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

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

RICHARD HOWELL ESTATE
P O BOX 94
LAKEWOOD, NM 88254

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RICHARD HOWELL ESTATE
P O BOX 94
LAKEWOOD, NM 88254

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s

7014 0510 0001 0743 8441



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8458

7014 0510 0001 0743 8458

U.S. Postal Service™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Handwritten signature: James H & Betty R Howell</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, All	

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

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: THE JAMES H & BETTY R HOWELL REVOCABLE TRUST P O BOX 75 LAKEWOOD, NM 88254	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from serv	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7014 0510 0001 0743 8458



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8465

7014 0510 0001 0743 8465

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to NANCY L KINCAID 2911 OCOTILLO CANYON DR CARLSBAD, NM 88220	
PS Form 3800, AI	

NANCY L KINCAID
2911 OCOTILLO CANYON DR
CARLSBAD, NM 88220

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

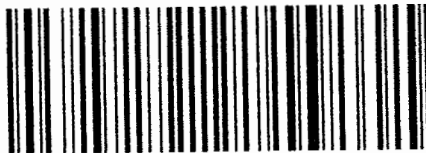
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: NANCY L KINCAID 2911 OCOTILLO CANYON DR CARLSBAD, NM 88220		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from s		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7014 0510 0001 0743 8465

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8472

7014 0510 0001 0743 8472

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
JAMES R SWOPE 1832 MOUNTAIN LAUREL KERRVILLE, TX 78028-3843	
PS Form 3800, Aug	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from se

7014 0510 0001 0743 8472

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

PS Form 3800, AUG

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4[®]
MARGARET RABURN TRUST
1428 NW 168TH STREET
EDMOND, OK 73012-6873

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

Postmark
Here

CERTIFIED MAIL™



7014 0510 0001 0743 8489
7014 0510 0001 0743 8489

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

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

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, IF NOT ATTACHED

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7014 0510 0001 0743 8489



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8496

7014 0510 0001 0743 8496

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from s)

7014 0510 0001 0743 8496

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8502

7014 0510 0001 0743 8502

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Artista's account 0743 8502</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
CAUPAHE PROPERTIES PARTNERSHIP 5299 RIO PENASCO RD MAYHILL, NM 88339	
PS Form 3800, A	

CAUPAHE PROPERTIES PARTNERS
5299 RIO PENASCO RD
MAYHILL, NM 88339

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CAUPAHE PROPERTIES PARTNERSHIP
5299 RIO PENASCO RD
MAYHILL, NM 88339

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from s)

7014 0510 0001 0743 8502

PS Form 3811, July 2013

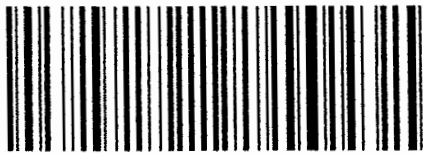
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8519

7014 0510 0001 0743 8519

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

STERLING M CARTER
P O BOX 97
WINSTON, NM 87943

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

Postmark
Here

For delivery information visit our website at www.usps.com
Handwritten signature: *Handwritten signature*

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

STERLING M CARTER
P O BOX 97
WINSTON, NM 87943

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, SOLD AT 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:

STERLING M CARTER
P O BOX 97
WINSTON, NM 87943

2. Article Number
(Transfer from s

7014 0510 0001 0743 8519

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8526

7014 0510 0001 0743 8526

PS Form 3800, Aug

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

KENNA C SCOTT
3341 SEQUOIA AVE
ALAMOGORDO, NM 88310

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

Postmark
Here

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

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

KENNA C SCOTT
3341 SEQUOIA AVE
ALAMOGORDO, NM 88310

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KENNA C SCOTT
3341 SEQUOIA AVE
ALAMOGORDO, NM 88310

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from ser)

7014 0510 0001 0743 8526

PS Form 3811, July 2013

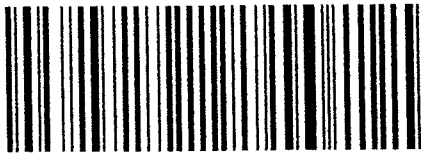
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8533

