

dugan production corp.

RECEIVED  
2007 NOV 5 PM 12:50

November 2, 2007

Mr. Mark Fesmire, Director  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505

Re: Dugan Production's application dated 9-24-07  
Add 22 wells to Dugan's Goodtimes Gas Gathering System

Dear Mr. Fesmire,

Attached for your consideration of the captioned application are copies of the certified mail return receipts received for all working, royalty and overriding royalty interest owners in the 22 wells proposed to be added to Dugan's Goodtimes Gas Gathering System.

In addition to the interest owners being added, we also sent notice to all interest owners (11 working, 3 royalty and 144 overriding) in the 221 wells currently authorized for the Goodtimes Gathering System plus published a notice of our application to add 22 wells in the Legal Notice Section of the 9-12-07 publication of the Farmington Daily Times.

To date, we have not had any comment or objection from any of the interest owners.

Should you have questions or need additional information, please let me know.

Sincerely,

John D. Roe  
Engineering Manager

JDR/tmf

enclosures

**Goodtimes Gas Gathering System Interest Owners Address List**

*(wells with ownership interest in parentheses)*

A=Arviso #1; B=Big Yazzie #1; C=Bitsili #1; D=Bitsili Com #90 & 90S; E=Chaco #5; F=Honeybee #1; G=Hop Sing #1;  
H=Hoss #91, #91S & #92; I=Largo Federal B #2; J=Pierre Com #90, #90S, #91 & #91S; K=Queen Nefertiti Com #90; L=Werito #1;  
M=Location U; N=Location V; O=Yates-Ristra AGW State #1; P=Yates-Squash Blossom AFU State #1

**Working Interest Owners**

Dugan Production Corp. (A thru N)  
P. O. Box 420  
Farmington, NM 87499-0420

Key Production Co., Inc. (J)  
Attn: Manager-Outside Operated  
15 E. 5<sup>th</sup> Street, Suite 1000  
Tulsa, OK 74103-4346

Yates Petroleum Corp. (O, P)  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

Yates Drilling Co. (O, P)  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

ABO Petroleum Corp. (O, P)  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

MYCO Industries, Inc. (O, P)  
105 South 4<sup>th</sup> Street  
Artesia, NM 88210

**Royalty Interest Owners**

Navajo Allotted (B, C, D, K, L)  
Farmington Indian Minerals Office  
c/o Bureau of Land Management  
1235 La Plata Highway  
Farmington, NM 87401

USA (A,D,E,G thru K, M, N)  
c/o Bureau of Land Management  
1235 La Plata Highway  
Farmington, NM 87401

NM State Land Office (F, O, P)  
P. O. Box 1148  
Santa Fe, NM 87504-1148

**Overriding Royalty Interest Owners**

V. M. Breecher (J)  
23430 Cattail Lane  
Barrington, IL 60010

Wanda Burness (D)  
75535 Fern Hill Road  
Ranier, OR 97048

ConocoPhillips (D)  
P. O. Box 4289  
Farmington, NM 87499-4289

Cramer Oil Company (J)  
410 17<sup>th</sup> Street, Suite 1340  
Denver, CO 80202

DHB Partnership (I)  
8144 Walnut Hill Lane  
Suite 982 LB51  
Dallas, TX 75231

DK Investments (D)  
828 East Edgehill Road  
Salt Lake City, UT 84103

Dugan Production Corp. (M)  
P. O. Box 420  
Farmington, NM 87499-0420

Robert Eckels Family Trust (G)  
P. O. Box 30  
Cedaredge, CO 81413

Green Ribbon, Inc. (D)  
46-5 E. St. Lilliendahl & Marienhoj  
St. Thomas  
US Virgin Islands, 00802

Nuevo Seis Limited Partnership (G)  
P. O. Box 2588  
Roswell, NM 88202-2588

Francis A. Hannifin (G)  
730 17<sup>th</sup> Street, Suite 325  
Denver, CO 80202

Hardin Simmons University (I)  
c/o Baptist Foundation of Texas  
1601 Elm, Suite 1700  
Dallas, TX 75201-7241

Virginia M. Huck (J)  
c/o V. M. Breecher  
23430 Cattail Lane  
Barrington, IL 60010

Jim & Mary Lou Jacobs Living Trust (M)  
3505 Crescent Avenue  
Farmington, NM 87401

Ben M. Patterson (I)  
613 NW Loop 410, Suite 680  
San Antonio, TX 78216

Preston Hollow United Methodist Church (I)  
6315 Walnut Hill Lane  
Dallas, TX 75230

R. F. Partnership LLLC (N)  
2732 S. Fillmore Street  
Denver, CO 80210

Billie Robinson (N)  
P. O. Box 1281  
Santa Fe, NM 87501-1281

Yellow Ribbon, Inc. (D)  
P. O. Box 6901  
Denver, CO 80206

## 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:

Steve Fleake  
Bureau of Land Management  
1235 La Plata Highway  
Farmington, NM 87401

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X H. Pearson

☐ Agent☐ Addressee

B. Received by (Printed Name)

H. Pearson

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

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0293

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Mr. Patrick Lyons  
NM State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ 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)

7005 2570 0001 3772 0316

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Mr. James Stockbridge  
Farmington Indian Minerals Ofc.  
1235 La Plata Hwy, Suite B  
Farmington, NM 87401

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X H. Pearson

☐ Agent☐ Addressee

B. Received by (Printed Name)

H. Pearson

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

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0309

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

ABO Petroleum Corp.  
105 South 4th St.  
Artesia, NM 88210

## 2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0279

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Kathy Donaghe

☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

KATHY DONAGHE

- 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

- 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:

