



*PMESD-518651331*  
*Susp: 6-26-2005*

2005 JUN 6 AM 9 30

June 3, 2005

**VIA FEDEX OVERNIGHT**

Mr. Michael E. Stogner  
New Mexico Oil Conservation Division  
1220 S St Francis Dr  
Santa Fe NM 87504

Re: Application for Administrative Approval of Unorthodox Location  
XTO Energy Inc.'s Earl B. Sullivan No. 2  
2,130' FNL and 330' FEL (SE/4 NE/4)  
Section 26, T29N, R11W  
San Juan County, New Mexico  
Fruitland Coal Formation

*30-045-75621*

Dear Mr. Stogner:

XTO Energy Inc. hereby requests administrative approval for an unorthodox location for the above referenced well. Attached for your reference are the following exhibits:

1. Well location plat (NMOCD Form C-102)
2. Topographic map
3. Ownership map
4. Production map showing Fruitland Coal Gas

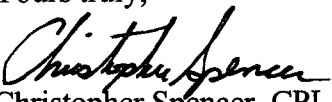
The Earl B. Sullivan No. 2 is an XTO Energy Inc. operated shut-in uneconomic Gallup well. XTO desires to use the existing wellbore for a Fruitland Coal completion. Such a recompletion in the well will allow for the most efficient use of the surface acreage, surface facilities, and other resources to complete and produce the Fruitland Coal Formation.

All of the offset operators have been notified of this application by certified mail and copies of the letters and receipts are attached.

*Mr. Michael E. Stogner*  
*New Mexico Oil Conservation Division*  
*June 31, 2005*  
*Earl B. Sullivan #2*  
*Page Two*

XTO Energy Inc. requests your administrative approval for the unorthodox location based on the above information. Should you need any additional information, please contact me at (817) 885-2540.

Yours truly,

  
Christopher Spencer, CPL  
Landman

/cks

Enclosures

## OIL CONSERVATION DIVISION

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-107  
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

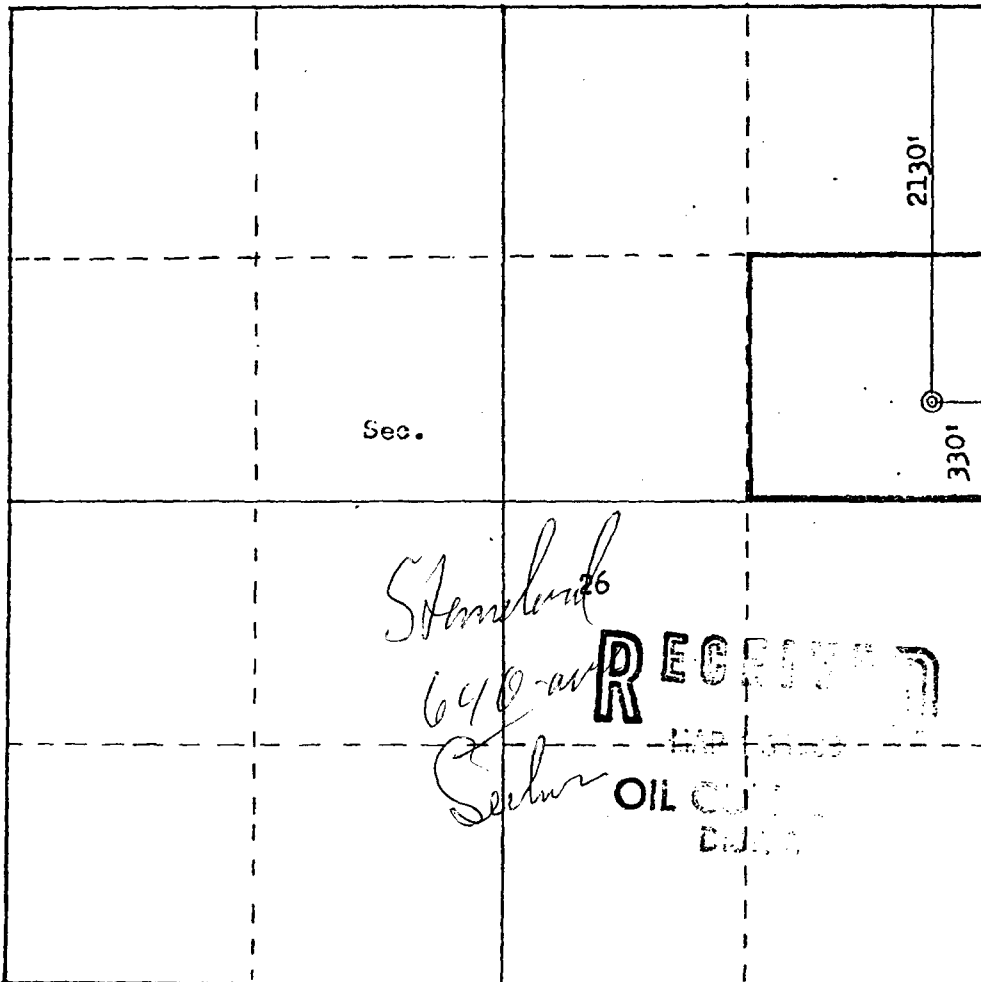
Operator <b>AMOCO PRODUCTION COMPANY</b>			Lease <b>EARL B. SULLIVAN</b>		Well No. <b>2</b>
Unit Letter <b>H</b>	Section <b>26</b>	Township <b>29N</b>	Range <b>11W</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>2130</b> feet from the <b>North</b> line and <b>330</b> feet from the <b>East</b> line					
Ground Level Elev. <b>5505</b>	Producing Formation <b>Gallup</b>		Pool <b>ARMENTA GALLUP</b>		Dedicated Acreage: <b>40</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



