

DATE IN 2-8-10	SUSPENSE	ENGINEER R.E.	LOGGED IN 2-8-10	TYPE CTB	PT&W APP NO. 1003935-230
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ABOVE THIS LINE FOR DIVISION USE ONLY

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



Devon Eng -

Strawberry 7 Fed #2

Strawberry 7 Fed 5H

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

30-015-32375-

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]

30-015-37257

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

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

Check One Only for [B] or [C]

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

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

[D] Other: Specify _____ Central Tank Battery _____

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

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

[B] ☐ Offset Operators, Leaseholders or Surface Owner

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

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

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

[F] ☐ Waivers are Attached

CTB - 613

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

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

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

Stephanie A. Ysasaga
 Print or Type Name

Signature

Sr. Staff Engineering Technician
 Title

01/13/2010
 Date

Stephanie.Ysasaga@dvsn.com
 e-mail Address



Devon Energy Production Company
Operations Engineering
20 North Broadway - CT 3.056
Oklahoma City, Oklahoma 73102-8260
Phone: (405)-552-7802
Fax (405)-552-8113
Stephanie.Ysasaga@dvm.com

January 13th, 2010

Mr. Richard Ezeanyim
State of New Mexico
Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, New Mexico 87505

**Re: Central Tank Battery, Lease Commingling, Off Lease Measurement & Sales
Strawberry 7 Federal 2 & Strawberry 7 Federal 5H
Sec 7-T19S-R31E: NMNM54112 & NMNM-0560355
API # 30-015-32375 & 30-015-37257
Hackberry; Bone Spring, North - Pool Code: 97056
Eddy County, New Mexico**

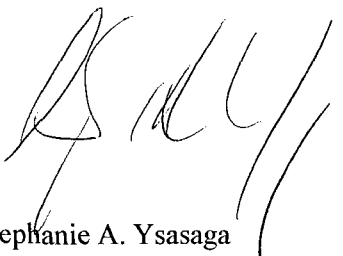
Dear Mr. Ezeanyim:

Please find attached the OCD Form C-103, OCD Form C-107A and BLM Form 3160-5 Sundry Notice of Intent to Surface Commingle the aforementioned wells. The working interest, royalty interest and overriding royalty interest owners in both leases is not uniform; parties have been notified via certified mail.

Should you require any additional information or assistance, please do not hesitate to contact me at (405)-552-7802.

Very truly yours,

DEVON ENERGY PRODUCTION COMPANY, L.P.



Stephanie A. Ysasaga
Sr. Staff Engineering Technician ☺

Enclosures

APPLICATION FOR SURFACE COMMINGLING OFF-LEASE STORAGE & OFF-LEASE MEASUREMENT APPROVAL & CENTRAL TANK BATTERY

State of New Mexico – Santa Fe
Oil Conservation Division
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Central tank battery & surface commingling proposal for Strawberry leases:

Devon Energy Production Company, LP is requesting approval for surface lease commingle, off-lease storage and off-lease measurement of oil & gas hydrocarbon production from the Hackberry; Bone Spring, North (97056) Pool from the following wells:

Federal Lease NMNM54112

Well Name	Location	API #	Pool 97056
Strawberry 7 Federal 2	NWNE Sec 7-T19S-R31E	30-015-32375	Hackberry; Bone Spring, North

Federal Lease NMNM-0560355

Well Name	Location	API #	Pool 97056
Strawberry 7 Federal 5H	SENE Sec 7-T19S-R31E	30-015-37257	Hackberry; Bone Spring, North

Well Name	BOPD	Oil Gravity	MCFPD	BTU
Strawberry 7 Federal 2	20	38.5° API	60	1352
Strawberry 7 Federal 5H*	n/a	n/a	n/a	n/a

* Well is currently being drilling and/or completed.

A map (Exhibit A) is enclosed showing the Federal leases and well locations in Section 7 of T19S R31E. The BLM's interest in both wells are the same and the BTU's are equivalent. The ownership in the Strawberry leases is not identical; all affected working interest owners have been notified of this proposal (Exhibit B).

Oil & Gas metering:

Oil, gas and water volumes from each well producing to this battery will be determined by using a test separator/heater treater and test gas meter at the proposed facility so that one well is always producing through the testing equipment. Production will be allocated on a daily basis based on the most recent individual well test of oil, gas and water. Well tests for each well will be conducted at least once per month. The oil and gas hydrocarbon production from the Strawberry 7 Federal 2 and 5H will be commingled, measured and sold off lease; using the Well Test Method.

