Miriam Morales

Print or Type Name

OLM

Production Analyst

e-mail Address

mmorales@yatespetroleum.com

PMAM 1427336555

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**

Т	HIS CHECKLIST IS MA	ANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE
Applic	cation Acronyms	
	_	dard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
	_	hole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling] ol Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
	-	[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion] - YA+es Petuvieuu [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
	[EOR-Qual	ified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]
[1]	TYPE OF AP [A]	PLICATION - Check Those Which Apply for [A]  Location - Spacing Unit - Simultaneous Dedication  NSL NSP SD
	Check	One Only for [B] or [C]
	[B]	Commingling - Storage - Measurement  DHC CTB PC COLS COLM
	[C]	Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  WFX PMX SWD IPI BOR PPR
	[D]	Other: Specify \( \begin{align*} \omega \\ \ell \ell \\ \ \ \ell \\ \ \ \ \ \ \
[2]	NOTIFICATI [A]	Other: Specify  ON REQUIRED TO: - Check Those Which Apply, or Does Not Apply  Working, Royalty or Overriding Royalty Interest Owners  7 Doy AET Com 94 30-015-42252
	[B]	☐ Offset Operators, Leaseholders or Surface Owner
	[C]	Application is One Which Requires Published Legal Notice
	[D]	Working, Royalty or Overriding Royalty Interest Owners  ☐ Offset Operators, Leaseholders or Surface Owner  ☐ Application is One Which Requires Published Legal Notice  ☐ Notification and/or Concurrent Approval by BLM or SLO U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office  ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,
	[E]	For all of the above, Proof of Notification or Publication is Attached, and/or,
	[F]	Waivers are Attached
[3]		CURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE TION INDICATED ABOVE.
	val is <b>accurate</b> a	<b>TION:</b> I hereby certify that the information submitted with this application for administrative and <b>complete</b> to the best of my knowledge. I also understand that <b>no action</b> will be taken on this quired information and notifications are submitted to the Division.
	Note:	Statement must be completed by an individual with managerial and/or supervisory capacity.

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

1301 W. Grand Ave, Artesia, NM 88210

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

District III 1000 Rio Brazos Road, Aztec, NM 87410

District IV 1220 S. St Francis Dr, Santa Fe, NM

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 Per	OPERATOR NAME: Yates Petroleum Corporation							
OPERATOR ADDRESS: 105 Sout	n Fourth St. Artesia, N	M 88210						
APPLICATION TYPE:								
☐ Pool Commingling ☐ Lease Commingling	g ☐Pool and Lease Cor	nmingling Off-Lease	Storage and Measur	ement (Only if not Surface	e Commingled)			
LEASE TYPE:  Fee	State							
Is this an Amendment to existing Order								
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								
	Gravities / BTU of Calculated Gravities / Calculated Value of Calculated Value of Campingled Campingled Campingled Campingled							
(1) Pool Names and Codes Non-Commingled Production BTU of Commingled Production Production Production Production								
	Production	Production		Production				
		_						
<ul> <li>(2) Are any wells producing at top allowables? ☐ Yes ☐ No</li> <li>(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.</li> </ul>								
<ul><li>(3) Has all interest owners been notified b</li><li>(4) Measurement type: ☐Metering [</li></ul>		posed comminging:	LI TES LINO.					
(5) Will commingling decrease the value of		☐No If "yes", descri	be why commingli	ng should be approved				
	` '	SE COMMINGLIN						
(1) Pool Name and Code.	Please attach sneet	s with the following in	ntormation					
(2) Is all production from same source of:	supply?  \Begin{aligned} \text{Yes} & \Boxed{\Boxes} \text{N}	0						
(3) Has all interest owners been notified by			□Yes □N	0				
(4) Measurement type: Metering	Other (Specify)							
(C) POOL and LEASE COMMINGUING								
(C) POOL and LEASE COMMINGLING Please attach sheets with the following information								
(1) Complete Sections A and E.								
(D) OFF-LEASE STORAGE and MEASUREMENT								
		ets with the following	information	No.				
<ul><li>(1) Is all production from same source of s</li><li>(2) Include proof of notice to all interest o</li></ul>		o						
(2) merade proof of notice to all merest of								
(E) AI	DITIONAL INFO	RMATION (for all	application ty	pes)				
	Please attach sheet	s with the following in	nformation					
(1) A schematic diagram of facility, include								
(2) A plat with lease boundaries showing		ons. Include lease number	ers if Federal or Sta	ite lands are involved.				
(3) Lease Names, Lease and Well Numbe	rs, and API Numbers.							
I hereby certify that the information above is	true and complete to the	best of my knowledge an	d belief.					
SIGNATURE:	rales TI	TLE: Production Analys	st	DATE: 9/2	4/14			
SIGNATURE: Lister Clarks TITLE: Production Analyst DATE: 9/24/14  TYPE OR PRINT NAME Mirror Morales TELEPHONE NO: (575) 748-1471								

Submit 1 Copy To Appropriate District	State of New Me		Form C-103				
District 1 - (575) 393-6161 Energy, Wilnerals and Natural Resources Revised August 1, 201							
1625 N. French Dr., Hobbs, NM 88240  WELL API NO. 20.015 42252							
District II - (575) 748-1283         OIL CONSERVATION DIVISION         30-015-42252           811 S. First St., Artesia, NM 88210         1220 South St. Francis Dr.         5. Indicate Type of Lease							
<u>District III</u> – (505) 334-6178	Santa Fe, NM 87		STATE FEE 🛛				
1000 Rio Brazos Rd., Aztec, NM 87410	Salita Pe, IVIVI 67	303	6. State Oil & Gas Lease No.				
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM							
87505							
SUNDRY NOTIC  (DO NOT USE THIS FORM FOR PROPOSALS TO	ES AND REPORTS ON WELLS	TO A DIEFEDENT	7. Lease Name or Unit Agreement Name				
RESERVOIR. USE "APPLICATION FOR PERMIT"			Roy AET Com				
1. Type of Well: Oil Well 🛛 Gas Well	Other		8. Well Number 9H				
2. Name of Operator			9. OGRID Number 025575				
Yates Petroleum	Corporation		10. Pool name or Wildoot				
3. Address of Operator	reet Artesia, NM 88210		10. Pool name or Wildcat N. Seven Rivers; Glorietta-Yeso				
4. Well Location	1000 741031d, 14171 00210		The second second and second s				
Unit Letter A : 990	feet from the North line	and 15 feet f	from the East line				
Section 17		25E NMPM	County Eddy				
	11. Elevation (Show whether DR, RKE		E E				
	3531' GR		PART A SALE SALES				
12. Check	Appropriate Box to Indicate N	ature of Notice, Rep	port or Other Data				
NOTICE OF INTE	ENITION TO:		BSEQUENT REPORT OF:				
	PLUG AND ABANDON	REMEDIAL WORK	□ ALTERING CASING □				
	CHANGE PLANS	COMMENCE DRILLIN					
	MULTIPLE COMPL	CASING/CEMENT JO					
DOWNHOLE COMMINGLE		5,1511151521112111 55					
OTHER: Off Lease measurement	$\boxtimes$	OTHER:					
13. Describe proposed or completed ope	rations. (Clearly state all pertinent de	etails, and give pertinent	dates, including estimated date of starting any agram of proposed completion or recompletion.				
proposed work). SEE ROLE 19.13	.7.14 NWAC. For Multiple Completi	ons. Attach wendore di	agram of proposed completion of recompletion.				
Yates Petroleum respectfully requests a	dministrative approval to Off L	ease measure, sale ar	nd store production for the following well:				
Roy AET Com #9H	11	,					
N. Seven Rivers; Glor-	Yeso						
Sec. 17-T19S-R25E							
API #30-015-42252							
Fee Eddy County, NM							
Eddy County, 1414							
The production will be measured and so	old at the Aparejo battery in Sec	. 16-T19S-R25E, Ur	nit B. Please see attached plats and site				
security diagram.							
All owners have been notified. (see atta	sched copies of certified mail)						
0.000							
Oil Measurement	iliill teles eless						
Tanks will be isolated and no surface co	ommingting will take place						
Gas Measurement							
Each well will have its own meter local	ted at the battery and no surface	commingling will ta	ike place.				
	at the current, the has been also		F				
The purpose of the Off lease measurem	ent of production is in the interes	est of conservation, the	he reduction of environmental impact area, ar				
			tion. Without approval for utilizing existing				
batteries on adjacent leases, it will become	ome necessary to build separate	facilities for this wel	1.				
VI 1 10 10 11 11 11 11 11 11 11 11 11 11 1		- 1-1 11 11 0					
I hereby certify that the information above is t	2						
SIGNATURE Chi il Coral	TITLE Production Analy	stDA	ATE 9/2014				
			· · /				
Type or print name Miriam Morales For State Use Only	E-mail address: mmorales	@yatespetroleum.com F	PHONE: 575-748-4200				

TITLE

DATE\_

APPROVED BY:\_\_\_\_\_\_Conditions of Approval (if any):

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (876) 503-8161 Fair (876) 503-9720
DISTRICT II
811 S. First St., Artesia, NM 88210
Phone (876) 748-1223 Fair (876) 748-9720
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (806) 834-6176 Fair (806) 334-6170

DISTRICT IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone (505) 476-3460 Fax: (508) 476-3462

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

Form C-102 Revised August 1, 2011

Submit one copy to appropriate

District Office

#### OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, New Mexico 87505

☐ AMENDED REPORT

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Code Pool Name			
30-015-42252	97565	97565 N. Seven Rivers ; Geloricta			
Property Code	Prope	Property Name Well N			
46480	ROY A	ROY AET COM 9H			
OGRID No.	Opera	Operator Name			
025575	YATES_PETROLE	YATES PETROLEUM CORPORATION			

#### Surface Location

ſ	UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
١	Α	17	19 S	25 E		990'	NORTH	15'	EAST	EDDY

#### Bottom Hole Location If Different From Surface

										_
[	UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	D	17	19 S	25 E		900'	NORTH	330'	WEST	EDDY
	Dedicated Acre	Joint o	r Infill Co	nsolidation	Code Or	der No.	· · · · · · · · · · · · · · · · · · ·			
ļ										