Scale: 1"=1000'

## CERTIFICATION

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

*Dale H. Shoemaker*

 Name  
**DALE H. SHOEMAKER**

 Position  
**DISTRICT ENGINEER**

 Company  
**AMOCO PRODUCTION COMPANY**

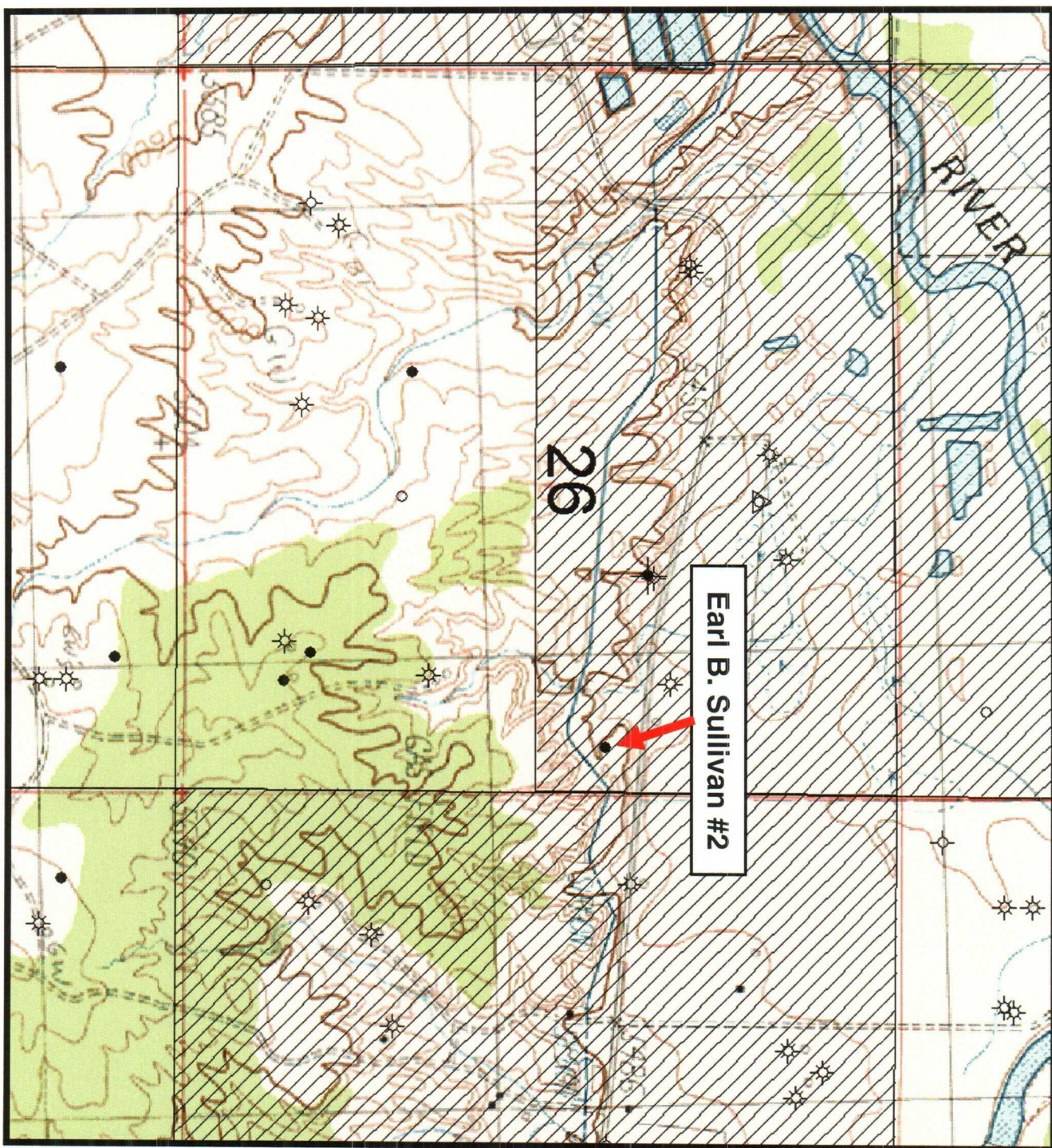
 Date  
**MARCH 15, 1983**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