A central tank battery will be located at the Strawberry 7 Federal 2 in the NWNE of Section 7, T19S, R31E on Federal Lease NMNM-54112 in Eddy County, New Mexico (Exhibit C). A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 18-T19S-R31E approximately 1200' southwest of the Strawberry 7 Federal 2. These meters will be calibrated on a regular basis per API, NMOCD and BLM specifications. The BLM and OCD will be notified of any future changes in the facility.

Process and Flow Descriptions:

Please see attached diagram for the proposed Strawberry 7 Federal 2 battery. The flow of produced fluids is shown in detail on Exhibit D along with a description of each vessel.

The commingling of production is in the interest of conservation and waste and will result in the most effective, economic means of producing the reserves in place from the affected wells and will not result in reduced royalty or improper measurement of production. The proposed commingling will reduce operating expenses as well as reduce the surface facility footprint and overall emissions.

Devon Energy Production Company, LP understands the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. Additionally, application for ROW made by Devon Energy Production Co., LP when submitting its' application to drill to the BLM. Application to Drill approved by the BLM 08/26/2009 with ROW approved within APD.

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

OIL CONSERVATION DIVISION

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

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

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Devon Energy Production Company, L.P.

OPERATOR ADDRESS: 20 N. Broadway, Oklahoma City, OK 73102-8260

APPLICATION TYPE:

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

LEASE TYPE: ☐ Fee ☐ State ☒ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. _____

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling

☒ Yes ☐ No

(A) POOL COMMINGLING

Please attach sheets with the following information

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

(2) Are any wells producing at top allowables? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.

(4) Measurement type: ☐ Metering ☐ Other (Specify)

(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code. Hackberry; Bone Springs, North (97056)

(2) Is all production from same source of supply? ☒ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No

(4) Measurement type: ☐ Metering ☒ Other - Well Test

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

(1) Is all production from same source of supply? ☒ Yes ☐ No

(2) Include proof of notice to all interest owners. (See attached notification list with tracking numbers)

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.

(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.

(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: _____ TITLE: Sr. Staff Engineering Technician DATE: 01/13/2010

TYPE OR PRINT NAME Stephanie A. Ysasaga TELEPHONE NO.: (405)-552-7802

E-MAIL ADDRESS Stephanie.Ysasaga@dmn.com

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-32375 & 30-015-37257
2. Name of Operator Devon Energy Production Company, LP		5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802		6. State Oil & Gas Lease No.
4. Well Location (See Below) Unit Letter _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM Eddy County New Mexico		7. Lease Name or Unit Agreement Name Strawberry 7 Federal
11. Elevation (Show whether DR, RKB, RT, GR, etc.) n/a		8. Well Number 2 & 5H
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		9. OGRID Number 6137 ✓
		10. Pool name or Wildcat See Below

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
OTHER: CENTRAL TANK BATTERY: LEASE COMMINGLE,
OFF-LEASE MEASUREMENT & SALES ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Co. LLP respectfully requests approval for lease commingle, off lease measurement and sales of oil & gas hydrocarbon production from the following wells:

- * Strawberry 7 Federal 2: API # 30-015-32375 Sec 7-T19S-R31E Lease NMNM-54112 Hackberry: Bone Spring, North (97056)
- * Strawberry 7 Federal 5H: API # 30-015-37257 Sec 7-T19S-R31E Lease NMNM-0560355 Hackberry: Bone Spring, North (97056)

A central tank battery will be located at the Strawberry 7 Federal Com 2. The Well Test Method will be used to allocate production back to the wells (see current & proposed facility schematics). Oil, gas and water volumes from each well producing to this battery will be determined by using a test separator/heater treater and test gas meter at the proposed facility so that one well is always producing through the testing equipment. A common gas sales meter associated with a DCP central delivery point (CDP) is in Sec 18-T19S-R31E. Waste is not induced and no correlative rights are impaired.

ROW approved within APD; approved by the BLM 08/26/2009.

Working, royalty, and overriding interest owners have been notified via certified mail (see attached).

