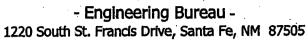
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# NEW MEXICO OIL CONSERVATION DIVISION





	WRITHISTWALLAE	APPLICATION GI	IFOLITIO I	
THIS CHECKLIST IS M	ANDATORY FOR ALL ADMINISTRATIVI WHICH REQUIRE PROCES	E APPLICATIONS FOR EXCEPTIONS ISING AT THE DIVISION LEVEL IN SA		EGULATIONS
[DHC-Dowi [PC-Po	ndard Location] [NSP-Non-St: nhole Commingling] [CTB-L ol Commingling] [OLS - Off- [WFX-Waterflood Expansion]	ease Commingling] [PLC-l Leasé Storage] [OLM-Off- [PMX-Pressure Maintenan al] [IPI-injection Pressure l	Pooi/Lease Commingl Lease Measurement] Ice Expansion] Increase]	ing)
	PLICATION - Check Those V Location - Spacing Unit - Sin			
Check [B]	One Only for [B] or [C]  Commingling - Storage - Me  DHC CTB	asurement PLC PC OLS	OLM	
(C)		e Increase - Enhanced Oil Rec SWD		
[D]	Other: Specify		<del></del>	
[2] NOTIFICATI [A]	ON REQUIRED TO: - Check Working, Royalty or Ove	k Those Which Apply, or 🛭 D erriding Royalty Interest Own	~ ~ ~	
( <b>B</b> )	Offset Operators, Leaseh	olders or Surface Owner		
[ <b>C]</b>	Application is One Which	h Requires Published Legal N	Notice	e tour
		current Approval by BLM or Sommissioner of Public Lands, State Land Offi		
19   1989   1997   <b>[E]</b> 1999	For all of the above, Prod	of of Notification or Publication	on is Attached, and/or,	
<b>[F]</b>	☐ Waivers are Attached	en e		
	CURATE AND COMPLETE TION INDICATED ABOVE			не түре
ipproval is accurate an	ION: I hereby certify that the description of my kind information and notification and notification.	nowledge. I also understand t	that <b>no action</b> will be t	inistrative taken on this
Note:	Statement must be completed by an	Individual with managerial and/or	supervisory capacity.	
Print or Type Name	Signature	Title		Date
		e-mail Addre	 !SS	

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.

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### NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

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



Mark Stephens@oxy.com

e-mail Address

ADMINISTRATIVE APPLICATION CHECKLIST THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE **Application Acronyms:** [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication] [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling] [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement] [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion] [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase] [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response] **TYPE OF APPLICATION** - Check Those Which Apply for [A] [1] Location - Spacing Unit - Simultaneous Dedication [A] ☐ NSL ☐ NSP ☐ SD Check One Only for [B] or [C] Commingling - Storage - Measurement ☐ DHC ☐ CTB 🖫 PLC ☐ PC ☐ OLS ☐ OLM [C]Injection - Disposal - Pressure Increase - Enhanced Oil Recovery ] WFX □ PMX □ SWD □ IPI □ EOR □ PPR [D] Other: Specify [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or  $\square$  Does Not Apply [A] Working, Royalty or Overriding Royalty Interest Owners [B] Offset Operators, Leaseholders or Surface Owner [C]X Application is One Which Requires Published Legal Notice [D] Notification and/or Concurrent Approval by BLM or SLO U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office For all of the above, Proof of Notification or Publication is Attached, and/or, [E] [F]Waivers are Attached SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE [3] OF APPLICATION INDICATED ABOVE. CERTIFICATION: I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on this application until the required information and notifications are submitted to the Division. Note: Statement must be completed by an individual with managerial and/or supervisory capacity. Mark Steplan Mark Stephens Print or Type Name

And the state of t



May 25, 2005

State of New Mexico Energy, Minerals & Natural Resources Department Oil Conservation Division 1220 S. St. Francis Dr. Santa Fe, NM 87505

RE: Request for Pool and Lease Commingling
B. Hardin Lease
(Well No. 1, API No. 30-025-36934)
Section 19, T-18-S, R-38-E
Hobbs Deep "A" Lease
(Well No. 1, API No. 30-025-36046)
Section 13, T-18-S, R-37-E
Lea County, NM



OXY USA WTP Limited Partnership (operator of the B. Hardin Lease) and Occidental Permian Limited Partnership (operator of the Hobbs Deep "A" Lease), hereinafter known as 'OXY', respectfully requests approval for Pool and Lease Commingling of the above referenced leases. Please note that this filing is an amendment to existing Administrative Order OLS-191 (3/21/05) for Off-Lease Storage and Measurement approved for the B. Hardin Well No. 1 (copy of Order attached). This request is for commingling of oil only (which will be metered separately prior to commingling) – gas is to be sold through individual gas sales meters serving each lease.

Hobbs Deep "A" Well No. 1 was drilled and completed in 2002 – 2003, and was previously approved for downhole commingling in the following three pools by Order DHC-3089 (12/16/02):

Hobbs; Tubb Northwest (97211) Hobbs; Drinkard Northwest (97184) Hobbs; Abo Northwest (97212)

The B. Hardin Well No. 1 was recently completed in the Hobbs; Abo Northwest Pool. It is currently undergoing evaluation and testing operations and it is expected that completion report filings for the well will be made within the next few weeks.



In support of OXY's request for Pool and Lease Commingling, enclosed please find the following documentation:

Administrative Application Checklist

OCD Form C-107-B

A schematic diagram of the Hobbs Deep 'A' facility (located in the SE/4 of Section 13, T-18-S, R-37-E) where the commingling will occur

A plat showing the location of the B. Hardin Lease and the Hobbs Deep "A" Facility

A listing of interest owners of both leases and evidence that these owners have been notified by certified mail of the proposed commingling

A statement attesting that OXY has sent notification to each of the interest owners in accordance with the provisions of Rule 303

\*An Affidavit of Publication and copy of the legal advertisement that was published in the county in which the two leases are located

(\*A legal notice was run in the newspaper serving the county in which the leases to be commingled are located as a result of OXY, after exercising reasonable diligence, was unable to determine current mailing addresses for several of the interest owners)

Your favorable consideration of this request will be appreciated. If you have any questions or require additional information, please call me at (713) 366-5158.