7014 0510 0001 0743 8533

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

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

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

Postmark
Here

Michael T Carter

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from se

7014 0510 0001 0743 8533

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

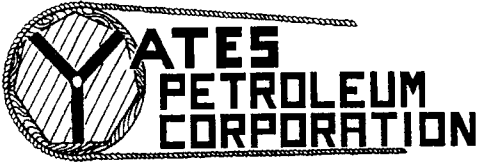
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

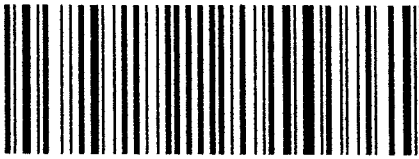
4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8540
7014 0510 0001 0743 8540

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

JACK S MCDONALD
1110 COLLEGE AVE
SNYDER, TX 79549

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

Postmark
Here

Jack S McDonald

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

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

JACK S MCDONALD
1110 COLLEGE AVE
SNYDER, TX 79549

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JACK S MCDONALD
1110 COLLEGE AVE
SNYDER, TX 79549

2. Article Number
(Transfer from s)

7014 0510 0001 0743 8540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

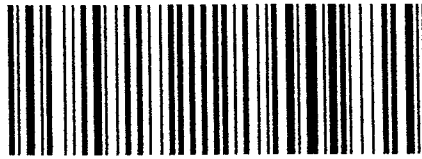
☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8557
7014 0510 0001 0743 8557

Sent to
Street, Apt. No.,
or PO Box No. 2111 PAISANO RD
City, State, ZIP+4 AUSTIN, TX 78746
PS Form 3800, Au

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

Postmark
Here

Handwritten signature: David M. Medford

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

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

CYDNEY M MEDFORD
2111 PAISANO RD
AUSTIN, TX 78746

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CYDNEY M MEDFORD
2111 PAISANO RD
AUSTIN, TX 78746

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7014 0510 0001 0743 8557

PS Form 3811, July 2013

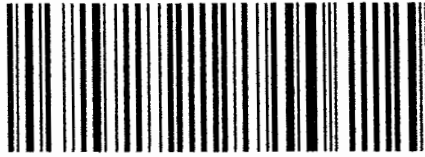
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8564

7014 0510 0001 0743 8564

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Handwritten signature: Jan A Herrstrom</i>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to	JAN A HERRSTROM
Street, Apt. No., or PO Box No.	810 FOREST OAKS CIR
City, State, ZIP+4	WOODWAY, TX 76712-2235
PS Form 3800, Aug 2003	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

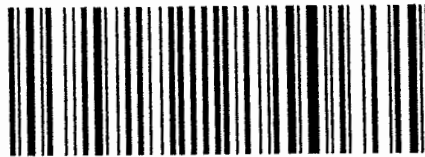
2. Article Number
(Transfer from se)

7014 0510 0001 0743 8564

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8571

7014 0510 0001 0743 8571

PS Form 3800, All

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

GEORGE S CRANFORD
2009 HUBBARD CT
VILLA RICA, GA 30180

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

Postmark
Here

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

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

GEORGE S CRANFORD
2009 HUBBARD CT
VILLA RICA, GA 30180

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GEORGE S CRANFORD
2009 HUBBARD CT
VILLA RICA, GA 30180

2. Article Number
(Transfer from se)

7014 0510 0001 0743 8571

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8588

7014 0510 0001 0743 8588

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

ANGELA ESSMAN SPENCER
P O BOX 7501
MIDLAND, TX 79708

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

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

Postmark
Here

Angela Essman Spencer

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

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

ANGELA ESSMAN SPENCER
P O BOX 7501
MIDLAND, TX 79708

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ANGELA ESSMAN SPENCER
P O BOX 7501
MIDLAND, TX 79708

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from st

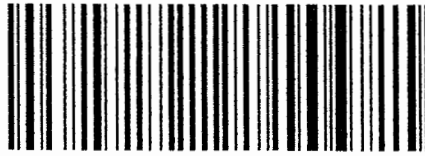
7014 0510 0001 0743 8588

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8595

7014 0510 0001 0743 8595

PS Form 3800, Aug

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

RAY HALL BECK
3509 DOMINION RIDGE
SAN ANGELO, TX 76904

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

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

Postmark
Here

Ray Hall Beck
For delivery information visit our website at www.usps.com

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

RAY HALL BECK
3509 DOMINION RIDGE
SAN ANGELO, TX 76904

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RAY HALL BECK
3509 DOMINION RIDGE
SAN ANGELO, TX 76904