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

	OK A NON-STAN	DAILD CIVIT HAS BEI	EN APPROVED BI IN	E DIVISION
N: 606938.3 E: 495258.3 (NAD83)		N.: 606923.1 E.: 487920.1 (NAD63)	N.: 606908.0 E.: 490581.9 (NAD83)	OPERATOR CERTIFICATION  I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unlikased 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.
PROPOSED BOTTOM HOLE LOCATION Lat - N 32*39*57.27" Long - W-104*30*52.27" NMSPCE- N 606035.4 E 485581.6 (NAD-83)		Penetration Positi	SURFACE LOCATION Lat - N 32*39*58.18* Long - W 104*29*54.03* NMSPCE - E 490559.5 (NAD-83)	Signature Date  Travis Hahn  Printed Name  Hahn Quartes petroleum. Com  Email Address  SURVEYOR CERTIFICATION  I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervison and that the same is true and correct to the back of my belief.  Date Sarveyed MEX.  Signature as sen of Professional surveyor
N.: 601622.4 E.: 485218.7 (NAD83)			N.: 601645.3 E.: 490542.2 (NAD83)	O' 1000' 2000' 3000' 4000' N  SCALE: 1" = 2000' WO Num.: 30183



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

> -Michael Farmer -September, 2014

# Aparejo Battery

660' FNL & 660' FWL \* Sec 16 - T19S-R25E\* Unit D Eddy County, NM API - 3001528327



= Valve Closed
 O = Valve Opened

G = Gas Met

FWKO = Free Water Knock

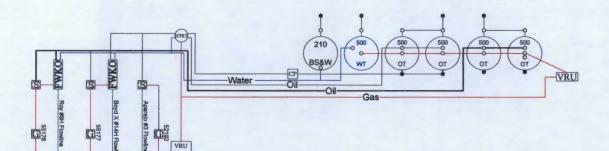
S = Seperato

VRU = Vapor Recovery Unit

TRT) = Heater Tres

= Circulating Pu

= Bottom Sediment & W (Slop Tank)



FRANK W. YATES

S.P YATES 1914-2008



105 SOUTH FOURTH STREET

#### ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

Roy AET Com #9H Eddy County, New Mexico

RE: Off Lease Measurement

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Off Lease measure, sale and store production for the following well:

Roy AET Com #9H

N. Seven Rivers; Glorietta-Yeso Sec. 17-T19S-R25E API #30-015-42252 Fee Eddy County, NM

The production will be measured and sold at the Aparejo battery in Sec. 16-T19S-R25E, Unit B. All owners will be notified.

#### Oil Measurement

Tanks will be isolated and no surface commingling will take place

#### Gas Measurement

Each well will have its own meter located at the battery and no surface commingling will take place.

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

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

Sincerely, Miriam Morales Production Analyst

I hereby approve this application

KATHY H. BORTE

DENNIS G. KINSEY

FRANK W. YATES 1936-1986

> S.P YATES 1914-2008



105 SOUTH FOURTH STREET

#### ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.vatespetroleum.com

JOHN A. YATES CHAIRMAN EMERITUS

JOHN A. YATES JR. CHAIRMAN OF THE BOARD

JOHN D. PERINI EXECUTIVE VICE PRESIDENT CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

RE: Off Lease Measurement Roy AET Com #9H Eddy County, New Mexico

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Sincerely, Miriam Morales Production Analyst

I hereby approve this application

Company

KATHY H. PORTER SECRETARY

DENNIS G. KINSEY

TREASURER

FRANK W. YATES 1936-1986

S.P YATES 1914-2008



#### 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210-2118

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JOHN A. YATES JR. CHAIRMAN OF THE BOARD PRESIDENT

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Sincerely, Miriam Morales Production Analyst

I hereby approve this application

PORTER

DENNIS G. KINSEY

TREASURER

FRANK W. YATES

S.P YATES



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

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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: Off Lease Measurement Roy AET Com #9H Eddy County, New Mexico

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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

MARTIN YATES, III

FRANK W. YATES 1936-1986

> S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES CHAIRMAN EMERITUS

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN O. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

September 24, 2014

RE: Off Lease measurement Roy AET Com #9H Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting approval from the Oil Conservation Division and the Bureau of Land Management for Off Lease measure, sale and store production for the following well:

Roy AET Com #9H

N. Seven Rivers; Glorietta-Yeso Sec. 17-T19S-R25E API #30-015-42252 Fee Eddy County, NM

The production will be measure and sold at the Aparejo battery in Sec. 16-T19S-R25E, Unit B. All owners will be notified.

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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



ADDRESS SERVICE REQUESTED



7014 0510 0001 0744 5005 7014 0510 0001 0744 5005

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided	EIPT overage Provi
For delivery information visit our website at www.usps.come	sdsn/www.
Postage \$	
Certified Fee	
Retum Receipt Fee (Endorsement Required)	Postmark Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To  OXY Y-1 COMPANY  Street, Apr. No.:  P O BOX 841803  or PO Box No.  DALLAS TX 75284-1803  City, State, ZiP+4	

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

SENDER: COMPLETE THIS	SECTION		COMPLET	E THIS SE	CTION ON DEL	IVERY
Complete items 1, 2, and 3. item 4 if Restricted Delivery Print your name and address so that we can return the ca Attach this card to the back or on the front if space perm	is desired. Is on the reverse Ird to you. If the mailpiece,		A. Signatu  X  B. Receive	ed by <i>(Printe</i>	ed Name)	☐ Agent ☐ Addressee  C. Date of Delivery
Article Addressed to:					different from ite ery address belo	
OXY Y-1 COMPANY P O BOX 841803 DALLAS TX 75284-1803						
			☐ Regi	ified Mail®	☐ Priority Mai ☐ Return Rec ☐ Collect on [	eipt for Merchandise
		i	4. Restrict	ed Delivery	? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label) .	7014 0	510	0001	0744	5005	
PS Form 3811 July 2013	Domest	ic Petu	rn Pocoint			





0510 0744 7014 0510 0001 0744 0580

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Certified Fee Postage MIDLAND TX 79705-5510 6 DESTA DRIVE STE 1100 SOUTHWEST ROYALTIES INC \$

PS Form 3800, A

SOUTHWEST ROYALTIES 6 DESTA DRIVE STE 1100 MIDLAND TX 79705-5510

Postmark Here

		Million and the second second	
SENDER: COMPLETE THIS SECTION	ON	COMPLETE THIS SECTION ON DE	LIVERY
<ul> <li>Complete items 1, 2, and 3. Also c item 4 if Restricted Delivery is desi</li> <li>Print your name and address on the so that we can return the card to y</li> </ul>	red. e reverse	A. Signature	☐ Agent ☐ Addressee
<ul> <li>Attach this card to the back of the or on the front if space permits.</li> </ul>		B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:		D. Is delivery address different from ite If YES, enter delivery address belo	_
SOUTHWEST ROYALTIES INC 6 DESTA DRIVE STE 1100			
MIDLAND TX 79705-5510	:	3. Service Type	
		Certified Mail® Priority Ma	ceipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7014 05	10 0001 0744 0260	-
PS Form 3811, July 2013	Domestic Ret	turn Receipt	



ADDRESS SERVICE REQUESTED



0510 0001 0744 7014 0510 0001 0744 0253

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

PS Form 3800, Au

COLUMBIA RIVER RESOURCES INC 1800 W BIG BEAVER RD STE 100

TROY MI 48084

Total Postage & Fees   \$	Restricted Delivery Fee indorsement Required)	Return Receipt Fee rosmark Endorsement Required) Here	Certified Fee	Postage \$	A CHARGE SAN CONCEDENT	For delivery information visit our website at www.usps.come	CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™
---------------------------	---	---	---------------	------------	------------------------	---	--	----------------------

COLUMBIA RIVER RESOL 1800 W BIG BEAVER RD TROY MI 48084

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X				
Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes				
COLUMBIA RIVER RESOURCES INC 1800 W BIG BEAVER RD STE 100	If YES, enter delivery address below: ☐ No				
TROY MI 48084	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 05	10 0001 0744 0253				
PS Form 3811, July 2013 Domestic Retu	urn Receipt				

# PETROLEUM CORPORATION

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

7014 0510 0001 0744 0277 7014 0510 0001 0744 0277

#### ADDRESS SERVICE REQUESTED

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

PS Form 3800/Au

PAYNE JOHNSTO
ACCOUNT #2
801 FIRST PLACE
TYLER TX 75702

PAYNE JOHNSTON MANAGEMENT INC ACCOUNT #2

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>PAYNE JOHNSTON MANAGEMENT INC ACCOUNT #2</li> <li>801 FIRST PLACE</li> </ul> </li> </ul>	A. Signature  X
TYLER TX 75702	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 051	
PS Form 3811, July 2013 Domestic Ret	urn Receipt

# PETROLEUM CORPORATION



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

7014 0510 0001 0744 0284 7014 0510 0001 0744 0284

ADDRESS SERVICE REQUESTED

		PS Form 3800, Au
		City, State, ZIP+4
	801 FIRST PLACE	or PO Box No.
	ACCOUNT #1	Street, Apt. No.;
PAYNE-JOHNSTON MANAGEMENT INC	PAYNE-JOHNSTON	Sent To
	&F	Total Postage & F
	ery Fee equired)	Restricted Delivery Fee (Endorsement Required)
Here	sipt Fee	Return Receipt Fee (Endorsement Required)
Postmark	Certified Fee	Certifi
	Postage \$	על
\$ 7 SOL	BLK A.	Royag
at www.usps.com⊚	For delivery information visit our website at www.usps.come	For delivery i
CEIPT Coverage Provided)	CERTIFIED MAIL <sub>To.</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIF (Domestic I
	stal Service™	U.S. Postal

PAYNE-JOHNSTON MAI ACCOUNT #1 801 FIRST PLACE TYLER TX 75702

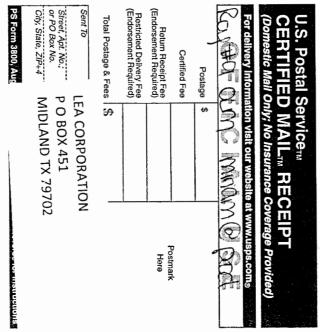
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent □ Addressee
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
PAYNE-JOHNSTON MANAGEMENT INC ACCOUNT #1	
801 FIRST PLACE	3. Service Type
TYLER TX 75702	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0516	] 0001 0744 0284
PS Form 3811, July 2013 Domestic Ret	urn Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0744 0291 7014 0510 0001 0744 0291