Very truly yours,

Mark Steplen

Mark Stephens

Regulatory Compliance Analyst

CC: Oil Conservation Division Hobbs District Office 1625 N. French Dr. Hobbs, NM 88240

**Attachments** 

District I

1625 N. French Drive, Hobbs, NM 88240 District II

1301 W. Grand Ave, Artesia, NM 88210 District III

1000 Rio Brazos Road, Aztec, NM 87410 District IV

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

### State of New Mexico

Energy, Minerals and Natural Resources Department

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

Form C-107-B Revised June 10, 2003

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

		COMMINGLING		OWNERSHIP)	· · · · · · · · · · · · · · · · · · ·
		n Limited Part			
OPERATOR ADDRESS: P.O APPLICATION TYPE:	<u>. Box 4294, Ho</u>	uston, TX 772	10-4294_		
	ma Williams I asso Co	mmingling Off-Lease	Storage and Measur	ement (Only if not Surface	Commingled)
			Storage and Measur	ement (Only II not Surface	Commingica)
LEASE TYPE: X Fee	State Fede		ha annomiata C	and an No. Of C. 101	
Is this an Amendment to existing Order Have the Bureau of Land Managemen  Yes DNo The leases t	(BLM) and State Land	d office (SLO) been not dare Fee leas	ified in writing o	of the proposed comm	ingling
Tits Alivo Tite Teases t		L COMMINGLIN	· · · · · · · · · · · · · · · · · · ·	<del></del>	
*See Attachment		ts with the following in			
(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
		<u>]</u> .			
(2) Are any wells producing at top allow			<u></u>		
(3) Has all interest owners been notified (4) Measurement type: ☑Metering (5) Will commingling decrease the value	Other (Specify)		■ No. be why commingl	ing should be approved	
		SE COMMINGLINGS with the following in			
(1) Pool Name and Code.					<del></del>
(2) Is all production from same source of				t_	
(3) Has all interest owners been notified by (4) Measurement type: ☐ Metering [	-	posea commingling?	□Yes □N	0	
(1)					
,		I LEASE COMMIN ts with the following in			
(1) Complete Sections A and E.					
	D) OFF LEACE CO	CODACE - 1345	CUDERADA		
•		FORAGE and MEA ets with the following			
(1) Is all production from same source of			v. mation_		
(2) Include proof of notice to all interest	— —				
(E) A		DRMATION (for all ts with the following in		ypes)	
(1) A schematic diagram of facility, incl	uding legal location.	<del></del>		<del></del>	
<ul><li>(2) A plat with lease boundaries showing</li><li>(3) Lease Names, Lease and Well Numb</li></ul>	s all well and facility locaters, and API Numbers.	ions. Include lease number	ers if Federal or Sta	ate lands are involved.	
I harshy agrify that the information	in time and account of the second	h	16-11-0	<del></del>	
I hereby certify that the information above SIGNATURE: Many Steph	•	best of my knowledge and iTLE: Reg. Comp		DATE:5/	24/05
•	Stephens				
TYPE OR PRINT NAME Mark	o rebiiens		TEL	EPHONE NO.: 713/	0€1€ <u>~</u> 00€

Mark Stephens@oxy.com

E-MAIL ADDRESS:\_

### Attachment To Form C-107-B

### List of Commingled Leases/Pools

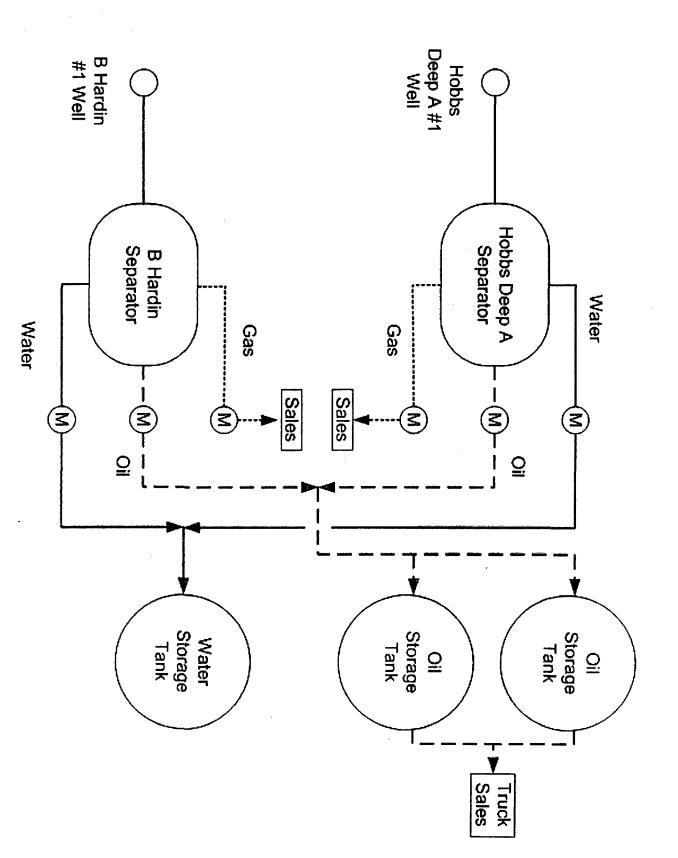
(A) POOL COMMINGLING

	V.V. 302 30					
	*Note Below. Gravities of	Calculated Gravities of				
	Non-Commingled Oil Production	Commingled Oil Production	Volumes			
B. Hardin No. 1 Hobbs; Abo Northwest (97212)	37.5		100 BOD 100 BWD 400 MCFD			
Hobbs Deep 'A' No. 1 Hobbs; Tubb Northwest (97211)	40.5	38.0	9 BOD 1 BWD 1 MCFD			
Hobbs; Drinkard Northwest (97184)	38.0		1 BOD 1 BWD 9 MCFD			
Hobbs; Abo Northwest (97212)	41.0		2 BOD 1 BWD 1 MCFD			

<sup>\*</sup>Note: Oil production from each lease is metered separately before commingling. Produced gas is sold through individual gas sales meters serving each lease.

34	м	ा -S, R-38E	15 15	22	27 Hobbs	34	્
ation	4	8 B. Hardin #1 Location 348' FWL, Sec. 19, T-18-S, R-38E	16 185 38E	ā	se S, R-38E 28	33	
⊢ ,		. త	14	50	NW/4 Sec. 19, T-18-S, R-38E	32	L
Hardin & Hobbs Deep 'A'	9	7 410' FNL	18	0	NW/4 Si	31	•
>	_	12 , R-37E	<u></u>	E 24	25	36	
. B.	7	11 1 Location 2, 13, T-18-S	4	ce Lease T-18-S, R-37E	26	35	
- cod	m	10 Hobbs Deep A #1 Location . & 660' FEL, Sec. 13, T-18-		22 Lizzie Ri 14 Sec. 13.	27	34	
33	4	990' FSL & 6	16 2 8	21	28	33	

# Surface Commingling Flow Diagram



## Interest Owner Listing Hobbs Deep 'A' Well No. 1

WINIFRED WITWER EDWARDS REVOCABLE TRUST U/A BANK OF AMERICA P O BOX 840738 DALLAS TX 75284-0738

LOUIS H WITWER III TRUST LOUIS H WITWER III TRUSTEE P O BOX 2453 TULSA OK 74101-2453 JEAN D BECKWITH TRUST JAMES D SCHMIDT TRUSTEE 230 22<sup>ND</sup> STREET DEL MAR CA 92014