2. Article Number
(Transfer from sel

7014 0510 0001 0743 8595

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™



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



7014 0510 0001 0743 8601

7014 0510 0001 0743 8601

ADDRESS SERVICE REQUESTED

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Handwritten signature: Mark E. ...</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	OCOTILLO PRODUCTION LLC
Street, Apt. No., or PO Box No.	1705 WASHINGTON AVE
City, State, ZIP+4	ARTESIA, NM 88210-1650
PS Form 3800, A	

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

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: OCOTILLO PRODUCTION LLC 1705 WASHINGTON AVE ARTESIA, NM 88210-1650		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from s) 7014 0510 0001 0743 8601		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8618
7014 0510 0001 0743 8618

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

VAN WINKLE FAMILY LLC
9191 YELLOWSTONE RD
LONGMONT, CO 80503

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

Postmark
Here

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

VAN WINKLE FAMILY LLC
9191 YELLOWSTONE RD
LONGMONT, CO 80503

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VAN WINKLE FAMILY LLC
9191 YELLOWSTONE RD
LONGMONT, CO 80503

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from sen

7014 0510 0001 0743 8618

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8625

7014 0510 0001 0743 8625

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

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

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

\$
\$
\$
\$
\$

Postmark
Here

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from s

7014 0510 0001 0743 8625

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8632

7014 0510 0001 0743 8632

PS Form 3800, Au

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
JUANEL A HARPER
2103 W CENTRE AVE
ARTESIA, NM 88210-2245

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

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

Postmark
Here

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from sel)

7014 0510 0001 0743 8632

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8649

7014 0510 0001 0743 8649

PS Form 3800, All

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

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

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

Postmark
Here

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from ser

7014 0510 0001 0743 8649

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8656

7014 0510 0001 0743 8656

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>James A Carson</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
JAMES A CARSON P O BOX 1761 LOWELL, AR 72745-1761	
PS Form 3800, A	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from se. 1100, 1101)

7014 0510 0001 0743 8656

PS Form 3811, July 2013

Domestic Return Receipt

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 8663

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

TWIN OAKS PETROLEUM
4010 LAZYBROOK DR
NOLLANVILLE, TX 76559

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

Postmark
Here

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

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

TWIN OAKS PETROLEUM
4010 LAZYPBROOK DR
NOLLANVILLE, TX 76559

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

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

1. Article Addressed to:

TWIN OAKS PETROLEUM
4010 LAZYPBROOK DR
NOLLANVILLE, TX 76559

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7014 0510 0001 0743 8663
(Transfer from service library)

PS Form 3811, July 2013

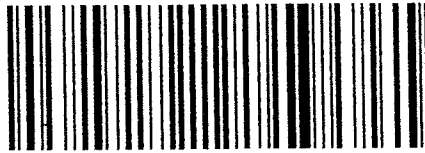
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8670

7014 0510 0001 0743 8670

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Valerie A Mahfood</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	
VALERIE A MAHFOOD 3014 BARRYWOOD WICHITA FALLS, TX 76309	
PS Form 3800, All	

VALERIE A MAHFOOD
3014 BARRYWOOD
WICHITA FALLS, TX 76309

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VALERIE A MAHFOOD
3014 BARRYWOOD
WICHITA FALLS, TX 76309

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from si

7014 0510 0001 0743 8670

PS Form 3811, July 2013

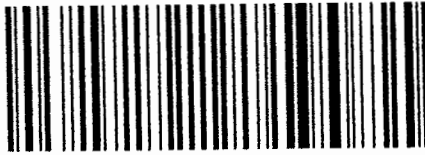
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8687

7014 0510 0001 0743 8687

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

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

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

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

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

Postmark Here

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from ser

7014 0510 0001 0743 8687

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8694

7014 0510 0001 0743 8694

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

MARY G RIDDLE
2924 MIRRORMERE CR
BRYAN, TX 77807

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

Postmark
Here

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

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

MARY G RIDDLE
2924 MIRRORMERE CR
BRYAN, TX 77807

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARY G RIDDLE
2924 MIRRORMERE CR
BRYAN, TX 77807