ADDRESS SERVICE REQUESTED



LEA CORPORATION P O BOX 451 MIDLAND TX 79702

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>LEA CORPORATION</li> <li>P O BOX 451</li> </ul>	A. Signature  X
MIDLAND TX 79702  2. Article Number	3. Service Type  ✓ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7014 05	10 0001 0744 0291
PS Form 3811, July 2013 Domestic Re	sturn Receipt



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

7014 0510 0001 0744 0307 7014 0510 0001 0744 0307

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL<sub>TM</sub> RECEIPT
(Connestic Mail Only; No Insurance Coverage Provided)

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

Postage

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

Sent To

Sent To

Sent To

Sent To

SELMA L BATES
Siriest Apit No.:
14515 BRIAR FOREST DR APT #213

O'RY State, ZiP+4

HOUSTON TX 77077

PS Form 3800, Aug

SELMA L BATES 14515 BRIAR FOREST DR & HOUSTON TX 77077

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature	☐ Agent	
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No		
SELMA L BATES 14515 BRIAR FOREST DR APT #213			
HOUSTON TX 77077	3. Service Type Certified Mail® Priority Mai Registered Return Rec	eipt for Merchandise	
	4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number (Transfer from service label) 7014 0510	7060 4470 2000		

Domestic Return Receipt

PS Form 3811, July 2013





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

7014 0510 0001 0744 0314 7014 0510 0001 0744 0314

#### ADDRESS SERVICE REQUESTED

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

Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Form 70 Box No.
City, State, ZiP+4

Responsible of MAIL, Receipt Fee
A M ROUTH
Street, Apt. No.;
16220 ROCKIES RUN SUMMIT
AUSTIN TX 78738-4028

PS Form 3800, A.

A M ROUTH 16220 ROCKIES RUN SUN AUSTIN TX 78738-4028

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>		A. Signature  ☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.		B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
A M ROUTH 16220 ROCKIES RUN SUMMIT AUSTIN TX 78738-4028		
		3. Service Type  Ja 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	051	0 0001 0744 0314
PS Form 3811, July 2013 Domes	tic Retu	urn Receipt



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

PS Form 3811, July 2013

PS Form 3800, Aug

ADDRESS SERVICE REQUESTED



7014 0510 0001 0744 0321 7014 0510 0001 0744 0321

For delivery information visit our website at www.us

Postage

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sireet Apt. No.:

Or PO Box No.

P O BOX 1091

City, State, ZiP+4

ARTESIA, NM 88211-1091

YATES INDUSTRIES LLC P O BOX 1091 ARTESIA, NM 88211-109

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
YATES INDUSTRIES LLC P O BOX 1091	
ARTESIA, NM 88211-1091	3. Service Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number  (Transfer from service label) 7014 051	0 0001 0744 0321

Domestic Return Receipt



PS Form 3800, Au

MIDLAND, TX 79707-6612

ADDRESS SERVICE REQUESTED



0510 0001 0744 0338 0001 0744 0338 0510

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Sent To Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Certified Fee Postage **5 RIDGEMART CT** W T PROBANDT S Postmark Here

W T PROBANDT **5 RIDGEMART CT** MIDLAND, TX 79707-661

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X □ Agent □ Addressee  B. Received by (Printed Name) □ C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?
W T PROBANDT 5 RIDGEMART CT	
MIDLAND, TX 79707-6612	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 051	.0 0001 0744 0338
PS Form 3811, July 2013 Domestic Ref	turn Receipt

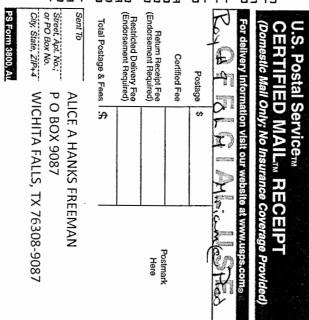
# PETROLEUM CORPORATION

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



7014 0510 0001 0744 0345 7014 0510 0001 0744 0345

ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> ALICE A HANKS FREEMAN P O BOX 9087	A. Signature  X
WICHITA FALLS, TX 76308-9087	3. Service Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label) 7014 05	510 0001 0744 0345
PS Form 3811, July 2013 Domestic Re	eturn Receipt





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

7014 0510 0001 0744 0352 7014 0510 0001 0744 0352

#### ADDRESS SERVICE REQUESTED

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage

Certified Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

OF THE LOLLIE D CHAMBERS TRUST
OF PO Box No.

Sirect, Api. No.:

OF THE LOLLIE D CHAMBERS TRUST
OF TO Box No.

Sirect, Api. No.:

8 S WEST OAK RD

City, State, ZiP4-4

Postmark
Here

Sirect, Api. No.:

8 S WEST OAK RD

City, State, ZiP4-4

HOUSTON, TX 77056-2122

NEVA CHAMBERS DAWSC OF THE LOLLIE D CHAMBE 8 S WEST OAK RD HOUSTON, TX 77056-212

SENDER: COMPLETE THIS SE	CTION	COMPLETE THIS SE	CTION ON DE	LIVERY
<ul> <li>Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is a Print your name and address o so that we can return the card</li> <li>Attach this card to the back of or on the front if space permits</li> </ul>	desired. n the reverse to you. the mailpiece.	A. Signature  X		
1. Article Addressed to:  NEVA CHAMBERS DAWSON OF THE LOLLIE D CHAMBER 8 S WEST OAK RD	1	D. Is delivery address If YES, enter delive		
HOUSTON, TX 77056-2122		3. Service Type  ☐ Certified Mail® ☐ Registered ☐ Insured Mail  4. Restricted Delivery	☐ Collect on [	eipt for Merchandise
Article Number     (Transfer from service label)	7014 051	74 בססם סי	4 0352	
PS Form 3811, July 2013	Domestic Ret	urn Receipt		





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

7014 0510 0001 0744 0369 7014 0510 0001 0744 0369

### ADDRESS SERVICE REQUESTED

ST LOUIS, MO 63124-1343	4	Street, Apt. No.; DESCENDANTS TRUST	Sent To AS TRUTEE OF TH	Total Postage & Face   & CELESTE CHAMBERS LIPSCOMB	Restricted Delivery Fee (Endorsement Required)	Retum Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	To delivery information visit our website at www.visps.come	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
24-1343	D	UST	AS TRUTEE OF THE LOLLIE D CHAMBER!	RS LIPSCOMB		Here	Domina		mation visit our website at www.usps.come	CEIPT Coverage Provided)	

CELESTE CHAMBERS LIPSO AS TRUTEE OF THE LOLLIE DESCENDANTS TRUST 480 N WARSON RD ST LOUIS, MO 63124-1345

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
AS TRUTEE OF THE LOLLIE D CHAMBERS DESCENDANTS TRUST	
480 N WARSON RD ST LOUIS, MO 63124-1343	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 051	0001 0744 0369
PS Form 3811, July 2013 Domestic Ret	urn Receipt

# ATES PETROLEUM CORPORATION

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

PS Form 3811, July 2013

7014 0510 0001 0744 0376 7014 0510 0001 0744 0376

ADDRESS SERVICE REQUESTED

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

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

ROBERT E CHAMBERS JR OF THE LOLLIE D CHAMB 2441 STANMORE DR HOUSTON, TX 77019

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X □ Agent □ Addressee  B. Received by (Printed Name) □ C. Date of Delivery		
1. Article Addressed to:  ROBERT E CHAMBERS JR AS TRUSTEE OF THE LOLLIE D CHAMBERS TRUST 2441 STANMORE DR	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
HOUSTON, TX 77019	3. Service Type  □ Certified Mail □ Priority Mail Express □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes		
2. Article Number (Transfer from service label) 7014 05	lo 000l 0744 0376		

Domestic Return Receipt





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

7014 0510 0001 0744 0383 7014 0510 0001 0744 0383

#### ADDRESS SERVICE REQUESTED

CERTIFIED MAIL MRECEIPT
(Domestic Mall Only; No Insurance Coverage Providence Coverage

NEVA CHAMBERS DA' 8 S WEST OAK RD HOUSTON, TX 77056-

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

SENDER: COMPLETE THIS SECTION	)N	COMPLETE THIS SECTION	ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also contend 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to your attach this card to the back of the ror on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	ed. e reverse ou.	A. Signature  X  B. Received by (Printed Nam  D. Is delivery address differer If YES, enter delivery add	nt from item 1? Yes
NEVA CHAMBERS DAWSON 8 S WEST OAK RD HOUSTON, TX 77056-2122		☐ Registered ☐ Re	riority Mail Express <sup>™</sup> eturn Recelpt for Merchandise ollect on Delivery a <i>Fee</i> ) □ Yes
Article Number     (Transfer from service label)	7014 09	10 0001 0744 I	0383
PS Form 3811, July 2013	Domestic Re	turn Receipt	

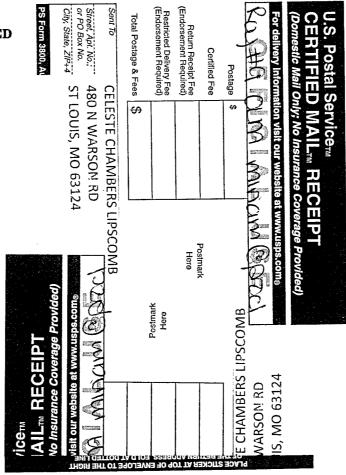




0510 0510 0001 0744 0390

> CELESTE CHAMBERS I 480 N WARSON RD ST LOUIS, MO 63124

#### ADDRESS SERVICE REQUESTED



COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent X Print your name and address on the reverse ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, D. Is delivery address different from item 1? If YES, enter delivery address below: 3. Service Type Certified Mail® ☐ Priority Mail Express™ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 7014 0510 0001 0744 0390

(Transfer from service label) PS Form 3811, July 2013

2. Article Number

**SENDER: COMPLETE THIS SECTION** 

item 4 if Restricted Delivery is desired.

so that we can return the card to you.

or on the front if space permits.