FREDRIC W MARTING 1306 W CHEYENNE RD COLORADO SPRINGS CO 80906-3017 CHIEFTAIN ROYALTY CO P O BOX 18441 OKLAHOMA CITY OK 73154 H R STASNEY AND SONS LTD P O BOX 1826 ALBANY TX 76430-1826

SHERYL ANN MILLER P O BOX 1049 LEAKEY TX 78873 CONOCOPHILLIPS CO 22295 NETWORK PLACE CHICAGO IL 60673-1222

J L CRUMP ESTATE

SYLVIE BRYCE TRUST FBO ANGELICA SCHUYLER ROOP WELLS FARGO BANK TRUSTEE P O BOX 5383 DENVER CO 80217 SYLVIE BRYCE TRUST FBO CLIFFORD POTTER WELLS FARGO BANK TRUSTEE P O BOX 5383 DENVER CO 80217 SYLVIE BRYCE TRUST FBO NINA POTTER WELLS FARGO BANK TRUSTEE P O BOX 5383 DENVER CO 80217

ANGELICA S BRYCE TRUST FBO LYNNE APPLETON WELLS FARGO BANK TRUSTEE P O BOX 5383 DENVER CO 80217 ANGELICA S BRYCE TRUST FBO MARC APPLETON WELLS FARGO BANK TRUSTEE P O BOX 5383 DENVER CO 80217 ANGELICA S BRYCE TRUST FBO PETER APPLETON WELLS FARGO BANK TRUSTEE P O BOX 5383 DENVER CO 80217

CHEVRON USA INC P O BOX 730436 DALLAS TX 75373-0436 JESSIE B CRUMP FAMILY TRUST BANK OF AMERICA NA TRUSTEE P O BOX 840738 DALLAS TX 75284-0738 INJECTION ENGINEERING SERVICE PROFIT SHARING TRUST P O BOX 4365 MIDLAND TX 79701

MACK H WOOLDRIDGE P O DRAWER 1846 ALBANY TX 76430

OCCIDENTAL PERMIAN LTD P O BOX 27570 HOUSTON TX 77227 ANGELICA S BRYCE TRUST FBO LEE APPLETON WELLS FARGO BANK TRUSTEE P O BOX 5383 DENVER CO 80217

### **Notice to Interest Owners:**

Any objections to this application must be filed with the Santa Fe office of the New Mexico Oil Conservation Division within 20 days from the date the Division received the application.

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. Received by (Please Print Clearly) B. Date of Delivery
<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>	C. Signature
or on the front if space permits.	Addressee
I. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
WINIFRED WITWER EDWARDS REVOCABLE TRUST U/A	
BANK OF AMERICA P O BOX 840738	
DALLAS TX 75284-0738	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	1 0320 0004 2990 2052
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-00-M-0952
empto to the control of the control	
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. Received by (Please Print Clearly) B. Date of Delivery
<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>	C. Signature
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
LOUIS H WITWER III TRUST LOUIS H WITWER III TRUSTEE P O BOX 2453	
TULSA OK 74101-2453	3. Service Type  □ Certified Mail □ Express Mail □ Registered □ Receipt for Merchandisc
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)     7	4. Restricted Delivery? (Extra Fee) Yes  101 0320 0004 2990 2069
	Return Receipt 102595-00-M-0952
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. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JEAN D BECKWITH TRUST JAMES D SCHMIDT TRUSTEE 230 22 <sup>ND</sup> STREET	
DEL MAR CA 92014	3. Service Type  ★ Certified Mail  □ Registered  □ Insured Mail  □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	7001 0320 0004 2990 2076