 Date Surveyed  
**February 24, 1983**

 Registered Professional Engineer and Land Surveyor  
*Fred B. Kerr Jr.*  
**Fred B. Kerr Jr.**

 Certificate No. **3950**





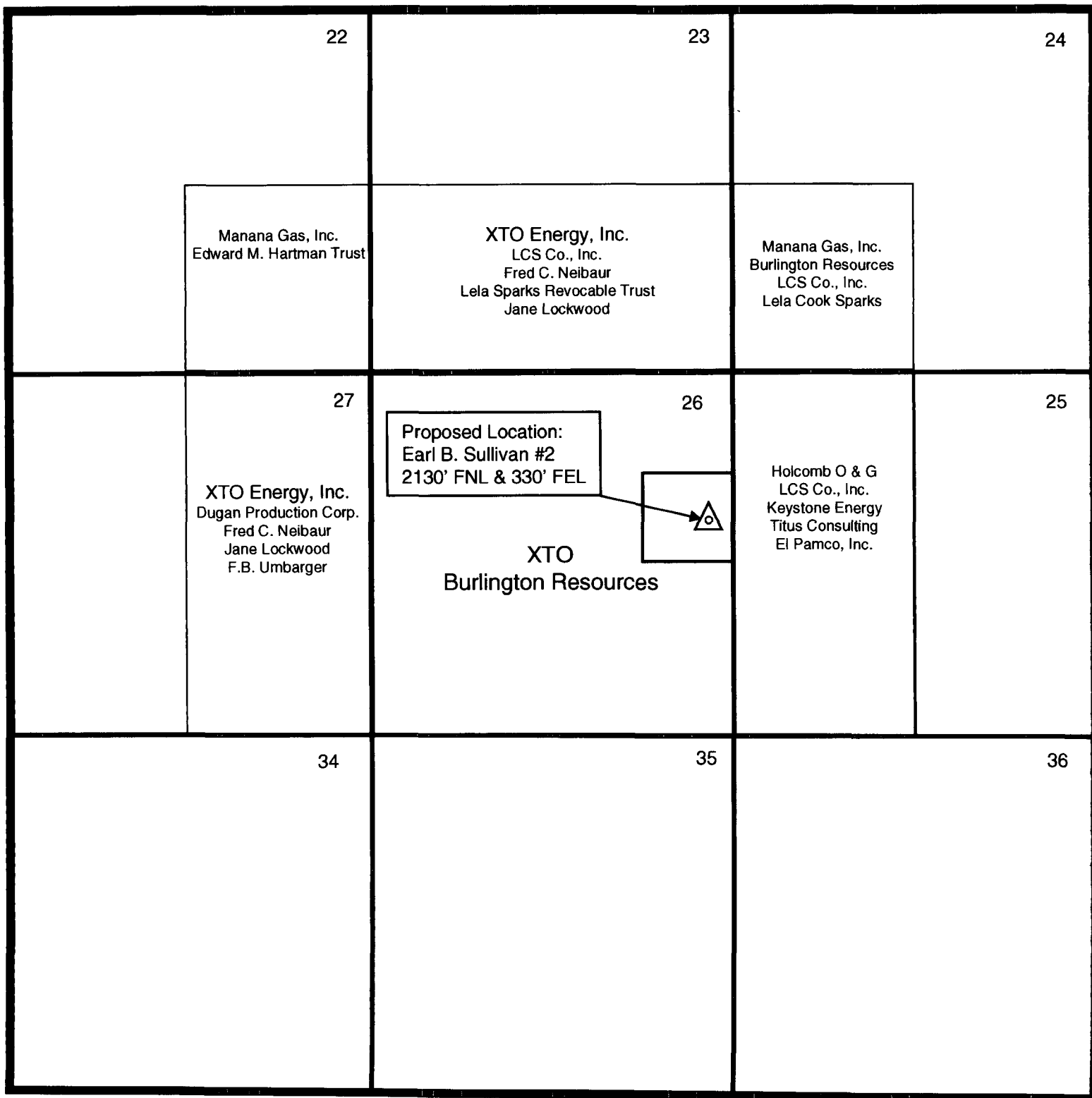
# SECTION PLAT OF 9 SQUARE MILES

STATE: New Mexico COUNTY: San Juan

PROSPECT: SE/4 NE/4 DATE: May 31, 2005

SECTION: 26 TOWNSHIP: 29 North RANGE: 11 West

SCALE: 1'=2000'







EARL B. SULLIVAN NO. 2 ONWER NOTICE ADDRESSES  
06/03/2005

LCS Company, Inc.  
P O Box 2058  
Farmington NM 87499

Fred C. Neibaur  
9707 E 126<sup>th</sup> Street  
Puyallup WA 98373

Jane Lockwood  
2803 Justin Rd  
Flower Mound TX 75028

Lele Sparks Revocable Trust uta 11-22-96  
c/o Montgomery and Andrews  
P O Box 2307  
Santa Fe NM 87504

Holcomb Oil & Gas, Inc.  
P O Box 2058  
Farmington NM 87499

El Pamco, Inc.  
313 Washington SE  
Albuquerque NM 87108

Mary Vaio  
1207 Monroe Ct NE  
Albuquerque NM 87108

Richard Camponera  
1217 Monroe Ct NE  
Albuquerque NM 87108

Ronald Ross, Trustee  