CELESTE CHAMBERS LIPSCOMB

1. Article Addressed to:

480 N WARSON RD ST LOUIS, MO 63124

Domestic Return Receipt

0510 0744 0001 0744 0406 7014 0510

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Restricted Delivery Fee (Endorsement Required) Retum Receipt Fee (Endorsement Required) Total Postage & Fees | \$ Certified Fee HOUSTON, TX 77019 ROBERT E CHAMBERS JR 2441 STANMORE DR

Sent To

PS Form 3800, Au

ROBERT E CHAMBERS. 2441 STANMORE DR HOUSTON, TX 77019

SENDER: COMPLETE THIS SEC	TION	COMPLETE THIS SECTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. Alsi item 4 if Restricted Delivery is d</li> <li>Print your name and address on so that we can return the card to</li> </ul>	esired. the reverse you.	A. Signature  X  B. Received by (Printed Name)	☐ Agent ☐ Addressee  C. Date of Delivery
<ul> <li>Attach this card to the back of to or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	he mailpiece,	D. Is delivery address different from ite     If YES, enter delivery address belo	m 1? 🗆 Yes
ROBERT E CHAMBERS JR 2441 STANMORE DR			
HOUSTON, TX 77019	·	3. Service Type  Certified Mail® Priority Mai Registered Return Rec Insured Mail Collect on D	eipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7014 0510	0001 0744 0406	
PS Form 3811, July 2013	Domestic Ret	urn Receipt	

# PETROLEUM CORPORATION

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

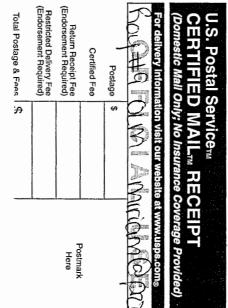
ADDRESS SERVICE REQUESTED



7014 0510 0001 0744 0413 7014 0510 0001 0744 0413

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

FLORENCE M ESSMAN CURRY 804 PALOMINO MIDLAND, TX 79705



FLORENCE M ESSMAN ( 804 PALOMINO MIDLAND, TX 79705

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  ☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
FLORENCE M ESSMAN CURRY 804 PALOMINO	
MIDLAND, TX 79705	3. Service Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510	0001 0744 0413
PS Form 3811, July 2013 Domestic Ret	urn Receipt

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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0744 0420 7014 0510 0001 0744 0420

ADDRESS SERVICE REQUESTED

CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provide For delivery Information visit our website at www.usps.com.

Postage S

Certified Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Foor Corpo Box No.

Sent To

JAMES W ESSMAN

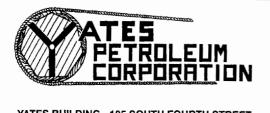
Sireet Apic No.; 1209 COUNTRY CLUB DR

Sireet Apic No. 1209 COUNTRY CLUB DR

MIDLAND, TX 79701

JAMES W ESSMAN 1209 COUNTRY CLUB I MIDLAND, TX 79701

Na 1887, page 1881, pag		Service and the service of		
SENDER: COMPLETE THIS SECT	ION	COMPLETE THIS	SECTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature		☐ Agent ☐ Addressee
		B. Received by (Pr	inted Name)	C. Date of Delivery
Article Addressed to:		D. Is delivery addre	ss different from ite livery address belo	
JAMES W ESSMAN 1209 COUNTRY CLUB DR				
MIDLAND, TX 79701	3. Service Type ☐ Certified Mai ☐ Registered ☐ Insured Mail		ceipt for Merchandise	
		4. Restricted Deliv	ery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7014 051	.0001 07	44 0420	
PS Form 3811, July 2013	Domestic Ret	urn Receipt		



0510 0001 0744 0437 0437 0510 0001 0744

#### ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 9S Form 3800, Au MIDLAND, TX 79708

P O BOX 9612 MANER B SHAW

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

MANER B SHAW P O BOX 9612 MIDLAND, TX 79708

<u> </u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
MANER B SHAW P O BOX 9612	
MIDLAND, TX 79708	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 0510	1 0001 0744 0437
PS Form 3811, July 2013 Domestic Retu	urn Receipt

# PETROLEUM CORPORATION

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

7014 0510 0001 0744 0444 7014 0510 0001 0744 0444

#### ADDRESS SERVICE REQUESTED

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

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

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

Sent To

OSCURA RESOURCES INC
FO BOX No.

P O BOX 2292

PS Form 3800, Au

PS Form 3800, Au

PS Form 3800, Au

Postmark
Here

OSCURA RESOURCES IN P O BOX 2292 ROSWELL, NM 88202-2

#### OF THE BETHEN AND OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
OSCURA RESOURCES INC P O BOX 2292	
ROSWELL, NM 88202-2292	3. Service Type  To 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 (Transfer from service label)	0 0001 0744 0444
PS Form 3811, July 2013 Domestic Re	eturn Receipt

PS Form 3800, Au

AUSTIN, TX 78701

0744 0510 0001 0510 0001 0744 0246

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Sent To Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | \$ Certified Fee Postage 1108 LA VACA ST #110-282 MIKE H ROBERTS

Postmark Here

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

	COMPLETE THIS SE	CTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse</li> </ul>			☐ Agent
),	B. Received by (Print	ed Name)	C. Date of Delivery
	3. Service Type	☐ Priority Mail☐ Return Rece☐ Collect on ☐	eipt for Merchandise
	4. Restricted Delivery	ı? (Extra Fee)	☐ Yes
051	0001 074	4 N246	
	,	A. Signature  X  B. Received by (Print)  D. Is delivery address If YES, enter delivery  3. Service Type  Certified Mail®  Registered  Insured Mail  4. Restricted Delivery	B. Received by (Printed Name)  D. Is delivery address different from iter If YES, enter delivery address below  3. Service Type  Certified Mail® Priority Mail Registered Return Receing Insured Mail Collect on Education 1

# ATES PETROLEUM CORPORATION

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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0744 0239 7014 0510 0001 0744 0239

CERTIFIED MAIL RECEIPT

COMMESSIC Mail Only; No Insurance Coverage Provided)

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

Postage S

Certified Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees S

Sinet Jair No.:

2924 MIRRORMERE CR

City, State, ZiF44

BRYAN, TX 77807

PS Form 3800, Au

CERTIFIED MAIL MARY GRIDDLE

Postmark
Here

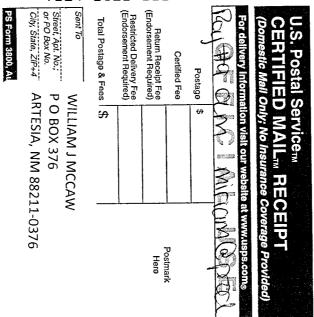
MARY G RIDDLE 2924 MIRRORMERE CR BRYAN, TX 77807

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? ☐ Yes
MARY G RIDDLE 2924 MIRRORMERE CR	If YES, enter delivery address below:
BRYAN, TX 77807	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 0744 0239
PS Form 3811, July 2013 Domestic	c Return Receipt



7014 0510 0001 0744 0222 7014 0510 0001 0744 0222

ADDRESS SERVICE REQUESTED



WILLIAM J MCCAW P O BOX 376 ARTESIA, NM 88211-0

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X		
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery		
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
WILLIAM J MCCAW			
P O BOX 376 ARTESIA, NM 88211-0376			
INIVI 00211-U3/b	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 0744 0222		
PS Form 3811, July 2013 Domestic Ref	urn Receipt		



**0510 0001 0744 0512** 

ADDRESS SERVICE REQUESTED

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

WICHITA FALLS, TX 76309

VALERIE A MAHFOOD 3014 BARRYWOOD

٠J.			7 11	u r	77	ш.	J ШС	
Total Postage & Foos	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	Pay #9 0	For delivery informa	CERTIFIED (Domestic Mail Or	U.S. Postal S
Ð				↔		For delivery information visit our website at www.usps.com	MAIL™ RE(	Service™
		Here	Doctmark	•	DED BOND	at www.usps.come	CEIPT	

VALERIE A MAHFOOD 3014 BARRYWOOD WICHITA FALLS, TX 763

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
VALERIE A MAHFOOD 3014 BARRYWOOD	
WICHITA FALLS, TX 76309	3. Service Type
	☐ Certified Mail®    ☐ Priority Mail Express™     ☐ Registered    ☐ Return Receipt for Merchandise     ☐ Insured Mail    ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 051	LO 0001 0744 0512
PS Form 3811, July 2013 Domestic Ro	eturn Receipt



ADDRESS SERVICE REQUESTED



0510 0001 0744 7014 0215 0510 0001 0744

Postmark Here

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

> 4010 LAZYBROOK DR **NOLLANVILLE, TX 76559**

Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | \$ TWIN OAKS PETRÓLEUM

Retum Receipt Fee (Endorsement Required) Certified Fee Postage

TWIN OAKS PETROLEL 4010 LAZYBROOK DR NOLLANVILLE, TX 765.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TWIN OAKS PETROLEUM 4010 LAZYBROOK DR NOLLANVILLE, TX 76559	
	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0.	510 0001 0744 0215

PS Form 3811, July 2013

Domestic Return Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 PS Form 3800, At

PS Form 3811, July 2013

0510 0001 0744 0510 0001 0744 0505

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & FAAS | \$ Certified Fee Postage JAMES A CARSON Postmark Here

LOWELL, AR 72745-1761

P O BOX 1761

JAMES A CARSON P O BOX 1761 LOWELL, AR 72745-176

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	v	ıre	☐ Agent ☐ Addresse
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Receiv	ed by (Printed Name)	C. Date of Deliver
1. Article Addressed to:	11	ery address different f enter delivery addre	
JAMES A CARSON			
P O BOX 1761 LOWELL, AR 72745-1761	☐ Reg	tified Mail® ☐ Prior	rity Mail Express™ urn Receipt for Merchandis ect on Delivery





7014 0510 0001 0744 0499 7014 0510 0001 0744 0499

### ADDRESS SERVICE REQUESTED

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.come
D
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Face   \$
Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4
Γ

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
JAMI A HARL 2485 E 54 <sup>TH</sup> ST TULSA, OK 74105-7201	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 05 (Transfer from service label)	510 0001 0744 0499
DC Form 3811 July 2013 Domestic R	leturn Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 PS Form 3800, Au