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE _____ TITLE Sr. Staff Engineering Technician DATE 01/13/2010

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dvn.com Telephone No. (405) 552-7802
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any):

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS
**Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No.
NMNM54112 & NMNM-0560355

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Devon Energy Production Co., LP

3a. Address
20 North Broadway
OKC, OK 73102

3b. Phone No. (include area code)
(405)-552-7802

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
Strawberry 7 Federal 2 & 5H

9. API Well No.
30-015-32375 & 30-015-37257

10. Field and Pool or Exploratory Area
Hackberry; Bone Springs; North (97056)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

See below

11. Country or Parish, State
Eddy County, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Central Tank Battery
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Lease Com, Off-Lease
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	Measurement & Sales

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Devon Energy Production Co. LLP respectfully requests approval for lease commingle, off lease measurement and sales of oil & gas hydrocarbon production from the following wells:

- * Strawberry 7 Federal 2: API # 30-015-32375 Sec 7-T19S-R31E Lease NMNM-54112 Hackberry: Bone Spring, North (97056)
- * Strawberry 7 Federal 5H: API # 30-015-37257 Sec 7-T19S-R31E Lease NMNM-0560355 Hackberry: Bone Spring, North (97056)

A central tank battery will be located at the Strawberry 7 Federal Com 2. The Well Test Method will be used to allocate production back to the wells (see current & proposed facility schematics). Oil, gas and water volumes from each well producing to this battery will be determined by using a test separator/heater treater and test gas meter at the proposed facility, so that one well is always producing through the testing equipment. The oil and gas hydrocarbons from each location will be commingled, measured and sold off lease. A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 18-T19S-R31E approximately 1200' southwest of the Strawberry 7 Federal 2. Waste is not induced and no correlative rights are impaired.

ROW approved within APD; approved by the BLM 08/26/2009.

Working, royalty, and overriding interest owners have been notified via certified mail (see attached).

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)
Stephanie A. Ysasaga

Title Sr. Staff Engineering Technician

Signature

Date 01/13/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

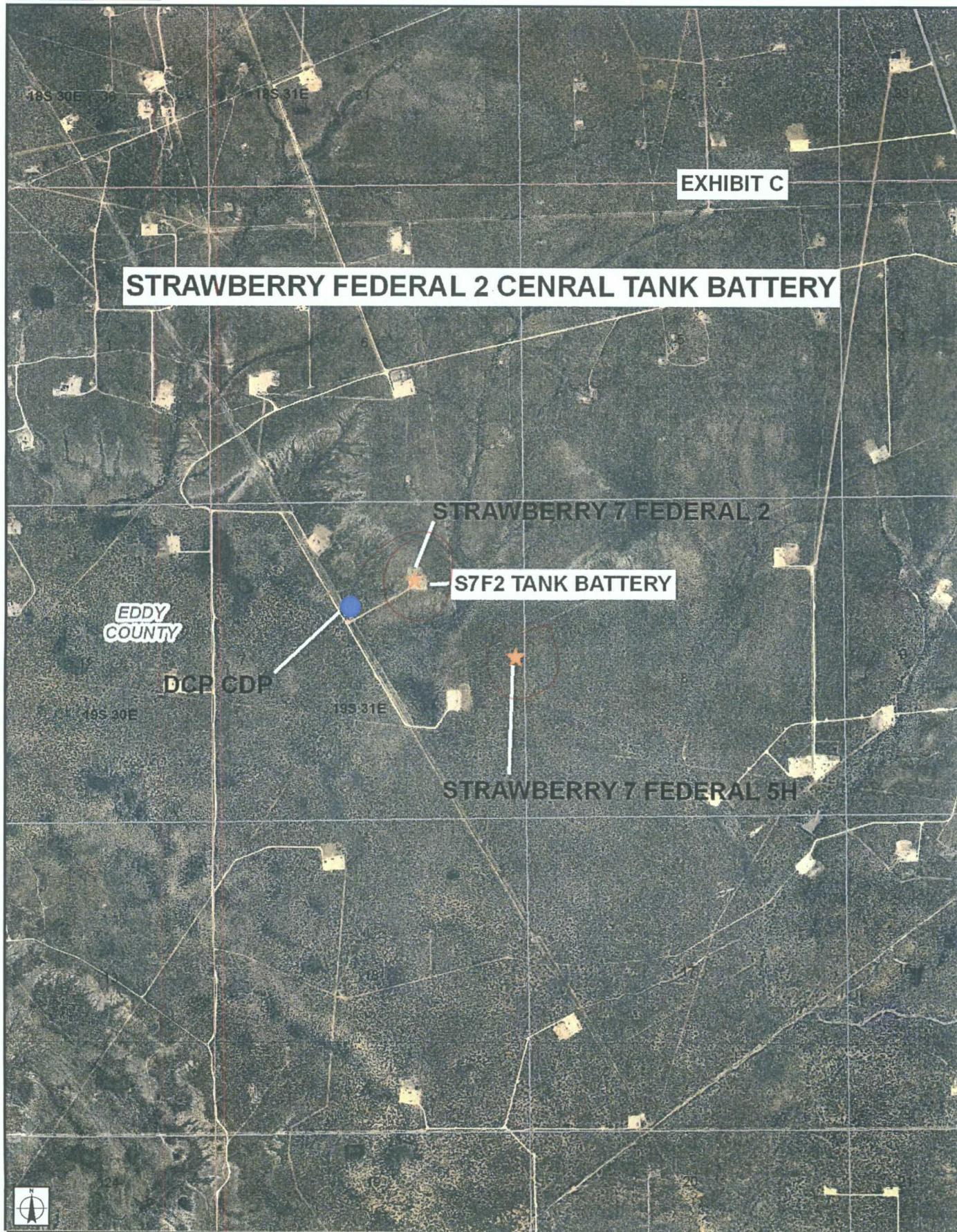
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