739 Olde Settler Place  
Columbus OH 43214

Thelma V. Monte  
7112 E. Frontage RdNE, #239  
Albuquerque NM 87109

Anise Bellamah  
505 Hervey Dr  
Roswell NM 88201

EARL B. SULLIVAN NO. 2 ONWER NOTICE ADDRESSES  
06/03/2005

Jesse Burch  
Box 4217  
Santa Fe NM 87109

Victor Bachechi  
2913 San Joaquin SE  
Albuquerque NM 87106

Charles Renfro  
4212 Courtney NE  
Albuquerque NM 87110

Gene E. Franchini  
9401 Admiral Nimitz NE  
Albuquerque NM 87111

James R. Franchini  
9401 Admiral Nimitz NE  
Albuquerque NM 87111

Manana Gas, Inc.  
2520 Tramway Terrace Ct NE  
Albuquerque NM 87112

Derrick J. Turnbull  
Cindy Brady  
Kathleen M. McClane Trust  
Michael S. McClane Trust  
Dawn J. Turnbull Trust  
Denise J. Turnbull Trust  
David G. McClane  
All of the above are  
c/o David G. McClane  
PO Box 214430  
Dallas TX 75221-4430

G.T. Key II and Marian Morriss  
Co-Trustees of the G.T. Key II Trust  
Under the last will and testament of  
Olan Key, dec  
Route 1, Box 144  
Avery TX 75554