0510 0007 0744 0482 0510 0001 0744

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & Fees | \$ Certified Fee 2103 W CENTRE AVE JUANEL A HARPER ARTESIA, NM 88210-2245 Postmark Here

JUANEL A HARPER 2103 W CENTRE AVE ARTESIA, NM 88210-224

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
JUANEL A HARPER 2103 W CENTRE AVE	
ARTESIA, NM 88210-2245	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)	0510 0001 0744 0482
PS Form 3811 July 2013 Domestic F	Return Receint



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

: PS Form 3811, July 2013

7014 0510 0001 0744 0635 7014 0510 0001 0744 0635

ADDRESS SERVICE REQUESTED

DAVID A HARPER 43-1 W FUNK RD LAKE ARTHUR, NM 882

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent □ Addressee			
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery			
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No			
DAVID A HARPER				
43-1 W FUNK RD				
LAKE ARTHUR, NM 88253	3. Septice Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise			
	☐ Insured Mail ☐ Collect on Delivery			



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0744 0642 7014 0510 0001 0744 0642

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL, RECEIPT
(Domestic Mall Only; No Insurance Coverage Provide
For delivery Information visit our website at www.usps.come
Postage
Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees
Sent To
VAN WINKLE FAMILY LLC
Sireet Apt. No.:
9191 YELLOWSTONE RD
City State, ZiP+4
CONGMONT, CO 80503
PS Form 8800, A

VAN WINKLE FAMILY LLI 9191 YELLOWSTONE RI LONGMONT, CO 80503

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
VAN WINKLE FAMILY LLC 9191 YELLOWSTONE RD	3. Septice Type
LONGMONT, CO 80503	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7014 0510	0001 0744 0642
PS Form 3811, July 2013 Domestic Re	turn Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 PS Form 3800, Ad

PS Form 3811, July 2013

ADDRESS SERVICE REQUESTED



0510 ooor 0744 0001 0744 7014 0510 0659

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

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

Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & F--- | C Certified Fee Postmark Here

OCOTILLO PRODUCTION 1705 WASHINGTON AV ARTESIA, NM 88210-16

COMPLETE THIS SECTION ON DELIVERY		
A. Signature  ☐ Agent  ☐ Addresse		
B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 12 ☐ Yes		
D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No		
3. Seryice Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandis □ Insured Mail □ Collect on Delivery		
4. Restricted Delivery? (Extra Fee) ☐ Yes		



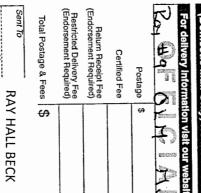
0510 0001 0744 YATES BUILDING - 105 SOUTH FOURTH STREET 0510 0001 0744 0611 7014 **ARTESIA, NEW MEXICO 88210** Street, Apt. No.; or PO Box No. City, State, ZIP+4

PS Form 3800, Au

SAN ANGELO, TX 76904 3509 DOMINION RIDGE

# ADDRESS SERVICE REQUESTED

PS Form 3811, July 2013



Postmark Here

**RAY HALL BECK** 3509 DOMINION RIDGE SAN ANGELO, TX 76904

1

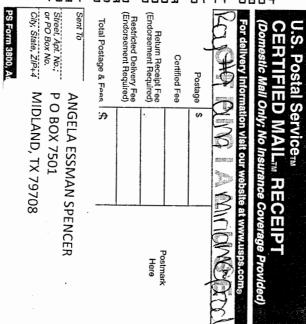
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent □ Addressee		
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery		
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No		
RAY HALL BECK 3509 DOMINION RIDGE			
SAN ANGELO, TX 76904	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 05	10 0001 0744 0611		



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

0270 0007 0744 0510 0001 0744 0604

#### ADDRESS SERVICE REQUESTED



ANGELA ESSMAN SPENCE P O BOX 7501 MIDLAND, TX 79708

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DE	LIVERY
<ul> <li>Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the mail or on the front if space permits.</li> </ul>	verse	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from it.	☐ Agent ☐ Addressee ☐ C. Date of Delivery  em 1? ☐ Yes
1. Article Addressed to:  ANGELA ESSMAN SPENCER P O BOX 7501 MIDLAND, TX 79708		If YES, enter delivery address beli	ow: 🗆 No
		3. Service Type  ☐ Certified Mail* ☐ Priority Mail ☐ Registered ☐ Return Re ☐ Insured Mail ☐ Collect on  4. Restricted Delivery? (Extra Fee)	ceipt for Merchandise
2. Article Number (Transfer from service label)	014 05	10 0001 0744 O6O4	
: PS Form 3811, July 2013	Domestic Ret	turn Receipt	





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

7014 0510 0001 0744 0475 7014 0510 0001 0744 0475

#### ADDRESS SERVICE REQUESTED

 		_		ш	<b>.</b>			113	
Sent To GE Street, Apr. No.: 20 or PO Box No. 20 City, State, ZIP+4 VII	Total Postage & Fees \$	Restricted Delivery Fee	Return Receipt Fee (Endorsement Required)	Certified Fee	) Postage	Ray #9 6	For delivery informs	CERTIFIED (Domestic Mail Or	U.S. Postal Service™
GEORGE S CRANFORD 2009 HUBBARD CT VILLA RICA, GA 30180	€9				€9	HO MAN	For delivery information visit our website at www.usps.com	ERTIFIED MAILTM RECEIPT omestic Mail Only; No Insurance Coverage Provid	Service™
RD:			Postmark Here				at www.usps.com	CEIPT overage Provid	

GEORGE S CRANFORD 2009 HUBBARD CT VILLA RICA, GA 30180

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	Y Agent
<ul> <li>Attach this card to the back of the mailpiec or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	
GEORGE S CRANFORD 2009 HUBBARD CT	
VILLA RICA, GA 30180	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	14 0510 0001 0744 0475
PS Form 3811, July 2013 Don	nestic Return Receipt



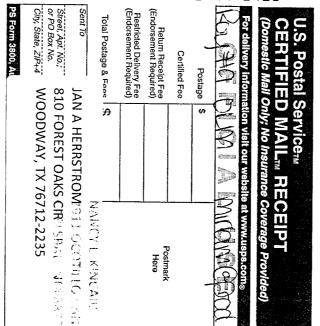


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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

0510 0001 0744 0510 0001 0744 0468 7014

#### ADDRESS SERVICE REQUESTED



JAN A HERRSTROM 810 FOREST OAKS CIR WOODWAY, TX 76712-2

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
JAN A HERRSTROM 810 FOREST OAKS CIR WOODWAY, TX 76712-2235	3. Service Type  ☑ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 051	0 0001 0744 0468
PS Form 3811, July 2013 Domestic Re	eturn Receipt



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7014 0510 0001 0744 0451 7014 0510 0001 0744 0451

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

PS Form 3811, July 2013

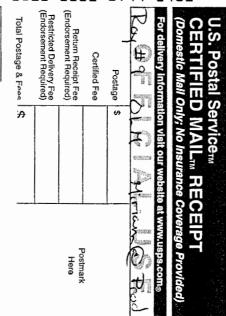
ADDRESS SERVICE REQUESTED

Sent To CYI

Sirect Apt. No.; 21:
or PO Box No.
City. State, ZiP+4 AU

PS Form 8800 Au

CYDNEY M MEDFORD 2111 PAISANO RD AUSTIN, TX 78746



CYDNEY M MEDFORD 2111 PAISANO RD AUSTIN, TX 78746

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  ☐ Agent ☐ Addressee	
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No	
CYDNEY M MEDFORD		
2111 PAISANO RD AUSTIN, TX 78746	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Article Number  (Transfer from service label)  7014	0510 0001 0744 0451	



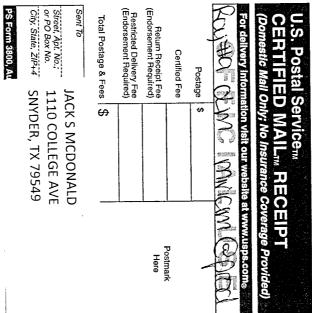


GERTIFIED WATER

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

7014 0510 0001 0744 0734 7014 0510 0001 0744 0734

#### ADDRESS SERVICE REQUESTED



JACK S MCDONALD 1110 COLLEGE AVE SNYDER, TX 79549

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

			;
SENDER: COMPLETE THIS SECTION	ON	COMPLETE THIS SECTION ON DE	LIVERY
<ul> <li>Complete items 1, 2, and 3. Also c item 4 if Restricted Delivery is desi</li> <li>Print your name and address on th so that we can return the card to y</li> <li>Attach this card to the back of the or on the front if space permits.</li> </ul>	red. e reverse ou.	A. Signature  X  B. Received by (Printed Name)	☐ Agent ☐ Addressee  C. Date of Delivery
Article Addressed to:		D. Is delivery address different from ite If YES, enter delivery address belo	
JACK S MCDONALD 1110 COLLEGE AVE			
SNYDER, TX 79549		☐ Insured Mail ☐ Collect on	eipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7014 0	1510 0001 0744 073:	+
PS Form 3811, July 2013	Domestic Re	turn Receipt	!





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YATES BUILDING - 105 SOUTH FOURTH STREE1 **ARTESIA, NEW MEXICO 88210** PS Form 3800,

0510 0001 0744 7014 0510 0001 0744 0765

#### ADDRESS SERVICE REQUESTED

Street, Apt. No. or PO Box No. City, State, ZIP. Sent To Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Certified Fee Postage GRANDBURY, TX 76049-5788 2106 WILLS WAY RD MICHAEL T CARTER \$ Postmark Here

MICHAEL T CARTER 2106 WILLS WAY RD GRANDBURY, TX 76049

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  Agent  Addressee	
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
MICHAEL T CARTER 2106 WILLS WAY RD		
GRANDBURY, TX 76049-5788	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 05	LO 0001 0744 0765	

Domestic Return Receipt

PS Form 3811, July 2013

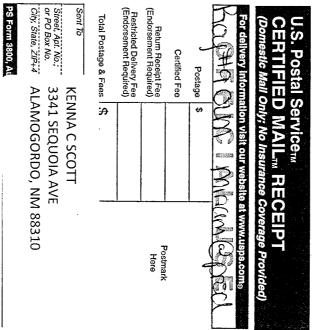




PS Form 3811, July 2013

7014 0510 0001 0744 0741 7014 0510 0001 0744 0741

#### ADDRESS SERVICE REQUESTED



KENNA C SCOTT 3341 SEQUOIA AVE ALAMOGORDO, NM 88.