2. Article Number
(Transfer from se

7014 0510 0001 0743 8694

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8700

7014 0510 0001 0743 8700

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Mike H Roberts</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To MIKE H ROBERTS 1108 LA VACA ST #110-282 AUSTIN, TX 78701	
PS Form 3800, April 2012	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from sender)

7014 0510 0001 0743 8700

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8717
7014 0510 0001 0743 8717

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

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

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

Total Postage & Fees

Postmark Here

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

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

PS Form 3800, All

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se

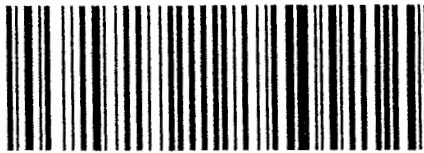
7014 0510 0001 0743 8717



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8724

7014 0510 0001 0743 8724

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

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

Maner B Shaw

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

Postmark
Here

Sent To
MANER B SHAW
P O BOX 9612
MIDLAND, TX 79708

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

MANER B SHAW
P O BOX 9612
MIDLAND, TX 79708

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MANER B SHAW
P O BOX 9612
MIDLAND, TX 79708

2. Article Number
(Transfer from se) 7014 0510 0001 0743 8724

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8731

7014 0510 0001 0743 8731

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, A1

JAMES W ESSMAN
1209 COUNTRY CLUB DR
MIDLAND, TX 79701

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

Postmark
Here

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

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

JAMES W ESSMAN
1209 COUNTRY CLUB DR
MIDLAND, TX 79701

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JAMES W ESSMAN
1209 COUNTRY CLUB DR
MIDLAND, TX 79701

2. Article Number
(Transfer from sei)

7014 0510 0001 0743 8731

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

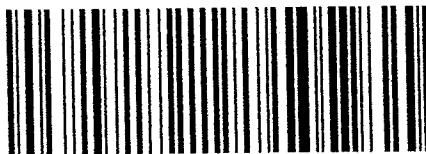
4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8748

7014 0510 0001 0743 8748

PS Form 3800, April 2013

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

FLORENCE M ESSMAN CURRY
804 PALOMINO
MIDLAND, TX 79705

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

Postage

\$

Certified Fee

Postmark
Here

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

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

FLORENCE M ESSMAN CURRY
804 PALOMINO
MIDLAND, TX 79705

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FLORENCE M ESSMAN CURRY
804 PALOMINO
MIDLAND, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from sender)

7014 0510 0001 0743 8748



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8755

7014 0510 0001 0743 8755

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

ROBERT E CHAMBERS JR
2441 STANMORE DR
HOUSTON, TX 77019

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

\$

Postmark
Here

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

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

ROBERT E CHAMBERS JR
2441 STANMORE DR
HOUSTON, TX 77019

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROBERT E CHAMBERS JR
2441 STANMORE DR
HOUSTON, TX 77019

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

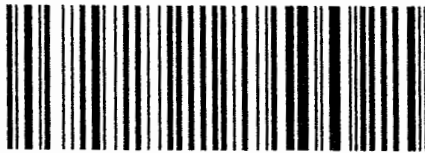
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se)

7014 0510 0001 0743 8755

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8762

7014 0510 0001 0743 8762

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to CELESTE CHAMBERS LIPSCOMB 480 N WARSON RD ST LOUIS, MO 63124	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, AI	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from)

7014 0510 0001 0743 8762

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

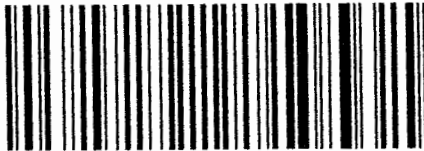
☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8779

7014 0510 0001 0743 8779

PS Form 3800, Aug

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

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

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

Postmark
Here

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s

7014 0510 0001 0743 8779



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8786

7014 0510 0001 0743 8786

PS Form 3800, Au

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

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

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

Postmark Here

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

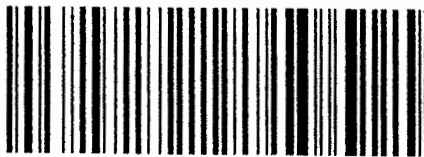
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from st