Item 4.1 Restricted Delivery is desired.  PREDRIC W MARTING 1306 W CHEYENNE RD COLORADO SPRINGS CO 80906-3017    Article Addressed to:	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Article Addressed to:    Addressed to:	Print your name and address on the reverse so that we can return the card to you.	C. Signature
1. Article Addressed to:  FREDRIC W MARTING 1306 W CHEYENNE RD COLORADO SPRINGS CO 80906-3017  3. Service Type COLORADO SPRINGS CO 80906-3017  3. Service Type Cortified Mail Registered Receipt for Merchandise Insured Mail Registered Receipt or Merchandise Resture Receipt for Merchandis		X Addressee
3. Service Type     4. Restricted Delivery? (Extra Fee)   4. Restricted Delivery is desired.   6. Service Type     6	Article Addressed to:	D. IS derivery assured annered to the second
Conflicted Number (Copy from service label)   CODE	1306 W CHEYENNE RD	3. Service Type
2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Return Receipt  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 malipiece, or on the front if space permits.  Article Addressed to:  CHIEFTAIN ROYALTY CO PO BOX 18441  OKLAHOMA CITY OK 73154  3. Service Type Q Certified Maii   Express Mail   Registered   Return Receipt for Merchandise   Restricted Delivery? (Extra Fee)   Yes    2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly)   B. Date of Delivery in Yes    In survey Mail   Express Mail   C.O.D.  Restricted Delivery? (Extra Fee)   Yes    COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly)   B. Date of Delivery address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  A Received by (Please Print Clearly)   B. Date of Delivery address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  A Received by (Please Print Clearly)   B. Date of Delivery address on the reverse so that we can return the card to you.  A Received by (Please Print Clearly)   B. Date of Delivery address delivery address below:   No		☐ Registered
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■ 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:  CHIEFTAIN ROYALTY CO P O BOX 18441  OKLAHOMA CITY OK 73154  3. Service Type Certified Mail Registered Return Receipt for Merchandise items 1; Press Mail Registered Return Receipt for Merchandise items 1; Press Mail Restricted Delivery; (Extra Fee)  PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION  A Received by (Please Print Clearly) Return Receipt for Merchandise 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.  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery Address different from item 1?  Yes If YES, enter delivery address different from item 1?  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.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  Yes  If YES, enter delivery address different from item 1?  No  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  No  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  No  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  No  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  No  Complete i	PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-00-M-0952
■ 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:  CHIEFTAIN ROYALTY CO P O BOX 18441  OKLAHOMA CITY OK 73154  3. Service Type Certified Mail Registered Return Receipt for Merchandise items 1; Press Mail Registered Return Receipt for Merchandise items 1; Press Mail Restricted Delivery; (Extra Fee)  PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION  A Received by (Please Print Clearly) Return Receipt for Merchandise 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.  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery Address different from item 1?  Yes If YES, enter delivery address different from item 1?  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.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  Yes  If YES, enter delivery address different from item 1?  No  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  No  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  No  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  No  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address different from item 1?  No  Complete i	en de la companya de La companya de la companya del la companya de	
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:  CHIEFTAIN ROYALTY CO POBOX 18441 OKLAHOMA CITY OK 73154  3. Service Type	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
so 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:  CHIEFTAIN ROYALTY CO P O BOX 18441 OKLAHOMA CITY OK 73154  3. Service Type Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Restricted Delivery (Extra Fee)   Yes  2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  PAGENTAL THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  PAGENTAL THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery is desired.  C. Signature  X  Agent  X  Agent  X  Agent  Y  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery is desired.  Y  C. Signature  X  Agent  Addressed  X  Addressed  A. Reserviced Mail  B. Date of Delivery is desired.  Y  C. Signature  X  B. Date of Delivery is desired.  Addressed  A. Reserviced Mail  B. Date of Delivery is desired.  Addressed  A. Reservice Type  C. Signature  X  B. Date of Delivery is desired.  Addressed  A. Reserviced Mail  B. Return Receipt for Merchandis B. Registered  Return Receipt for Merchandis B. Registered  Resurr Receipt for Merchandis B. Registered B. Return Receipt for Merchandis B. Registered B. Return Receipt for Merchandis B. Registered B. Return Receipt for M	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
1. Article Addressed to:  CHIEFTAIN ROYALTY CO POBOX 18441 OKLAHOMA CITY OK 73154  3. Service Type PCertified Mail   Express Mail   Registered   Return Receipt for Merchandise   Restricted Delivery (Extra Fee)   Yes  2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Return Receipt  COMPLETE THIS SECTION  COMPLETE THIS SECTION  COMPLETE THIS SECTION  COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  A. Received by (Please Print Clearly)  B. Date of Deliver 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:  H R STASNEY AND SONS LTD P O BOX 1826  ALBANY TX 76430-1826  3. Service Type PC Certified Mail   Express Mail   Registered   Return Receipt for Merchandis   Registered   Return Receipt   Ret	so that we can return the card to you.  Attach this card to the back of the mailpiece,	☐ Agent
P O BOX 18441 OKLAHOMA CITY OK 73154    3. Service Type		The second of th
Registered   Return Receipt for Merchandisc   Insured Mail   C.O.D.    4. Restricted Delivery? (Extra Fee)   Yes    2. Article Number (Copy from service label)   7001   0320   0004   2990   2090    PS Form 3811, July 1999   Domestic Return Receipt   102595-00-M-0952    SENDER: COMPLETE THIS SECTION   COMPLETE THIS SECTION ON DELIVERY    B. 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:   Agent   Addresse	P O BOX 18441	3. Service Type
2. Article Number (Copy from service label)  7001 0320 0004 2990 2090  PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952  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:  H R STASNEY AND SONS LTD P O BOX 1826  ALBANY TX 76430-1826  3. Service Type  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery Addressed in Addressed  Addressed  Addressed by (Please Print Clearly)  A spent of Addressed in Addressed  Addressed on Addressed in Addressed  A service Type  Control on Delivery  A specived by (Please Print Clearly)  A spent of Delivery address different from item 1? On Addressed  Addressed on Addressed in Addressed on		Registered Return Receipt for Merchandise
PS Form 3811, July 1999  Domestic Return Receipt    Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.   Print your name and address on the reverse so that we can return the card to you.   Attach this card to the back of the mailpiece, or on the front if space permits.   Article Addressed to:    Restricted Addressed to:   C. Signature   Addressed		4. Restricted Delivery? (Extra Fee) ☐ Yes
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  C. Signature  X  Agent  Addresse  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandis Insured Mail  Registered  Return Receipt for Merchandis	Article Number (Copy from service label)     7	001 0320 0004 2990 2090
<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>H R STASNEY AND SONS LTD P O BOX 1826</li> <li>ALBANY TX 76430-1826</li> <li>A. Received by (Please Print Clearly)</li> <li>B. Date of Delivery addressed for item 1?</li> <li>I Agent Addressed</li> <li>If YES, enter delivery address below:</li> <li>If YES, enter delivery address below:</li> <li>Is Service Type</li> <li>Certified Mail Express Mail Registered Return Receipt for Merchandis Registered Return Receipt for Merchandis</li> </ul>	PS Form 3811, July 1999 Domestic F	Return Receipt 102595-00-M-0952
<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>Article Addressed to:</li> <li>Active Addressed to:</li> <li>B. Date of Delivery addressed to:</li> <li>C. Signature</li> <li>X</li> <li>Agent</li> <li>Addressed</li> <li>If YES, enter delivery address below:</li> <li>No</li> </ul> <li>A Received by (Please Print Clearly)     <ul> <li>B. Date of Delivery</li> <li>X</li> <li>Agent</li> <li>If YES, enter delivery address below:</li> <li>No</li> </ul> <li>3. Service Type</li> <li>Certified Mail</li> <ul> <li>Registered</li> <li>Return Receipt for Merchandis</li> <li>Insured Mail</li> <li>C.O.D.</li> </ul></li>	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
so 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:  H R STASNEY AND SONS LTD P O BOX 1826  ALBANY TX 76430-1826  3. Service Type  C. Signature  X  Agent  Addresse  I Addresse  D. Is delivery address different from item 1?  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Registered  Return Receipt for Merchandis  Insured Mail  I Insured Mail  CO.D.	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly)  B. Date of Deliver
D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No  H R STASNEY AND SONS LTD  P O BOX 1826  ALBANY TX 76430-1826  3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.	so that we can return the card to you.  Attach this card to the back of the mailpiece,	∏ Agent
P O BOX 1826 ALBANY TX 76430-1826  3. Service Type		
反 Certified Mail □ Express Mail □ Registered 反 Return Receipt for Merchandis □ Insured Mail □ C.O.D.	P O BOX 1826	
4. Restricted Delivery? (Extra Fee) ☐ Yes	NEDART IN 7043U-1826	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandis
		4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

■ Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Deliver
so that we can return the card to you.  Attach this card to the back of the mailpiece,	C. Signature
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
SHERYL ANN MILLER P O BOX 1049	
LEAKEY TX 78873	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
	7001 0320 0004 2990 2113
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-00-M-0952
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. Received by (Please Print Clearly) B. Date of Delive
<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>	C. Signature
Article Addressed to:	D. Is delivery address different from item 1?
CONOCOPHILLIPS CO 22295 NETWORK PLACE CHICAGO IL 60673-1222	
	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)     70	101 0320 0004 2990 2120
70	101 0320 0004 2990 2120
7 C PS Form 3811, July 1999 Domestic F	001 0320 0004 2990 2120 Return Receipt 102595-00-M-095
PS Form 3811, July 1999  Domestic F  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	OOL 0320 0004 2990 2120  Return Receipt 102595-00-M-095  COMPLETE THIS SECTION ON DELIVERY
PS Form 3811, July 1999  Domestic F  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,	Return Receipt 102595-00-M-095  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Deliver  C. Signature
PS Form 3811, July 1999  Domestic F  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.	Return Receipt 102595-00-M-095  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Deliver  C. Signature
PS Form 3811, July 1999  Domestic F  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  SYLVIE BRYCE TRUST FBO ANGELICA SCHUYLER ROOP  WELLS FARGO BANK TRUSTEE	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  Agent Addresse  D. Is delivery address different from item 1?  Yes
PS Form 3811, July 1999  Domestic F  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.	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X