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature		☐ Agent ☐ Addresse	
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>	B. Received by (Printe	B. Received by (Printed Name)		
Article Addressed to:	li '	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
	H			
KENNA C SCOTT				
KENNA C SCOTT 3341 SEQUOIA AVE				
	3. Service Type  Certified Mail®  Registered  Insured Mail	☐ Priority Mai ☐ Return Rec ☐ Collect on I	eipt for Merchandise	



2. Article Number

(Transfer from service label)
PS Form 3811, July 2013

ADDRESS SERVICE REQUESTED



7014 0510 0001 0744 0758 7014 0510 0001 0744 0758

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

WINSTON, NM 87943

STERLING M CARTER

U.S. Postal Service.

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage P

For delivery Information visit our website at www.usp.

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Total Postage & Fees

Return Receipt Fee (Endorsement Required)

Total Postage & Fees

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Total Postage & Fees

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

STERLING M CARTER P O BOX 97 WINSTON, NM 87943

CACE STICKEN AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
	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
STERLING M CARTER P O BOX 97	
WINSTON, NM 87943	3. Se vice 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

7014 0510 0001 0744 0758





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

PS Form 3800, Au ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Sent To MAYHILL, NM 88339

CAUPAHE PROPERTIES PARTNERSHIP 5299 RIO PENASCO RD

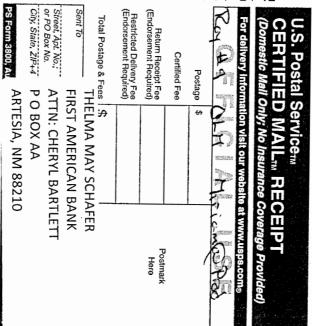
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | \$ Certified Fee Postage Postmark Here

CAUPAHE PROPERTIES P. 5299 RIO PENASCO RD MAYHILL, NM 88339

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complet item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the rever</li> </ul>	☐ Agent
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpie or on the front if space permits.</li> </ul>	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
CAUPAHE PROPERTIES PARTNERSH 5299 RIO PENASCO RD	НІР
MAYHILL, NM 88339	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	014 0510 0001 0744 0772
PS Form 3811, July 2013 Do	omestic Return Receipt

7014 0510 0001 0744 0796 7014 0510 0001 0744 0796

#### ADDRESS SERVICE REQUESTED



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

PLACE STOCKER AT 10P OF ENVELORE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         THELMA MAY SCHAFER         FIRST AMERICAN BANK         ATTN: CHERYL BARTLETT     </li> </ul>	A. Signature  X
P O BOX AA ARTESIA, NM 88210	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 05	lo 000l 0744 0796

Domestic Return Receipt

PS Form 3811, July 2013





7014 0510 0001 0744 0789 7014 0510 0001 0744 0789

### ADDRESS SERVICE REQUESTED

Sent To MA Street, Apt. No.; 142: or PO Box No. City, State, ZIP+4 EDN	Total Postage & Fron C	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery informatio	U.S. Postal Service T.M. CERTIFIED MAIL. (Domestic Mail Only; No Insu
MARGARET RABURN TRUST 1428 NW 168 <sup>TH</sup> STREET EDMOND, OK 73012-6873			Here			For delivery information visit our website at www.usps.come	U.S. Postal Service <sub>™</sub> CERTIFIED MAIL <sub>™</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provide

MARGARET RABURN TRI 1428 NW 168<sup>TH</sup> STREET EDMOND, OK 73012-68

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
PACE SHOWER STATES	
PLACE STICKER AT TOP OF ENVELOPE TO THE HIGHT	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
MARGARET RABURN TRUST 1428 NW 168 <sup>TH</sup> STREET	
EDMOND, OK 73012-6873	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7014	0510 0001 0744 0789
PS Form 3811 July 2013 Domestic	Return Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210** PS Form 3800, Aug

0001 0744 0510 0001 0744 0802

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & Fees | \$ Certified Fee Postage JAMES R SWOPE KERRVILLE, TX 78028-3843 1832 MOUNTAIN LAUREL Postmark Here

JAMES R SWOPE 1832 MOUNTAIN LAUR KERRVILLE, TX 78028-38

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  Agent  Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
JAMES R SWOPE 1832 MOUNTAIN LAUREL	
KERRVILLE, TX 78028-3843	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 05	510 0001 0744 0802
PS Form 3811, July 2013 Domestic	Return Receipt



0510 0007 7014 0510 0001 0744 0856

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

PS Form 3811, July 2013

ADDRESS SERVICE REQUESTED

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

> 2911 OCOTILLO CANYON DR CARLSBAD, NM 88220

NANCY L KINCAID

Restricted Delivery Fee (Endorsement Required) Total Postage & Fees

Return Receipt Fee (Endorsement Required) Certified Fee <del>()</del>

Postmark Here

Postage

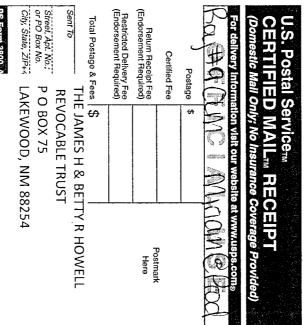
MANCY L KINCAID 2911 OCS FILLO CANYON CARLSBAD, MM 88220

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X	
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? ☐ Yes	
1. Article Addressed to:  NANCY L KINCAID  2911 OCOTILLO CANYON DR	If YES, enter delivery address below: ☐ No	
CARLSBAD, NM 88220	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  Gransfer from service label)  7014 0	510 0001 0744 0826	



7014 0510 0001 0744 0819 7014 0510 0001 0744 0819

### ADDRESS SERVICE REQUESTED



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

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

## SENDER: COMPLETE THIS SECTION

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

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

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

Article Number
 (Transfer from service label)

7014 0510 0001 0744 0819

PS Form 3811, July 2013



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

0510 0001 0744 0510 0001 0744 0833

#### ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 PS Form 3800, Aug LAKEWOOD, NM 88254

P O BOX 94 RICHARD HOWELL ESTATE

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

RICHARD HOWELL ESTAT P O BOX 94 LAKEWOOD, NM 88254

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? ☐ Yes
Article Addressed to:	If YES, enter delivery address below:
RICHARD HOWELL ESTATE P O BOX 94	
LAKEWOOD, NM 88254	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 0	510 0001 0744 0833
PS Form 3811, July 2013 Domestic	Return Receipt

ADDRESS SERVICE REQUESTED

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013



7014 0510 0001 0744 0840 7014 0510 0001 0744 0840

> Postage Certified Fee

Postmark Here

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

Return Receipt Fee indorsement Required)

Restricted Delivery Fee indorsement Required)

Total Postage & Fees

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIP
(Domestic Mail Only; No Insurance Covera)
For delivery information visit our website at www.

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

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

OF THE HEIDRIN ADDRESS, FOLD AT DOTTED LINE

7014 0510 0001 0744 0840

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





YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210** PS Form 3800, Au

0510 0007 0744 7014 0510 0001 0744 0857

ADDRESS SERVICE REQUESTED

;

PS Form 3811, July 2013

Street, Apt. No.; or PO Box No. City, State, ZIP+4 Sent To Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | \$ Certified Fee Postage P O BOX 50327 AUSTIN, TX 78763-0327 ALLISON CLAIRE CURRY SAUNDERS Postmark Here

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

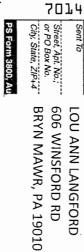
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	A. Signature  X □ Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ALLISON CLAIRE CURRY SAUNDERS P O BOX 50327	
AUSTIN, TX 78763-0327	3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 053	LO 0001 0744 0857

**ARTESIA, NEW MEXICO 88210** 

YATES BUILDING - 105 SOUTH FOURTH STREET

0510 0007 0510 0001 0744 0864

#### ADDRESS SERVICE REQUESTED



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

LOU ANN LANGFORD 606 WINSFORD RD BRYN MAWR, PA 19010

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
LOU ANN LANGFORD 606 WINSFORD RD	
BRYN MAWR, PA 19010	3. Septice 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 0744 0864
PS Form 3811, July 2013 Domestic Re	turn Receipt





7014 0510 0001 0744 0871 7014 0510 0001 0744 0871

ADDRESS SERVICE REQUESTED

JEFFERSON MILNER LANGFORD

Street, Apt. No.:
Or PO Box No.
P O BOX 22205

City, State, ZiP+4

SANTA FE, NM 87502

PS Form \$800, A

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

Certified Fee

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

Total Postage & Fees

Total Postage & Fees

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

S

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X
Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	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
JEFFERSON MILNER LANGFORD P O BOX 22205	If YES, enter delivery address below: LI No
SANTA FE, NM 87502	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 0	510 0001 0744 0871
PS Form 3811, July 2013 Domestic Re	eturn Receipt



0001 0744 0510 0001 0744 0901

ADDRESS SERVICE REQUESTED

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

LOCKHART, TX 78644 1173 ISIDORA TRAIL ROBERT GLASS LANGFORD

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

ROBERT GLASS LANGFO 1173 ISIDORA TRAIL LOCKHART, TX 78644

SENDER: COMPLETE THIS SECTION	ON	COMPLETE THIS SECTION ON DE	LIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature	☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from it     If YES, enter delivery address bel	
ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL			
LOCKHART, TX 78644	ı	3. Service Type  ☐ Certified Mail® ☐ Priority M: ☐ Registered ☐ Return Re ☐ Insured Mail ☐ Collect on  4. Restricted Delivery? (Extra Fee)	ceipt for Merchandise
Article Number     (Transfer from service label)	7014 0510	] 0001 0744 0901	
PS Form 3811, July 2013	Domestic Ret	urn Receipt	

0510 0001 0744 8880

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

: PS Form 3811, July 2013

### ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 os Form 3800, Au BIG FORK, MT 59911

P O BOX 2827 GAYLE ELIZABETH LANGFORD

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature	☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from ite If YES, enter delivery address belo	<b>—</b>
GAYLE ELIZABETH LANGFORD P O BOX 2827 BIG FORK, MT 59911		
	3. Service Type  Grentified Mail® Priority Mail  Registered Return Rec	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7014	510 0001 0744 0888	