7014 0510 0001 0743 8786

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8793

7014 0510 0001 0743 8793

U.S. Postal Service™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
CELESTE CHAMBERS LIPSCOMB AS TRUTEE OF THE LOLLIE D CHAMBERS DESCENDANTS TRUST 480 N WARSON RD ST LOUIS, MO 63124-1343	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

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

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

2. Article Number

(Transfer from se

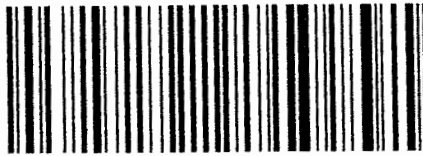
7014 0510 0001 0743 8793



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8809

7014 0510 0001 0743 8809

PS Form 3800, Aug 2003

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

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

Total Postage & Fees \$

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

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

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

NEVA CHAMBERS DAWSON

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se

7014 0510 0001 0743 8809

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8816

7014 0510 0001 0743 8816

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	
ALICE A HANKS FREEMAN P O BOX 9087 WICHITA FALLS, TX 76308-9087	
PS Form 3800, Aug 2003	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

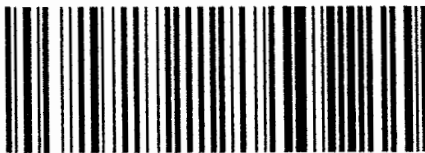
2. Article Number
(Transfer from se) 7014 0510 0001 0743 8816



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8823

7014 0510 0001 0743 8823

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from sei)

7014 0510 0001 0743 8823



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8830

7014 0510 0001 0743 8830

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Handwritten: Mark S. Arnold 10/26/13 9:10 AM</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
YATES INDUSTRIES LLC P O BOX 1091 ARTESIA, NM 88211-1091	
PS Form 3800, A	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7014 0510 0001 0743 8830



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8847

7014 0510 0001 0743 8847

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

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

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

\$
\$
\$
\$
\$

Postmark
Here

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BRIAN D WOEHLE TRUST
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? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s)

7014 0510 0001 0743 8847

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8854

7014 0510 0001 0743 8854

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Elizabeth J. Norman Liv Trust</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	ELIZABETH J NORMAN LIV TRUST
Street, Apt. No., or PO Box No.	6637 S NEW HAVEN AVE
City, State, ZIP+4	TULSA, OK 74136
PS Form 3800, All	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from s

7014 0510 0001 0743 8854

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

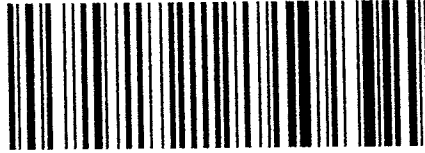
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8861

7014 0510 0001 0743 8861

PS Form 3800, A

Sent To
Street, Apt. No.,
or PO Box No. 919 N MARKET ST STE 420
City, State, ZIP+4 WILMINGTON, DE 19801

ROBERT A OLIVER TRUST

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

Postmark
Here

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROBERT A OLIVER TRUST
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? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from s)

7014 0510 0001 0743 8861

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8878

7014 0510 0001 0743 8878

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

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

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

\$

Postmark
Here

**U.S. Postal Service™
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UNIT PETROLEUM COMPANY
P O BOX 702500
TULSA, OK 74170-2500

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from :)

7014 0510 0001 0743 8878

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8885

7014 0510 0001 0743 8885

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

FREDERICK VAN VRANKEN
P O BOX 264
JERICHO, NY 11753

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FREDERICK VAN VRANKEN
P O BOX 264
JERICHO, NY 11753

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se)

7014 0510 0001 0743 8885



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0743 8892

7014 0510 0001 0743 8892

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Frances B Bunn

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

Postmark Here

Sent To: **FRANCES B BUNN REVOCABLE TRUST**
Street, Apt. No., or PO Box No.: **2493 MAKIKI HEIGHTS DR**
City, State, ZIP+4: **HONOLULU, HI 96822-2547**

PS Form 3800, A

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from st)

7014 0510 0001 0743 8892

CERTIFIED MAIL™



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



7014 0510 0001 0743 8908

7014 0510 0001 0743 8908

ADDRESS SERVICE REQUESTED

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

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

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

Postmark
Here

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JUDITH C DEVINE TRUST
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? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se)