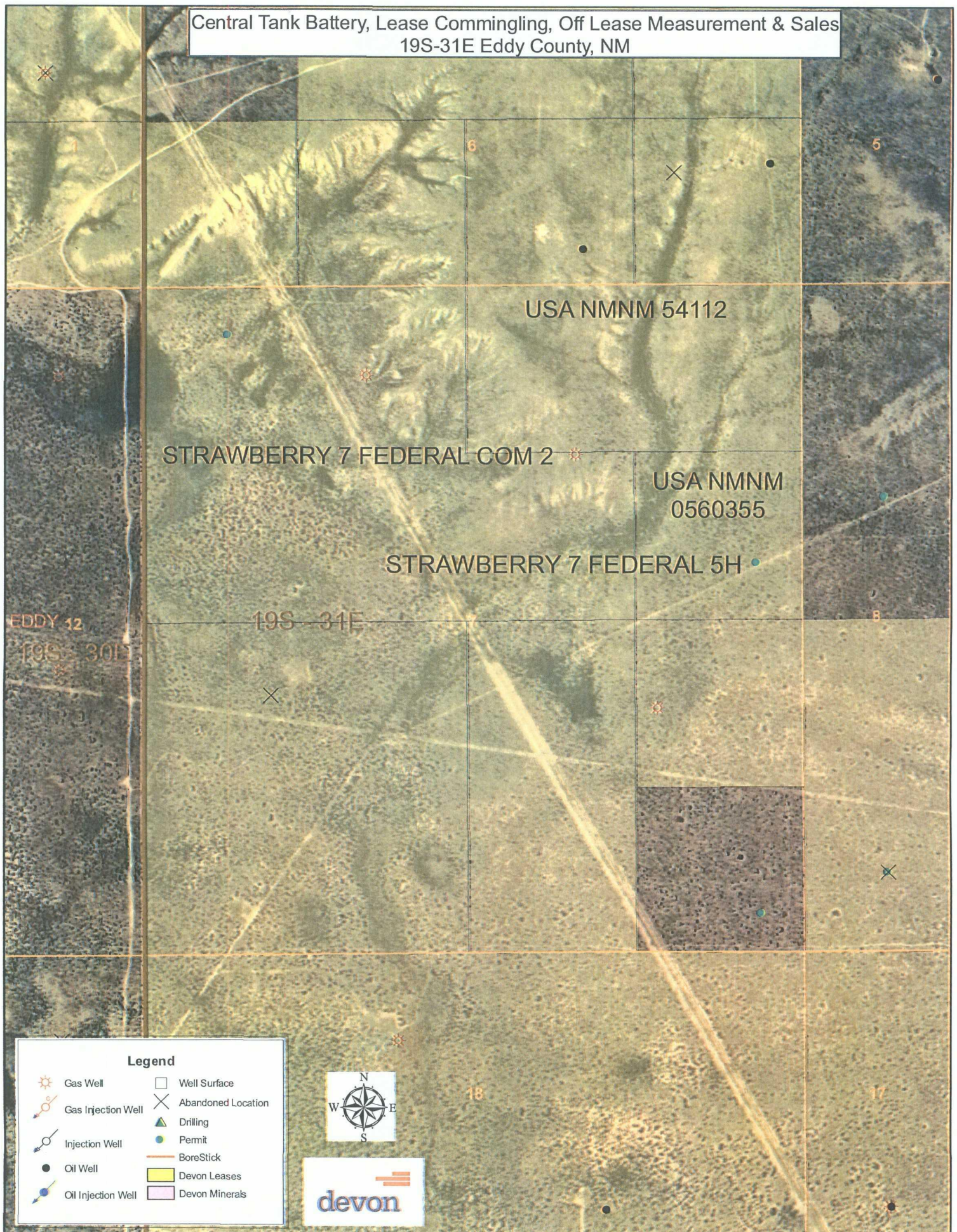


EXHIBIT C

STRAWBERRY FEDERAL 2 CENRAL TANK BATTERY



Central Tank Battery, Lease Commingling, Off Lease Measurement & Sales
19S-31E Eddy County, NM



Joan M Voight
7 Sherborn Wood
San Antonio, TX 78218
7008-1830-0002-7421-8591

Marbob Energy Corporation
P.O. Box Drawer 227
Artesia, NM 88211-0227
7008-1830-0002-7421-7488

Todd M Wilson
3608 S County Rd 1184
Midland, TX 79706-6468
7008-1830-0002-7421-7471

Standford University c/o Bank of American
P.O. Box 480738
Dallas, TX 75284-0738
7008-1830-0002-7421-7464

Minerals Management Service Royalty Mgmt Prgm
P.O. Box 5810
Denver, CO 80217-5810
7008-1830-0002-7421-7457

Pitch Energy Corp Western Oil Producers Inc.
P.O. Box 227
Artesia, NM 88211-0227
7008-1830-0002-7421-7440

PBR Properties Joint Venture
P.O. Box 2802
Midland, TX 79702
7008-1830-0002-7421-7433

Wallfam Limited Partnership
1811 Heritage Blvd, Ste 200
Midland, TX 79707
7008-1830-0002-7421-7426

Hanson Operating Co. Inc
P.O. Box 1515
Roswell, NM 88202-1515
7008-1830-0002-7421-7419

Constance B Cartwright Trustee - Wells Fargo Building
UWO George F Bauerdorf 2444 Wilshire Building, Ste 508