7014 0510 0001 0744 0895 7014 0510 0001 0744 0895

#### ADDRESS SERVICE REQUESTED

CERTIFIED MAIL<sub>TM</sub> RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage

Certified Fee
(Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

GAYLE GLASS ROCHE

Siried To

GAYLE GLASS ROCHE

Siried To

GAYLE GLASS ROCHE

Siried To

AUSTIN, TX 78763

PS Form 3800. Au

PS Form 3800. Au

PS Form 3800. Au

GAYLE GLASS ROCHE P O BOX 50248 AUSTIN, TX 78763

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the major on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	verse	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from ite If YES, enter delivery address below	
GAYLE GLASS ROCHE P O BOX 50248 AUSTIN, TX 78763		3. Seprice Type  ☑ Certified Mail® ☐ Priority Ma ☐ Registered ☐ Return Red ☐ Insured Mail ☐ Collect on  4. Restricted Delivery? (Extra Fee)	ceipt for Merchandise
Article Number (Transfer from service label)	014 05	10 0001 0744 0895	
PS Form 3811, July 2013	Domestic Ret	urn Receipt	



1991111919191/AII - 11891

7014 0510 0001 0744 0918 7014 0510 0001 0744 0918

ADDRESS SERVICE REQUESTED

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

MARSHALL & WINSTON, INC P O BOX 50880

MIDLAND, TX 79710-0880

U.S. Postal Service<sub>m</sub>
CERTIFIED MAIL<sub>m</sub> RECEIPT
(Domestic Mall Only; No Insurance Coverage Provided)
For delivery Information visit our website at www.usps.com<sub>8</sub>
Postage

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

Total Postage & Fees

S

MARSHALL & WINSTON P O BOX 50880 MIDLAND, TX 79710-08

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
MARSHALL & WINSTON, INC P O BOX 50880 MIDLAND, TX 79710-0880	
	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 0744 0918

Domestic Return Receipt

PS Form 3811, July 2013



PS Form 3811, July 2013

ADDRESS SERVICE REQUESTED

7014 0510 0001 0744 0925 7014 0510 0001 0744 0925

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

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

Postage S
Certified Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Face S

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X □ Agent □ Addressee  B. Received by (Printed Name) □ C. Date of Delivery  D. Is delivery address different from item 1? □ Yes
1. Article Addressed to:  HOPE ROYALTIES, LLC P O BOX 1326	If YES, enter delivery address below:   No
ARTESIA, NM 88211-1326	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 05	10 0001 0744 0925



**5**6932 0510 0001 0744 7014

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 PS Form 3800, Au

ADDRESS SERVICE REQUESTED

Sent To City, State, ZIP+4 Street, Apt. No.; or PO Box No. Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | \$ Certified Fee Postage ROSWELL, NM 88202-2292 P O BOX 2292 MADISON M & SUSAN M HINKLE Postmark Here

MADISON M & SUSAN P O BOX 2292 ROSWELL, NM 88202-7

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  MADISON M & SUSAN M HINKLE P O BOX 2292	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROSWELL, NM 88202-2292	Service Type     □ Certified Mail <sup>®</sup> □ Priority Mail Express <sup>™</sup> □ Registered    □ Return Receipt for Merchandise     □ Insured Mail    □ Collect on Delivery  4. Restricted Delivery? (Extra Fee)    □ Yes
2. Article Number (Transfer from service label) 7014 05	10 0001 0744 0932
PS Form 3811, July 2013 Domestic Reti	urn Receipt



7014 0510 0001 0744 0956 7014 0510 0001 0744 0956

ADDRESS SERVICE REQUESTED

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

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

Postage

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

Total Postage & Fees

Sent To

ROLLA R III AND ROSEMARY H HINKLE

Sirrest, Apt. No.:
or PO Box No.
Or PO Box No.
PO BOX 2292

ROSWELL, NM 88202-2292

ROLLA R III AND ROSEM P O BOX 2292 ROSWELL, NM 88202-2

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROLLA R III AND ROSEMARY H HINKLE P O BOX 2292	
ROSWELL, NM 88202-2292	3. Septice 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 051	0 0001 0744 0956
PS Form 3811, July 2013 Domestic Ret	Danairi





7014 0510 0001 0744 0949 7014 0510 0001 0744 0949

#### ADDRESS SERVICE REQUESTED

CERTIFIED MAILTM RECEIPT

(Domestic Mall Only; No Insurance Coverage Provided)

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

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees S

Total Postage & Fees S

QUETICO SUPERIOR FOUNDATION

Sireet, Apic. No.:

ON SO S 6<sup>TH</sup> STREET STE 1500

Sireet, Apic. No.:

ON SIREET, ZIP+4

MINNEAPOLIS, MN 55402-1498

QUETICO SUPERIOR FOL ATTN: THOMAS VANDER 50 S 6<sup>TH</sup> STREET STE 1500 MINNEAPOLIS, MN 5540

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 VANDERMOLEN 50 S 6<sup>TH</sup> STREET STE 1500 MINNEAPOLIS, MN 55402-1498

#### COMPLETE THIS SECTION ON DELIVERY

- 3. Service Type
  - Certified Mail®
    - <sup>®</sup> ☐ Priority Mail Express<sup>™</sup>
  - ☐ Registered
- ☐ Return Receipt for Merchandise☐ Collect on Delivery
- ☐ Insured Mail
- □ Yes
- 4. Restricted Delivery? (Extra Fee)
- 2. Article Number (Transfer from service label)

7014 0510 0001 0744 0949



> (Transfer from service label) PS Form 3811, July 2013

ADDRESS SERVICE REQUESTED



0510 0510 0001 0744 0659

PS Form 3800, Au

Sireet, Apt. No.; or PO Box No. City, State, ZIP+4 MIDLAND, TX 79710

P O BOX 50880 LONESOME OIL, LLC

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

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

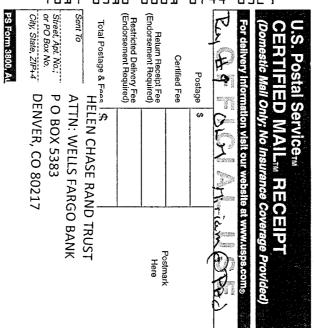
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X □ Agent □ Addressee	
	B. Received by (Printed Name)  C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
LONESOME OIL, LLC P O BOX 50880		
MIDLAND, TX 79710	3. Service Type □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number  (Transfer from service label) 7014 051	0 0001 0744 0659	



7014 0510 0001 0744 0529 7014 0510 0001 0744 0529

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

### ADDRESS SERVICE REQUESTED



HELEN CHASE RAND TRU ATTN: WELLS FARGO BAI P O BOX 5383 DENVER, CO 80217

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

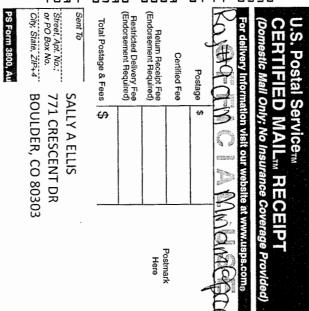
SENDER: COMPLETE THIS SECTION	ON	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>		A. Signature  X  B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery	
		D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No		
HELEN CHASE RAND TRUST ATTN: WELLS FARGO BANK P O BOX 5383				
DENVER, CO 80217		3. Service Type  ☐ Certified Mail® ☐ Priority Mai ☐ Registered ☐ Return Rec ☐ Insured Mail ☐ Collect on	eipt for Merchandise	
		4. Restricted Delivery? (Extra Fee)	☐ Yes	
Article Number     (Transfer from service label)	7014 053	LO 0001 0744 0529		
PS Form 3811 July 2013	Domestic Ref	turn Receipt	<b>!</b>	



7014 0510 0001 0744 0536 7014 0510 0001 0744 0536

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

### ADDRESS SERVICE REQUESTED



SALLY A ELLIS 771 CRESCENT DR BOULDER, CO 80303

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
PLACE STICKER AT TOP OF EWELOPE TO THE HIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
SALLY A ELLIS 771 CRESCENT DR BOULDER, CO 80303	
BOOLDEN, CO GOSTA	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 0	510 0001 0744 0536
PS Form 3811, July 2013 Domestic Re	eturn Receipt



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

7014 0510 0001 0744 0543 7014 0510 0001 0744 0543

ADDRESS SERVICE REQUESTED

JENNA HINKLE SARTORI
Sireet Ant. No.;
or PO Box No.
City, State, ZiF+4 PENNGROVE, CA 94951-9664
PS Form 8800, A

U.S. Postal Service<sub>TM</sub>

CERTIFIED MAIL<sub>TM</sub> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provide)

For delivery Information visit our website at www.usps.com<sub>®</sub>

For delivery Information visit our website at www.