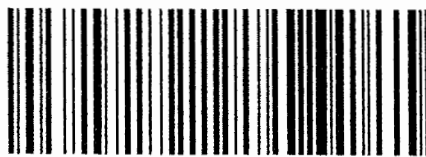
7014 0510 0001 0743 8908

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8915

7014 0510 0001 0743 8915

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

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

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

Postmark
Here

Agnes Cluthe Oliver Foundation
919 N Market St Ste 420
Wilmington, DE 19801

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AGNES CLUTHE OLIVER FOUNDATION
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? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from SE)

7014 0510 0001 0743 8915

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0743 8922

7014 0510 0001 0743 8922

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Article is covered by insurance</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	OXY Y-1 COMPANY
Street, Apt. No., or PO Box No.	P O BOX 841803
City, State, ZIP+4	DALLAS TX 75284-1803
PS Form 3800, All	

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7014 0510 0001 0743 8922

PS Form 3811, July 2013

Domestic Return Receipt

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

CERTIFIED MAIL™



7014 0510 0001 0743 4757

7014 0510 0001 0743 4757

Sent to
N.M.S.L.O.
Street, Apt. No.
or PO Box No. 60 Box 1148
City, State, ZIP+4 Santa Fe NM 87504
PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark
Here

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

New Mexico State Land
Commissioner of Public Lands
310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, New Mexico

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
New Mexico State Land Office
Commissioner of Public Lands
310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, New Mexico 87504-1148

2. Article Number
7014 0510 0001 0743 4757

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Addressee ☐ Agent

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
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 ☐ No

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.

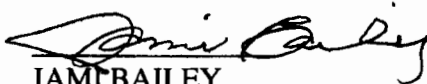
This installation shall be constructed and operated in accordance with applicable Division Rules.

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,



JAMI BAILEY
Division Director

JB/db

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

MPSD821

Inquire/Update Production History

9/18/14

13:41:16

Property 011848 001 AMOLE AMM STATE #1

Production Date Range 05 2014 to 09 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Dys	Reg	-----Oil-----		-----Gas-----		-Water-	
T	Mo/Year	Name	Cpl	Prd	Produced	Sold	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

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

MPSD821

Inquire/Update Production History

9/18/14
13:42:45

Property 011848 002 AMOLE AMM STATE #2

Production Date Range 02 2014 to 09 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	-----Oil-----		-----Gas-----		-Water-
T	Mo/Year	Name	Cpl	Prd	Dys	Produced	Sold	Produced	Sold	Prod
└	7	2014	AMOLE AMM STATE	S02	31	305	302	153	153	1098
└	6	2014	AMOLE AMM STATE	S02	30	125	156	219	189	665
└	5	2014	AMOLE AMM STATE	S02	23	146	99	181	181	494
└	4	2014	AMOLE AMM STATE	S02	25	63		109	59	302
└	3	2014	AMOLE AMM STATE	S02	31	84	96	317	270	477
└	2	2014	AMOLE AMM STATE	S02	28	78	97	161	114	440

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

MPSD821

Inquire/Update Production History

9/18/14
13:43:26

Property 011848 003 AMOLE AMM STATE #3
 Production Date Range 02 2014 to 09 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	Dys	-----Oil-----		-----Gas-----		-Water-
T	Mo/Year		Name	Cpl	Prd	Produced	Sold	Produced	Sold	Prod	
[	7	2014	AMOLE AMM STATE	S02	31	732	577	1541	1510	5368
[	6	2014	AMOLE AMM STATE	S02	30	128	77	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						

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

MPSD821

Inquire/Update Production History

9/18/14
13:43:41Property 012735 001 ROY AET #7
Production Date Range 02 2014 to 09 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	-----Oil-----		-----Gas-----		-Water-
T	Mo/Year		Name	Cpl	Dys	Produced	Sold	Produced	Sold	Prod
[	7	2014	ROY AET #7	S02	31	553	655	534	534	1874
[	6	2014	ROY AET #7	S02	30	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	S02	31	430	496	998	998	1364
[	2	2014	ROY AET #7	S02	28	389	506	584	584	1413

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

MPSD821

Inquire/Update Production History

9/18/14
13:43:53Property 012730 018 ROY AET #8
Production Date Range 02 2014 to 09 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	-----Oil-----		-----Gas-----		-Water-
T	Mo/Year		Name	Cpl	Dys	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

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print