Domestic Return Receipt

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> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery
<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>	C. Signature
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:
YLVIE BRYCE TRUST FBO CLIFFORD POTTER	
VELLS FARGO BANK TRUSTEE	
O BOX 5383	3. Service Type
DENVER CO 80217	☐ Registered
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
	7001 0320 0004 2990 2144
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-00-M-0952
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. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X Addressee
Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
SYLVIE BRYCE TRUST FBO	
NINA POTTER	
WELLS FARGO BANK TRUSTEE	
P O BOX 5383	3. Service Type
DENVER CO 80217	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	7001 0320 0004 2990 2151
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-00-M-0952
and the second constraints and	
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. Received by (Please Print Clearly) B. Date of Delivery
<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>	C. Signature
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
1. Article Addressed to:	If YES, enter delivery address below:
ANGELICA S BRYCE TRUST FBO LYNNE APPLETON	
WELLS FARGORANK IDDOTEE	
WELLS FARGO BANK TRUSTEE P O BOX 5383	
P O BOX 5383 DENVER CO 80217	
P O BOX 5383	T☐ Certified Mail ☐ Express Mail

Domestic Return Receipt

<del></del>	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
NGELICA S BRYCE TRUST FBO MARC APPLETON VELLS FARGO BANK TRUSTEE O BOX 5383 VENVER CO 80217	3. Service Type
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	7001 0320 0004 2990 2175
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-00-M-0952
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery
<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>	C. Signature  X
ANGELICA S BRYCE TRUST FBO PETER APPLETON WELLS FARGO BANK TRUSTEE P O BOX 5383	If YES, enter delivery address below: No  3. Service Type
DENVER CO 80217	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	□ Insured Mail □ C.O.D.  4. Restricted Delivery? (Extra Fee) □ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic F	4. Restricted Delivery? (Extra Fee) Yes  7001 0320 0004 2990 2182  Return Receipt 102595-00-M-0952
PS Form 3811, July 1999  Domestic F  SENDER: COMPLETE THIS SECTION	4. Restricted Delivery? (Extra Fee) Yes  7001 0320 0004 2990 2182  Return Receipt 102595-00-M-0952  COMPLETE THIS SECTION ON DELIVERY
PS Form 3811, July 1999  Domestic F  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.	4. Restricted Delivery? (Extra Fee) Yes  7001 0320 0004 2990 2182  Return Receipt 102595-00-M-0952  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature
PS Form 3811, July 1999  Domestic F  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.	4. Restricted Delivery? (Extra Fee) Yes  7001 0320 0004 2990 2182  Return Receipt 102595-00-M-0952  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature  X
PS Form 3811, July 1999  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  CHEVRON USA INC	4. Restricted Delivery? (Extra Fee) Yes  7001 0320 0004 2990 2162  Return Receipt 102595-00-M-0952  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature
PS Form 3811, July 1999  Domestic F  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,	4. Restricted Delivery? (Extra Fee)

Domestic Return Receipt

	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. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature  Agent  Addresse
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
JESSIE B CRUMP FAMILY TRUST BANK OF AMERICA NA TRUSTEE P O BOX 840738	
DALLAS TX 75284-0738	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Article Number (Copy from service label)     700	4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 1999 Domestic Ro	eturn Receipt 102595-00-M-0952
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. Received by (Please Print Clearly)  B. Date of Delivery
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature  Agent  Addresse
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
INJECTION ENGINEERING SERVICE PROFIT SHARING TRUST	
P O BOX 4365 MIDLAND TX 79701	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Copy from service label)     7001	2,0350 0004 5440 5575
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-00-M-0952
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. Received by (Please Print Clearly) B. Date of Deliver
<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>	C. Signature
1. Article Addressed to:	D. Is delivery address different from item 1?
	II.
MACK H WOOLDRIDGE P O DRAWER 1846	
	3. Service Type  TX Certified Mail

SENDER: COMPLETE THIS SECTION		COMPLET	E THIS SE	CTION ON	DELIVE	RY
<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 maior on the front if space permits.</li> <li>Article Addressed to:</li> <li>ANGELICA S BRYCE TRUST FELEE APPLETON</li> <li>WELLS FARGO BANK TRUSTE</li> </ul>	verse Ipiece,	A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No				
MAC C7300-07C P O BOX 5383 DENVER CO 80217		Reg	tified Mail istered ired Mail	Expres Returr C.O.D y? (Extra Fe	Receipt	for Merchandise
2. Article Number (Copy from service label)	2007	0320	0004	2990	5536	3
PS Form 3811, July 1999	Domestic Ret	urn Receipt				102595-00-M-0952

# Interest Owner Listing B. Hardin Well No. 1

SEAGULL ENERGY E&P INC 1001 FANNIN SUITE 1700 HOUSTON TX 77002-6794

PINNACLE OIL COMPANY

ESTATE OF KATHLEEN HALLIN ROUTE 1 BOX 251A DAVIS OK 73030

BURKE LEWIS HEALEY P O BOX 582 DAVIS OK 73030 SOUTHERN CROSS ALLIANCE LLC P O BOX 777 DAVIS OK 73030 HEALEY LP P O BOX 2120 ARDMORE OK 73402

H R STASNY AND SONS LTD P O BOX 1826 ALBANY TX 76430

MACK H WOOLDRIDGE

INJECTION ENGINEERING SERVICES PROFIT SHARING TRUST P O BOX 4365 MIDLAND TX 79701

EXXONMOBIL CORPORATION P O BOX 951027 DALLAS TX 75395 ALBERT MULDAVIN C/O BANK OF AMERICA 1455 STOCKTON STREET SAN FRANCISCO CA 94133