Key Production Co., Inc.  
1700 Lincoln St., Suite 1800  
Denver, CO 80203-4518

## 2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0248

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

C. Martinez

☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

C. MARTINEZ

10/1/07

- 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

- 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:

Myco Industries, Inc.  
105 South 4th Street  
Artesia, NM 88210

## 2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Kathy Donaghe

☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

KATHY DONAGHE

- 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

- 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:

Lotes Drilling Co.  
105 South 4th Street  
Artesia, NM 88210

## 2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Kathy Donaghe  
KATHY DONAGHE

☐ 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

- 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:

Lotes Petroleum Corp.  
105 South 4th St.  
Artesia, NM 88210

## 2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0255

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Kathy Donaghe  
KATHY DONAGHE

☐ 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

Southwestern 9/07

**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:

**V M BREECHER**  
23430 CATTAIL LANE  
BARRINGTON IL 60010

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent  
☒ *V. M. Breecher* ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*V. M. BREECHER* *10/01/07*
- 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

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0064

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**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:

**WANDA BURNES**  
75535 FERN HILL ROAD  
RANIER OR 97048

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent  
☒ *Wanda Burnes* ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*Wanda Burnes* *10-9-07*
- 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

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0125

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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:

**NO COPHILLIPS**  
O BOX 4289  
ARMINGTON NM 87499-4289

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent  
☒ *NO COPHILLIPS* ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*NO COPHILLIPS* *9-26-07*
- 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

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0187

PS Form 3811, February 2004

Domestic Return Receipt

*Goodman 9/07 Rep*

**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:

CRAMER OIL COMPANY  
410 17TH STREET SUITE 1340  
DENVER CO 80202

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ *K. Barrusch* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *K. Barrusch* C. Date of Delivery *10/1/07*
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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)

7005 2570 0001 3772 0071

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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:

DHB PARTNERSHIP  
8144 WALNUT HILL LANE  
SUITE 982 LB51  
DALLAS TX 75231

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ *John Goble* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *JOHN GOBLE* C. Date of Delivery *9-28-07*
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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)

7005 2570 0001 3772 0132

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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:

DK INVESTMENTS  
828 EAST EDGEHILL ROAD  
SALT LAKE CITY UT 84103

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ *Susan Daws* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Susan Daws* C. Date of Delivery *9-28-07*
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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)

7005 2570 0001 3772 0194

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Goodtimes 9/27/02

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>		<p>A. Signature <input checked="" type="checkbox"/> <i>Eckels</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  ROBERT ECKELS FAMILY TRUST P O BOX 30 CEDAREDGE CO 81413			
2. Article Number (Transfer from service label)		7005 2570 0001 3772 0149	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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>		<p>A. Signature <input checked="" type="checkbox"/> <i>Marienhoj</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 10-15-02</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  GREEN RIBBON INC 46-5 ST LILLIENDAHL & MARIENHOJ ST THOMAS US VIRGIN ISLANDS 00802			
2. Article Number (Transfer from service label)		7005 2570 0001 3772 0200	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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>		<p>A. Signature <input checked="" type="checkbox"/> <i>Marienhoj</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 9-27-02</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  BARBARA E HANNIFIN P O BOX 182 ROSWELL NM 88201			
2. Article Number (Transfer from service label)		7005 2570 0001 3772 0088	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



## 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:

Francis A. Hannifan  
730 17th St., Ste 325  
Denver, CO 80202

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0330

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Carmela Hannifan

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-15-07

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

- 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:

HARDIN SIMMONS UNIVERSITY  
C/O BAPTIST FOUNDATION OF TEXAS  
1601 ELM SUITE 1700  
DALLAS TX 75201-7241

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

GREG HANDEL

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-28-07

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

- 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:

VIRGINIA M HUCK  
C/O V M BREECHER  
23430 CATTAIL LANE  
BARRINGTON IL 60010

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0095

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Virginia M. Breecher

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

VIRGINIA M. BREECHER 10/01/07

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

*Continued 907 1120*

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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>JIM &amp; MARY LOU JACOBS LVG TST            3505 CRESCENT AVENUE            FARMINGTON, NM 87401</p>		<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7005 2570 0001 3772 0163</p>			

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*Continued 907 600*

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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>BEN M PATTERSON            613 NW LOOP 410 SUITE 680            SAN ANTONIO TX 78216</p>		<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7005 2570 0001 3772 0224</p>			

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*Continued 907 600*

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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>PRESTON HOLLOW UNITED METHODIST            6315 WALNUT HILL LANE            DALLAS TX 75230</p>		<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7005 2570 0001 3772 0101</p>			

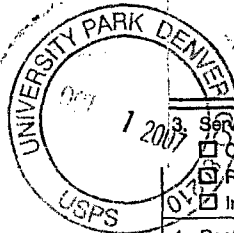
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

R F PARTNERSHIP LLLC  
2732 S FILLMORE STREET  
DENVER CO 80210



**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X *Janet Roark* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*Janet Roark*
- 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

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0170

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Domestic Return Receipt

102595-02-M-1540

**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:

BILLIE ROBINSON  
P O BOX 1281  
SANTA FE NM 87501-1281

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X *Robert Chavez* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*Robert Chavez* 10/1/07
- 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

2. Article Number

(Transfer from service label)

7005 2570 0001 3772 0231

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Domestic Return Receipt

102595-02-M-1540

**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:

YELLOW RIBBON INC  
P O BOX 6901  
DENVER CO 80206

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X *Deann T. Gault* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*DEANN T. GAULT* 9/30
- 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

2. Ar

(M)

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102595-02-M-1540