JENNA HINKLE SARTOF 5710 HATCHERY CT PENNGROVE, CA 9495

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DEL	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>		A. Signature	☐ Agent ☐ Addressee
<ul> <li>so that we can return the card to you</li> <li>Attach this card to the back of the ma or on the front if space permits.</li> </ul>		B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:		D. Is delivery address different from iter     If YES, enter delivery address below	<b>—</b>
JENNA HINKLE SARTORI 5710 HATCHERY CT			
PENNGROVE, CA 94951-9664		3. Service Type  Certified Mail® Priority Mail Registered Return Rec Insured Mail Collect on I	eipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	114 051	oool 0744 0543	
PS Form 3811, July 2013	Domestic Ret	urn Receipt	





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0744 0550 7014 0510 0001 0744 0550

#### ADDRESS SERVICE REQUESTED

CERTIFIED MAIL<sub>TM</sub> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

Certified Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To KRISTEN COOMES

Sireat, Tapt. No.; 265 259<sup>TH</sup> AVE NE or PO Box No. 265 259<sup>TH</sup> AVE NE

PS Form 3800, Au

PS Form 3800, Au

PS Form 3800, Au

CERTIFIED MAIL<sub>TM</sub> RECEIPT

Postage Provided)

Postmark
Here

KRISTEN COOMES 265 259<sup>TH</sup> AVE NE SAMMAMISH, WA 9807

## OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>KRISTEN COOMES 265 259<sup>TH</sup> AVE NE</li> </ul>	A. Signature  X
SAMMAMISH, WA 98074-3478	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)	10 0001 0744 0550
PS Form 3811 July 2013 Domestic Re	turn Receipt

YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210** PS Form 3800, Au

ADDRESS SERVICE REQUESTED



0510 0001 0744 0581

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

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

Restricted Delivery Fee (Endorsement Required) Retum Receipt Fee (Endorsement Required) Total Postage & F Certified Fee Postage Postmark Here

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

The second second						
	ER: CC	MADLE	THE THE	IC CE	CTIC	١N
$S = N \cup S$	11-21-14-04	MUPLE		3 OE	$\mathbf{c}_{i}$	21

- Complete items 1, 2, and 3. Also complete 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? If YES, enter delivery address below:

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

2. Article Number (Transfer from service label) 7014 0510 0001 0744 0581

PS Form 3811, July 2013



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

7014 0510 0001 0744 0567 7014 0510 0001 0744 0567

#### ADDRESS SERVICE REQUESTED

CERTIFIED MAIL TM RECEIPT
(Dormestic Mail Only; No insurance Coverage Provided)

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

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

Sent To

BETTIANNE H BOWEN LIVING TRUST
or PO Box No.
238 BEVERLY CT

City. State. ZiP+4

KING CITY, CA 93930-3501

PS Form 3800, Au

PS Form 3800, Au

RECEIPT

Postmark
Here

BETTIANNE H BOWEN L 238 BEVERLY CT KING CITY, CA 93930-35

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>BETTIANNE H BOWEN LIVING TRUST 238 BEVERLY CT</li> </ul>	A. Signature  X
KING CITY, CA 93930-3501	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 05	10 0001 0744 0567
PS Form 3811, July 2013 Domestic	Return Receipt

0510 0007 0744 0510 0001 0744 0574

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

PS Form 3811, July 2013

ADDRESS SERVICE REQUESTED

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

**ROSWELL, NM 88202-1793** P O BOX 1793

HINKLE LIVING **TRUST** 

Restricted Delivery Fee Endorsement Required) Retum Receipt Fee (Endorsement Required) Total Postage & Fees Certified Fee <del>6</del>

HINKLE LIVING TRUST P O BOX 1793 ROSWELL, NM 88202-1

#### COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: HINKLE LIVING TRUST P O BOX 1793 ROSWELL, NM 88202-1793 3. Service Type ☐ Certified Mail® □ Priority Mail Express<sup>™</sup> ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7014 0510 0001 0744 0574 (Transfer from service label)



YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210** PS Form 3800, Au

ADDRESS SERVICE REQUESTED

0510 0001 0744 0510 0001 0744 0598

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

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

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

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS S	ECTION ON DEL	LIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>		A. Signature		☐ Agent ☐ Addressee
<ul> <li>Attach this card to the back of the ma or on the front if space permits.</li> </ul>		B. Received by (Prin		C. Date of Delivery
Article Addressed to:		D. Is delivery addres  If YES, enter deli	s different from ite very address belo	
JAMES L HINKLE ESTATE P O BOX 2262				
KING CITY, CA 93930	L	3. Service Type  Certified Mail*  Registered Insured Mail	,	ceipt for Merchandise
		4. Restricted Delive	ry? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7014 09	270 0007 O.	744 0598	) 
PS Form 3811, July 2013	Domestic Ret	urn Receipt		

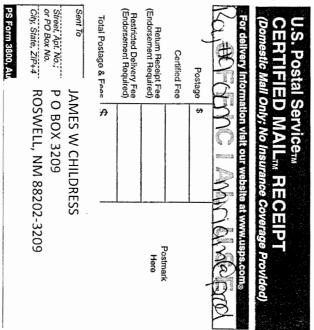




【サヨ:11/13/3/1/5/1/48

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7014 0510 0001 0744 0666 7014 0510 0001 0744 0666

#### ADDRESS SERVICE REQUESTED



JAMES W CHILDRESS P O BOX 3209 ROSWELL, NM 88202-321

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

SENDER: COMPLETE THIS SECTION	10/4	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverso that we can return the card to you.</li> <li>Attach this card to the back of the mailpie or on the front if space permits.</li> <li>Article Addressed to:</li> <li>JAMES W CHILDRESS</li> <li>P O BOX 3209</li> </ul>	se	A. Signature  X			
ROSWELL, NM 88202-3209		3. Service Type  ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes			
Article Number     (Transfer from service label)	014 (	3510 0001 0744 0666			
PS Form 3811, July 2013	omestic Re	eturn Receipt			





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

PS Form 3811, July 2013

7014 0510 0001 0744 0673 7014 0510 0001 0744 0673

ADDRESS SERVICE REQUESTED

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

Postage
Postage
Certified Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees
SHIRLEY CHILDRESS
Sireet, Tapt. No.:
or PO Box No.
Oily, State, ZiP+4
ROSWELL, NM 88201-2135
PS Form 4800, A

SHIRLEY CHILDRESS 604 N DELAWARE AVE #2 ROSWELL, NM 88201-21:

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X ☐ Agent ☐ Addressee  B. Received by (Printed Name)
Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
SHIRLEY CHILDRESS 604 N DELAWARE AVE #2 ROSWELL, NM 88201-2135	
ROSWELL, NW 88281 2288	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 05	10 0001 0744 0673



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

ADDRESS SERVICE REQUESTED



7014 0510 0001 0744 0680 7014 0510 0001 0744 0680

Sent To LYNI
Siriest, Apt. No.; 380
or PO Box No.
City, State, ZiP44 ALBI
PS Form 3800, Au

LYNN E DESPER

380 LOS RANCHOS RD NW
ALBUQUERQUE, NM 87107-6532

U.S. Postal Service<sub>TM</sub>

CERTIFIED MAIL<sub>TM</sub> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage

Certified Fee
(Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Faces

Total Postage & Faces

Total Postage & Faces

LYNN E DESPER 380 LOS RANCHOS RD ALBUQUERQUE, NM 8

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

COMPLETE THIS SECTION ON DELIV	ERY
A. Signature	☐ Agent☐ Addressee
B. Received by (Printed Name)	Date of Delivery
D. Is delivery address different from item     If YES, enter delivery address below:	_
3. Service Type  ☐ Certified Mail® ☐ Priority Mail Ex ☐ Registered ☐ Return Receip ☐ Insured Mail ☐ Collect on Del	t for Merchandise
4. Restricted Delivery? (Extra Fee)	☐ Yes
0 0001 0744 0680	
	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from item If YES, enter delivery address below:  3. Service Type  Certified Mail® Priority Mail E. Registered Return Receip Insured Mail Collect on Del  4. Restricted Delivery? (Extra Fee)



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

PS Form 3811, July 2013

0510 0007 0744 0510 0001 0744 0697

ADDRESS SERVICE REQUESTED

Street, Apt. No.; or PO Box No. City, State, ZIP+4 PS Form 3800, Au BIXBY, OK 74008 RT 6 15880 S PEORIA WILLIAM B LANDSHEFT

Total Postage & Fees | \$

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
WILLIAM B LANDSHEFT RT 6 15880 S PEORIA	
BIXBY, OK 74008	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 [	)510 0001 0744 0697





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

7014 0510 0001 0744 0703 7014 0510 0001 0744 0703

ADDRESS SERVICE REQUESTED

RICHARD H LANDSHEFT 2313 JIM DENT EL PASO, TX 79939

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  No.
1. Article Addressed to:	If YES, enter delivery address below:
RICHARD H LANDSHEFT, JR 2313 JIM DENT	
EL PASO, TX 79939	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
•	4. Restricted Delivery? (Extra Fee)
2, Article Number 7014 05	10 0001 0744 0703
(Transfer from service label)	

Domestic Return Receipt

PS Form 3811, July 2013



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

7014 0510 0001 0744 0710 7014 0510 0001 0744 0710

ADDRESS SERVICE REQUESTED

PS Form 3811, July 2013

1			_					·	
	MCQUIDDY COMM. & ENERGY, INC Street Apt No. P O BOX 2072 or PO Box No. P OSWELL, NM 88201	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAILTH RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™
	. & ENERGY, INC			Postmark Here		_	at www.usps.como	CEIPT Coverage Provided)	

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

CACE STICKER AT TOP OF ENVELOPE TO THE HIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	/ERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature X	☐ Agent
	J. 11000.1100 5, 1	C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?	
MCQUIDDY COMM. & ENERGY, INC P O BOX 2072 ROSWELL, NM 88201		
	3. Service Type  Certified Mail® Priority Mail  Registered Return Recurred Insured Mail	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7014 05	510 0001 0744 0710	

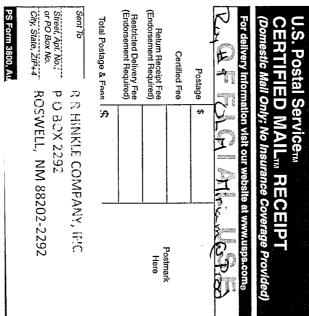
# PETROLEUM CORPORATION 701

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

PS Form 3811, July 2013

7014 0510 0001 0744 0727 7014 0510 0001 0744 0727

#### ADDRESS SERVICE REQUESTED



R R HINKLE COMPANY, P O BOX 2292 ROSWELL, NM 88202-2

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

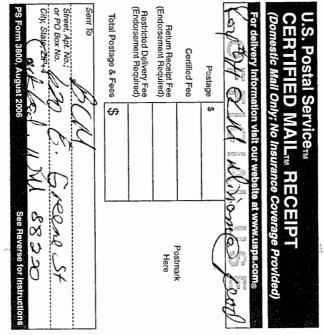
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X	
	B. Received by (Printed Name) C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No	
R R HINKLE COMPANY, INC P O BOX 2292 ROSWELL, NM 88202-2292		
	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 05	10 0001 0744 0727	



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

7014 0510 0001 0744 4985

#### ADDRESS SERVICE REQUESTED



Bureau of Land Management 620 E. Greene St. Carlsbad, NM 88220

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Bureau of Land Management 620 E. Greene St. Carlsbad, NM 88220		
	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	0744 4985	