Santa Monica, CA 90403-5808
7008-1830-0002-7421-7402

Willis R Hartsock - c/o Bank of America
P.O. Box 620020
Dallas, TX 75262
7008-1830-0002-7421-7396

Ward C. Hartsock - c/o Bank of America
P.O. Box 620020
Dallas, TX 75262
7008-1830-0002-7421-7389

Jeanne (Jean) Edna Hunt
P.O. Box 251406
Plano, TX 75025-1406
7008-1830-0002-7421-7334

Franklin Thompson Family Agcy
Bank of America - Trust 4012
P.O. Box 840738 Dallas, TX 75284-0738
7008-1830-0002-7421-7372

Jane Landreth Russell Agency
Farmers National Co. Agent
Lock Box 3480 Omaha, NE 68103-0480
7008-1830-0002-7421-7365

Lynda L Shropshire Trust - Farmers National Co. Agent 7884
Oil & Gas Managment
P.O. Box 3480 Omaha, NE 68103-0489
7008-1830-0002-7421-7358

Robert H Tennant
9563 Doliver
Houston, TX 77063
7008-1830-0002-7421-7341

Robert H Tennant Jr. Testament
Robert H Tennant Trustee
9563 Doliver Houston, TX 77063
7008-1830-0002-7421-7150

Bordan Hamilton Tennant Trust
Robert H Tennant Trustee
9563 Doliver Houston, TX 77063
7008-1830-0002-7421-7143

Mary Elizabeth Tennant Trust
Robert H Tennant Trustee
9563 Doliver Houston, TX 77063
7008-1830-0002-7421-7136