HEIRS OR DEVISEES OF IRMA WEIL MEYER

LONSDALE GREEN JR C/O CHEMICAL CORN EXCHANGE BANK CHURCH STREET STATION NEW YORK NY 10007

HAARON INC P O BOX 261313 PLANO TX 75026

CHARLES Z TYRON OR SUCCESSORS

PRESTON MINERALS P O DRAWER 9219 DALLAS TX 75209

RIBBLE INVESTMENTS CO LLC

JONES ROBINSON LTD

DUNNE & COMPANY

E A BOBB

POWHATAN CARTER JR AND BEVERLY CARTER REVC TRUST BEVERLY CARTER TRUSTEE P O BOX 328

FT SUMNER NM 88119

ESTATE OF ANDERSON CARTER ANDERSON CARTERII PERSONAL REPRESENTATIVE

JAMES B LEE

BRADLEY GAYLORD 865 S STEELE STREET DENVER CO 80209

EDWARD O MERKLE & JANE A MERKLE UNDER TRUST GEORGE C DINSMORE TRUSTEE C/O NATIONAL COUNTY BANK OF CLOSTER CLOSTER NJ 07624

WINFIELD PERDUN RUSSELL BARBARA P RUSSELL CUSTODIAN 72 MADAKET ROAD NANTUCKET, MA 02554

RJW RESOURCES LLC 1391 WINDBRUSH CIRCLE BLACKLICK OH 43004

# Interest Owner Listing B. Hardin Well No. 1

PETRUST CORPORATION OF AMERICA C/O NATIONS BANK NA DALLAS TX 75284 THE PEARL M & JULIE J HARMON FOUNDATION INC P O BOX 52568 TULSA OK 74152 W H HELMERICK IV HANS C HELMERICH & JAMES L SNEED TRUSTEES OF THE WWH III GRANDCHILDRENS 1980 TRUST

SAVANNAH INVESTMENT COMPANY LP 15 E 5<sup>TH</sup> STREET #3530 TULSA OK 74103 HOWARD J WHITEHILL JR & TRUST COMPANY OF OKLAHOMA CO TRUSTEES OF THE HOWARD JOSEPH WHITEHILL JR REVC LIVING TRUST P O BOX 3688 TULSA OK 74101 FIRST NATIONAL BANK & TRUST CO OF TULSA TRUSTEE OF THE JULIANN W FUNKE TRUST P O BOX 99084 FT WORTH TX 76199

FIRST NATIONAL BANK & TRUST CO OF TULSA TRUSTEE OF THE HELEN W KENYON TRUST P O BOX 98084 FT WORTH TX 76199

CAREY & COMPANY A PARTNERSHIP BOX 867 TULSA OK 74101 BLACKSTONE MINERALS COMPANY LP P O BOX 201709 HOUSTON TX 77216

EDWARD R HUDSON JR TRUSTEE

EDWARD R HUDSON JR TRUSTEE OF THE HUDSON NEW MEXICO MINERAL TRUST 618 TEXAS STREET FT WORTH TX 76102

EDWARD R HUDSON TRUST NO 4 MARY T ARD TRUSTEE 222 W 4<sup>TH</sup> STREET #313 FT WORTH TX 76102

MOORE & SHELTON COMPANY LTD

OCCIDENTAL PERMIAN LTD P O BOX 27570 HOUSTON TX 77227 WENTZ PRODUCTION LLC P.O. BOX 834 DAVIS , OK 73030

### **Notice to Interest Owners:**

Any objections to this application must be filed with the Santa Fe office of the New Mexico Oil Conservation Division within 20 days from the date the Division received the application.

	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 control was control to a control t</li></ul>	A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent Addresse
1. Article Addressed to:	D. Is delivery address different from item 1? U Yes If YES, enter delivery address below: No
SEAGULL ENERGY E&P INC 1001 FANNIN SUITE 1700 HOUSTON TX 77002-6794	
1100010N 1X 77002-0794	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandisc ☐ Insured Mail ☐ C.O.D.
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 1999 Domestic F	Return Receipt 102595-00-M-0952
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. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature  ☐ Agent ☐ Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ESTATE OF KATHLEEN HALLIN ROUTE 1 BOX 251A DAVIS OK 73030	
	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
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2. Article Number (Copy from service label) 7001	
2 J Domestic R	0320 0004 2990 2250 Return Receipt 102595-00-M-0952
7 U U L PS Form 3811, July 1999 Domestic R	0320 0004 2990 2250 Return Receipt 102595-00-M-0952
PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION	0320 0004 2990 2250  Return Receipt 102595-00-M-0952  COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature
PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  Agent  Addresses
PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  Agent
PS Form 3811, July 1999  Domestic F  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BURKE LEWIS HEALEY P O BOX 582	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  Agent Addressed  D. Is delivery address different from item 1?
PS Form 3811, July 1999  Domestic F  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  BURKE LEWIS HEALEY	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  Agent Addressed  D. Is delivery address different from item 1?

Domestic Return Receipt

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. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
SOUTHERN CROSS ALLIANCE LLC O BOX 777 DAVIS OK 73030	
	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7 0 0	1 0320 0004 2990 2274
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-00-M-0952
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. Received by (Please Print Clearly) B. Date of Delivery
<ul> <li>This 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>	C. Signature  X  Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
HEALEY LP P O BOX 2120 ARDMORE OK 73402	
	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Registered ☐ Insured Mail ☐ C.O.D.
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
0011	leturn Receipt 102595-00-M-0952
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. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature
<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>	X Agent D Addressee
1. Article Addressed to:	D. Is delivery address different from item 1?
H R STASNY AND SONS LTD	
P O BOX 1826	
· <del>-</del>	3. Service Type  Control Contr