EARL B. SULLIVAN NO. 2 ONWER NOTICE ADDRESSES  
06/03/2005

John B. Mallory  
6105 Knoxville Dr.  
Lubbock TX 79413

Edward M. Hartman Trust  
Uta 10-13-2004.  
1002 Tramway Lane NE  
Albuquerque NM 87122

Burlington Resources Oil & Gas Company, LLC  
P O Box 4289  
Farmington NM 87499

Dugan Production Corp.  
P O Box 420  
Farmington NM 87499

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Lele Sparks Revocable Trust c/o Montgomery and Andrews P O Box 2307 Santa Fe, NM 87504 Sullivan No. 2 - CS		B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number ( <i>Transfer from service label</i> )		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<ul style="list-style-type: none"><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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Jane Lockwood 2803 Justin Rd Flower Mound, TX 75028  Sullivan No. 2 - CS		B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number ( <i>Transfer from service label</i> )		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:  Holcomb Oil & Gas, Inc. P O Box 2058 Farmington, NM 87499  Sullivan No. 2 - CS		B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number ( <i>Transfer from service label</i> )		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Vaio  
1207 Monroe Ct NE  
Albuquerque, NM 87108

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6849

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

El Pamco, Inc.  
313 Washington SE  
Albuquerque, NM 87108

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6832

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

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

1. Article Addressed to:

Fred C. Neibaur  
9707 E 126th Street  
Puyallup, WA 98373

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6795

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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A. Signature

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☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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If YES, enter delivery address below: ☐ No

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

1. Article Addressed to:

LCS Company, Inc.  
P O Box 2058  
Farmington, NM 87499

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6788

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

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1. Article Addressed to:

Anise Bellamah  
505 Hervey Dr  
Roswell, NM 88201

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6887

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Thelma V. Monte  
7112 E. Frontage RdNE, #239  
Albuquerque, NM 87109

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6870

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:

Ronald Ross, Trustee  
739 Olde Settler Place  
Columbus, OH 43214

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Camponera  
1217 Monroe Ct NE  
Albuquerque, NM 87108

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6856

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

1. Article Addressed to:

Jesse Burch  
Box 4217  
Santa Fe, NM 87109

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6894

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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- 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:

Victor Bachechi  
2913 San Joaquin SE  
Albuquerque, NM 87106

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6900

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

1. Article Addressed to:

Charles Renfro  
4212 Courtney NE  
Albuquerque, NM 87110

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6917

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

1. Article Addressed to:

Gene E. Franchini  
9401 Admiral Nimitz NE  
Albuquerque, NM 87111

Sullivan No. 2 - CS

2. Article Number  
(Transfer from service label)

7005 0390 0005 7629 6924

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:  G.T. Key II and Marian Morris Co-Trustees of the G.T. Key II Trust Route 1, Box 144 Avery, TX 75554 Sullivan No. 2 - CS		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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1. Article Addressed to:  David G. McClane PO Box 214430 Dallas, TX 75221-4430  Sullivan No. 2 - CS		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Manana Gas, Inc. 2520 Tramway Terrace Ct NE Albuquerque, NM 87112  Sullivan No. 2 - CS		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<ul style="list-style-type: none"><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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  James R. Franchini 9401 Admiral Nimitz NE Albuquerque, NM 87111  Sullivan No. 2 - CS		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



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1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Dugan Production Corp. P O Box 420 Farmington, NM 87499  Sullivan No. 2 - CS		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7005 0390 0005 7629 7006		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<ul style="list-style-type: none"><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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Burlington Resources Oil & Gas Company, LLC P O Box 4289 Farmington, NM 87499 Sullivan No. 2 - CS		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7005 0390 0005 7629 6993		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Edward M. Hartman Trust 1002 Tramway Lane NE Albuquerque, NM 87122  Sullivan No. 2 - CS		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7005 0390 0005 7629 6986		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<ul style="list-style-type: none"><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 <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
John B. Mallory 6105 Knoxville Dr. Lubbock, TX 79413  Sullivan No. 2 - CS		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7005 0390 0005 7629 6979		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	