Joseph A. Tennant
P.O. Box 382
Marathon, TX 79842
7008-1830-0002-7421-7129

Carol J Christensen
19026 N. 2nd Ave
Phoenix, AZ 85027
7008-1830-0002-7421-7112

David Donnelly Trust
P.O. Box 1150
Lebanon, MO 65536
7008-1830-0002-7421-7105

David F. Stout
1645 W Baseline Rd Unit 2146
Mesa, AZ 85202
7008-1830-0002-7421-7099

William & Dorthy Henderson Family Trust Dated 09/10/1996
William & Dorthy Henderson Trustees c/o Springfield Trust Co
1906 W. Battlefield Rd Springfield, MO 65804
7008-1830-0002-7421-7082

Dillard Fisher & Dillard Partnership
415 West Wall, Ste 703
Midland, TX 79701
7008-1830-0002-7421-7075

Sue Hanson McBride - Separate Property
P.O. Box 1515
Roswell, NM 88202-1515
7008-1830-0002-7421-7068

Julie Scott McBride
P.O. Box 1515
Roswell, NM 88202-1515
7008-1830-0002-7421-7051

David G & Jean A Willis 1998 Trust Dated 05/23/1998
c/o Jean A Willis Trustee
98 Reservoir Road Atherton, CA 94027
7008-1830-0002-7421-7044

The THW & ADW Living Trust UTA Dated 07/03/1997
c/o Theodore & Agnes Willis Trustee
1763 Royal Oaks Drive N E305 Bradbury, CA 91010-1999
7008-1830-0002-7421-7037

Anne W Briggs – Rancho Del Oso
3610 Pacific Coast Highway
Davenport, CA 95017
7008-1830-0002-7421-7259

Thomas F. McKenna Sr Credit Shelter Trust
Jane E McKenna Trustee
281 Genevieve Drive Tijeras, NM 87059
7008-1830-0002-7421-7242

W A Landreth Jr
3207 W 4th Street
Ft. Worth, TX 76102
7008-1830-0002-7421-7235

Mary Lindsey Kesterson Agency
Farmers National Co. Agent
Lock Box 3480 Omaha, NE 68103-0480
7008-1830-0002-7421-7228

Mary Adele Landreth Smith
c/o Edward Landreth Smith
1675 Highway 591 Dublin, TX 76446
7008-1830-0002-7421-7211

William Locke Allison III
2641 Fines Creek Drive
Stateville, NC 28625
7008-1830-0002-7421-7204

Elizabeth Foster Tennant
701 Bering Drive # 204
Houston, TX 77057
7008-1830-0002-7421-7198

WB Kindelsparger Estate
Gladys E Kindelsparger Executrix
P.O. Box 1148 Odessa, TX 79760-1148
7008-1830-0002-7421-7181

John T. Landreth
P.O. Box 180
Engle, CO 81631-0180
7008-1830-0002-7421-7174

Mary Adele Landreth Trust
504 Fort Worth Club Bldg
306 West 7th Street Fort Worth, TX 76102-4905
7008-1830-0002-7421-7167

R D Mellard Estate
P.O. Box 1506
Hope, NM 88250
7008-1830-0002-7421-8652

Thomas Ausley Allison
1122 Dogwood Road
Statesville, NC 28677-3463
7008-1830-0002-7421-8621

Gesler Grandchildren's Trust Dated 08/20/1998
4605 E Shomi St
Phoenix, AZ 85044
7008-1830-0002-7421-8683

Trust UWO Bettie Allison Rand – William G Rand,
William G Rand Jr & Allison Guess – Trustees
P.O. Box 4325 Rocky Mount, NC 28703
7008-1830-0002-7421-8638

Clarence G Neal Jr
3451 School Street
Fortuna, CA 95540-3623
7008-1830-0002-7421-8737

Phylliss M Wolfe
P.O. Box 14432
Phoenix, AZ 85063-4432
7008-1830-0002-7421-8706

Hazel N Collins Family Trust Texas Bank Attn: Ed Fritz
2525 Ridgmar, Blvd, Ste 100
Fort Worth, TX 76116
7008-1830-0002-7421-8645

John Michael Esses
10 Via Slano
Rancho Santa Monica, CA 92688-1330
7008-1830-0002-7421-7501

Ella Joan Neal Living Trust
6235 E Sea Breeze Drive
Long Beach, CA 90803
7008-1830-0002-7421-8713