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- O	COMPLETE THIS SECTION ON	[16.65 / I
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Received by (Please Print Clea	rty) B. Date of Delivery
so that we can return the card to you.	C. Signature	☐ Agent
Attach this card to the back of the mailpiece, or on the front if space permits.	X	☐ Addressee
Article Addressed to:	D. Is delivery address different from     If YES, enter delivery address	<b>—</b>
INJECTION ENGINEERING SERVICES PROFIT SHARING TRUST		
P O BOX 4365 MIDLAND TX 79701		
	3. Service Type	: Mail Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.	<u></u>
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700	11 0320 0004 2990 11 0320 0004 2990	2304
PS Form 3811, July 1999 Domestic Re	eturn Receipt	102595-00-M-0952
		more and the
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
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■ Print your name and address on the reverse	C. Signature	
so that we can return the card to you.  Attach this card to the back of the mailpiece,	x	☐ Agent
or on the front if space permits.	D. Is delivery address different from	Addressee
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O BOX 951027 ALLAS TX 75395	1	s Mail Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee	) 🔲 Yes
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PS Form 3811, July 1999  Domestic Research SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON A Received by (Please Print Clean	102595-00-M-0952 DELIVERY
PS Form 3811, July 1999  Domestic Research  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	COMPLETE THIS SECTION ON A Received by (Please Print Clean	102595-00-M-0952 DELIVERY ty) B. Date of Delivery
PS Form 3811, July 1999  Domestic Research Sender: Complete Items 1, 2, and 3. Also complete Items 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	COMPLETE THIS SECTION ON A Received by (Please Print Clean C. Signature	DELIVERY  Ty) B. Date of Delivery  Agent  Addressee
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PS Form 3811, July 1999  Domestic Research  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.	COMPLETE THIS SECTION ON A Received by (Please Print Clean C. Signature	102595-00-M-0952  DELIVERY  Try) B. Date of Delivery  Agent Addressee  Litem 1? Yes
PS Form 3811, July 1999  Domestic Research  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	COMPLETE THIS SECTION ON IA. Received by (Please Print Cleaner)  C. Signature  X  D. Is delivery address different from	102595-00-M-0952  DELIVERY  Try) B. Date of Delivery  Agent Addressee  Litem 1? Yes
PS Form 3811, July 1999  Domestic Resident Section  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	COMPLETE THIS SECTION ON IA. Received by (Please Print Cleaner)  C. Signature  X  D. Is delivery address different from	102595-00-M-0952  DELIVERY  Try) B. Date of Delivery  Agent Addressee  Litem 1? Yes
PS Form 3811, July 1999  Domestic Research  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ALBERT MULDAVIN C/O BANK OF AMERICA 455 STOCKTON STREET	COMPLETE THIS SECTION ON IA. Received by (Please Print Cleaner)  C. Signature  X  D. Is delivery address different from	102595-00-M-0952  DELIVERY  Try) B. Date of Delivery  Agent Addressee  Litem 1? Yes
PS Form 3811, July 1999  Domestic Research  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.  ATTICLE Addressed to:  ALBERT MULDAVIN  CO BANK OF AMERICA	COMPLETE THIS SECTION ON A Received by (Please Print Clear  C. Signature  X  D. Is delivery address different from If YES, enter delivery address to the second sec	DELIVERY  Ty) B. Date of Delivery  Agent Addressee  Item 1? Yes Pelow: No
PS Form 3811, July 1999  Domestic Research  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ALBERT MULDAVIN C/O BANK OF AMERICA 455 STOCKTON STREET	COMPLETE THIS SECTION ON  A. Received by (Please Print Clean  C. Signature  X  D. Is delivery address different from If YES, enter delivery address to the second s	102595-00-M-0952  DELIVERY  Ty) B. Date of Delivery  Agent Addressee  Item 1? Yes Pelow: No

Domestic Return Receipt

BENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
Print your name and address on the reverse so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece,	X Agent
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
I. Article Addressed to:	If YES, enter delivery address below:   No
LONSDALE GREEN JR	
C/O CHEMICAL CORN EXCHANGE BANK	
CHURCH STREET STATION NEW YORK NY 10007	3. Service Type
THE POTAL TOOO	☐ Certified Mail ☐ Express Mail
	Registered Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	
so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent
1. Article Addressed to:	D. Is delivery address different from item 1?
	If YES, enter delivery address below:   No
HAARON INC	
P O BOX 261313	
PLANO TX 75026	3. Service Type
•	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	, 0320 0004 2990 2342
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<u> 18 de julio de la Carte de C</u>	· · · · · · · · · · · · · · · · · · ·
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Print your name and address on the reverse	C. Signature
so that we can return the card to you.  Attach this card to the back of the mailpiece,	☐ Agent
or on the front if space permits.	□ Addressee
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	<b> </b>
<b>NECONO.</b>	
PRESTON MINERALS	
ODRAWER 9219 OALLAS TX 75209	La Comina Timo
VULLUO IV 1950A	3. Service Type  1☑ Certified Mail □ Express Mail
	Registered Return Receipt for Merchandise
	Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
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Domestic Return Receipt

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<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. Received by (Please Print Clearly) B. Date of De	elivery
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POWHATAN CARTER JR AND BEVERLY CARTER REVC TRUST BEVERLY CARTER TRUSTEE		
P O BOX 328 FT SUMNER NM 88119	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Mercha ☐ Insured Mail ☐ C.O.D.	ındise
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so that we can return the card to you.	C. Signature	ıt
Attach this card to the back of the mailpiece, or on the front if space permits.	X □ Addr	
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BRADLEY GAYLORD		
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865 S STEELE STREET		
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	3. Service Type  ☑ Certified Mail ☐ Express Mail	•
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2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  Express Mail  C.O.D.  Return Receipt for Mercha  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  C. Ager	0952
2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic R  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.	Certified Mail   Express Mail   Registered   Return Receipt for Mercha   Insured Mail   C.O.D.	0952
2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic R  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.	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  C. Signature	0952
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2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EDWARD O MERKLE & JANE A MERKLE UNDER TRUST GEORGE C DINSMORE TRUSTEE	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  C. Signature	0952
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2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EDWARD O MERKLE & JANE A MERKLE UNDER TRUST GEORGE C DINSMORE TRUSTEE	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  C. Signature	0952  plivery

Domestic Return Receipt

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Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1?  Yes
1. Article Addressed to:	If YES, enter delivery address below:   No
WINFIELD PERDUN RUSSELL BARBARA P RUSSELL CUSTODIAN 72 MADAKET ROAD	
NANTUCKET, MA 02554	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandia ☐ Insured Mail ☐ C.O.D.
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-00-M-095
25 Form 30 11, July 1999 Domestic H	neturn neterpt 102353-00-m-033
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. Received by (Please Print Clearly) B. Date of Delive
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature
1. Article Addressed to:	D. Is delivery address different from item 1?
RJW RESOURCES LLC 1391 WINDBRUSH CIRCLE BLACKLICK OH 43004	
22/10/12/07/01/1 40004	3. Service Type   ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	7001 0320 0004 2990 2403
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-00-M-095
The second of th	And the second s
	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Deliver
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,	
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  ETRUST CORPORATION OF MERICA	A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature  X  Agent  Address  D. Is delivery address different from item 1?
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature  X  Agent  Address  D. Is delivery address different from item 1?

Domestic Return Receipt

ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A Received by (Please Print Clearly) B. Date of Delivery
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
Print your name and address on the reverse	C. Signature
so that we can return the card to you.  Attach this card to the back of the mailpiece,	☐ Agent
or on the front if space permits.	D. Is delivery address different from item 17
Article Addressed to:	If YES, enter delivery address below:
THE PEARL M & JULIE J HARMON	
FOUNDATION INC	
P O BOX 52568	
TULSA OK 74152	3. Service Type  ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
. Article Number (Copy from service label)	2007 0350 0004 5450 5452
S Form 3811, July 1999 Domestic F	Return Receipt 102595-00-M-0952
	And the second s
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
Print your name and address on the reverse so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece,	X Agent
or on the front if space permits.	D. Is delivery address different from item 1?
. Article Addressed to:	If YES, enter delivery address below:
AVANNAH INVESTMENT COMPANY LP 5 E 5 <sup>TH</sup> STREET #3530 ULSA OK 74103	3. Service Type  文Certified Mail
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
. Article Number (Copy from service label)	
0044	001 0320 0004 2990 2434 Return Receipt 102595-00-M-0952
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Print your name and address on the reverse so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece,	X Addresses
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
Article Addressed to:	If YES, enter delivery address below:
OWARD J WHITEHILL JR & TRUST OMPANY OF OKLAHOMA CO RUSTEES OF THE HOWARD JOSEPH	
WHITEHILL JR REVC LIVING TRUST	
O BOX 3688	3. Service Type
ULSA OK 74101	☐ Registered
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	The state of the s

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<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>	C. Signature  Agent  Addresse
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?
FIRST NATIONAL BANK & TRUST CO OF TULSA TRUSTEE OF THE JULIANN W FUNKE	If YES, enter delivery address below: ☐ No
TRUST	
P O BOX 99084 FT WORTH TX 76199	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7	101 0320 0004 2990 2458
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-00-M-0952
	ELEMENT OF THE STATE OF THE STA
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. Received by (Please Print Clearly) B. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
FIRST NATIONAL BANK & TRUST CO OF TULSA TRUSTEE OF THE HELEN W KENYON TRUST	
P O BOX 98084 FT WORTH TX 76199	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7 0	01 0320 0004 2990 2465
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-00-M-0952
aan aan ka saa aa daa daa daa daa daa daa daa daa	kanakan manara sa
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so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature  Agent  Addressee
. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
CAREY & COMPANY A PARTNERSHIP BOX 867	
TULSA OK 74101	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ C.O.D.
	Registered Receipt for Merchandise

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Deliver
<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>	C. Signature
or on the front if space permits.	X 🗀 Addresse
Article Addressed to:	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
BLACKSTONE MINERALS COMPANY	
LP	
P O BOX 201709 HOUSTON TX 77216	
1100310IN 12 77216	3. Service Type □ □ Certified Mail □ Express Mail
	Registered Return Receipt for Merchandis
	☐ Insured Mail ☐ C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
	7001 0320 0002 0354 8452
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-00-M-0952
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. Received by (Please Print Clearly) B. Date of Deliver
Print your name and address on the reverse so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent
Article Addressed to:	D. Is delivery address different from item 1?
1. Patrole Mudiessed to.	If YES, enter delivery address below:   No
EDWARD R HUDSON JR TRUSTEE OF THE HUDSON NEW MEXICO MINERAL TRUST	
518 TEXAS STREET	3. Service Type
FT WORTH TX 76102	☐ Registered ☐ Express Mail ☐ Registered ☐ Receipt for Merchandisc
	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	101 0330 0003 0352 524 5
	001 0320 0002 0354 8469
	001 0320 0002 0354 8469 Return Receipt 102595-00-M-0952
PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Return Receipt 102595-00-M-0952
PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature
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PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EDWARD R HUDSON TRUST NO 4  MARY T ARD TRUSTEE	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  Agent Addresse  D. Is delivery address different from item 1?
PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EDWARD R HUDSON TRUST NO 4 MARY T ARD TRUSTEE 222 W 4 <sup>TH</sup> STREET #313	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature  X
PS Form 3811, July 1999  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EDWARD R HUDSON TRUST NO 4	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature  X  Agent Addresse  D. Is delivery address different from item 1?
PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EDWARD R HUDSON TRUST NO 4 MARY T ARD TRUSTEE 222 W 4 <sup>TH</sup> STREET #313	A. Received by (Please Print Clearly)  C. Signature  X
PS Form 3811, July 1999  Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EDWARD R HUDSON TRUST NO 4 MARY T ARD TRUSTEE 222 W 4 <sup>TH</sup> STREET #313	A. Received by (Please Print Clearly)  C. Signature  X

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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
	Print your name and address on the reverse so that we can return the card to you.	C. Signature
	Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent Addressee
	Article Addressed to:	D. Is delivery address different from item 1?
	1. Afficie Addressed to.	If YES, enter delivery address below: ☐ No
•	Wentz Production LLC	
	P.O. Box 834	
	Davis, OK 73030	3. Service Type
		☑ Certified Mail □ Express Mail □ Registered ☑ Return Receipt for Merchandise
	•	☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Transfer from service label)	01 0320 0002 0354 8438

### OPERATOR'S STATEMENT REGARDING NOTICE TO INTEREST OWNERS

I attest that on May 25, 2005, OXY sent notification to interest owners of the B. Hardin Well No. 1 and the Hobbs Deep "A" Well No. 1 by submitting a copy of this application and all attachments thereto by certified mail, return receipt requested, advising said owners that any objections to the application must be filed in writing with the Santa Fe office of the New Mexico Oil Conservation Division within 20 days from the date the Division received the application.

Authorized Signature

Mark Stephens

Regulatory Compliance Analyst

Occidental Permian Limited Partnership

OXY USA WTP Limited Partnership

### AFFIDAVIT OF PUBLICATION

State of New Mexico, County of Lea.

Publisher
of the Hobbs News-Sun, a news- paper published at Hobbs, New- Mexico, do solemnly swear that the clipping attached hereto was published once a week in the reg- ular and entire issue of said paper, and not a supplement thereof for a period
of
1 issues(s).
Beginning with the issue dated
April 1, , 2005 and ending with the issue dated
April 1 .2005
Kachi France
Publisher Sworn and subscribed to before
25th day of

2005

My Commission expires (Seal)

April\_

Notary Public.

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of **LEGAL NOTICE** April 1, 2005

Notice is hereby given of the application of Occidental Permian Limited Partnership and OXY USA WTP Limited Partnership, Attn: Mark Stephens, P.O. Box 4294, Rm. 19.013, Houston, TX 77210-4294 (713/366-5158), to the Oil Conservation Division, New Mexico Energy, Minerals and Natural Resources Department, for approval of Pool and Lease Commingling of the following two leases:

Hobbs Deep "A" Lease

Operator: Occidental Permian Limited Partnership (157984) Location: Sec 13, I=18-S, R-37-E, Lea Co., NM

Source of Production by Pool: Hobbs; Tubb Northwest Hobbs; Drinkard Northwest Hobbs; Abo Northwest

B. Hardin Lease

Operator: OXY USA WTP Limited Partnership (192463) Location: Sec. 19, T-18-S, R-38-E, Lea Co., NM

Source of Production by Pool:

Hobbs; Abo Northwest

Commingling of production from the two leases will occur at the Hobbs Deep "A" battery in the SE/4 of Sec. 13, T-18-S, R-37-E, Lea Co., NM

Interested parties must file objections or requests for hearing in writing with the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, NM 87505, within 20 days after publication of this notice, else the Division may administratively approve the application. #21403

1937, and payment of fees for said publication has been made.

02101173 Occidental Permian Limited Partnership Rm. 19.013, GRWY 5 P.O. Box 4294 Houston, TX 77210-4294