Florence B Clark Hall
c/o Minerals Services Inc. Agent
P.O. Box 244 St. Jacob, IL 62281-0244
7008-1830-0002-7421-8720

Barbara C. Larimore
c/o Minerals Services Inc. Agent
P.O. Box 244 St. Jacob, IL 62281-0244
7008-1830-0002-7421-8843

Harold G Hartsock Living Trust – Harold G, Mary Louise
Hartsock Trustee Dated 02/12/2002
P.O. Box 1449 Sanford, FL 32772-1449
7008-1830-0002-7421-8836

Helen Joy Smith LLC c/o Adam B. Smith
5410 26th Street West
Bradenton, FL 34207
7008-1830-0002-7421-8829

Billie J David, Life Tennant
P.O. Box 7706
Midland, TX 79708
7008-1830-0002-7421-8874

Edith A Shelton Marital Trust – Bill Shelton Trustee
218 W. Glen Eagles Road
Stateville, NC 28625
7008-1830-0002-7421-8850

Nedina S. Clark Dupont c/o Horseshoe Investments
P.O. Box 190811-6811
St. Louis, MO 63119
7008-1830-0002-7421-8867

Babe Development LLC
P.O. Box 758
Roswell, NM 88202-0758
7008-1830-0002-7421-8768

Riall S. Moore
124 Kelton Ave
San Carlos, CA 94070
7008-1830-0002-7421-8782

Shannon Moore
124 Merrydale #36
San Rafael, CA 94901
7008-1830-0002-7421-8775

McBride Oil & Gas Corporation
P.O. Box 1515
Roswell, NM 88202-1515
7008-1830-0002-7421-8799

Lobos Energy Partners LLC
J.C. Welch AIF & VP - Dept 2213
P.O. Box 122213 Dallas, TX 75312-2213
7008-1830-0002-7421-5200

Stephanie P Troth
5714 E Acoma Drive
Scottsdale, AZ 85254
7008-1830-0002-7421-5217

Robin Frederick Hill
1836 Shaded Wood
Walnut, CA 91789
7008-1830-0002-7421-5224

McCombs Energy Ltd – A Texas Lmted Partnership
Ricky Haiken Vice President
5599 San Felipe, Ste 1200 Houston, TX 77056
7008-1830-0002-7421-5231

Steven P. Thompson
P.O. Box 14596
Odessa, TX 79768
7008-1830-0002-7421-5248

Martha Watson Linnell
3950 Copperfield Ridge CT
Winston-Salem, NC 27106
7008-1830-0002-7421-5255

Fred A Watson Jr
5404 Crown Ridge Rd NW
Albuquerque, NM 87114-5790
7008-1830-0002-7421-5262

Patti Watson Leake
7824 Osuna NE
Albuquerque, NM 87109-3042
7008-1830-0002-7421-5279

John N Eddy Trust ~ Jean C Eddy & Thomas
B Catron III Trustees
645 Camino Rancheros Santa Fe, NM 87505
7008-1830-0002-7421-5286

Anne H Deal
7044 50th Ave NE
Seattle, WA 98115
7008-1830-0002-7421-5293

Mary Virginia H Baer
1101 Arlington Ridge Rd – Unit 402
Arlington, VA 22202
7008-1830-0002-7421-5309

Richard K Barr
P.O. Box 847
Boerne, TX 78006
7008-1830-0002-7421-5316

Scott E. Wilson
4601 Mirador Drive
Austin, TX 78735-1554
7008-1830-0002-7421-5323

Cannon Exploration Company
3608 S County Road 1184
Midland, TX 79706-6468
7008-1830-0002-7421-5330

Kathleen Irwin Schuster Separate Property
3213 Pepperwood Ln
Fort Collins, CO 80525-2944
7008-1830-0002-7421-5347

Dan W Irwin Separate Property
118 N Grant St
Hinsdale, IL 60521
7008-1830-0002-7421-5354

Melinda Anne Benagh Separate Property
2007 Big Horn Drive
Austin, TX 78734
7008-1830-0002-7421-5361

John Eric Thickstun As His Separate Property
6672 Michaeljohn Drive
La Jolla, CA 92037
7008-1830-0002-7421-5378

Mary Susan Thickstun Her Separate Property
5690 Arbor Grove CT
San Diego, CA 92121
7008-1830-0002-7421-5385

Thomas Lusk Thickstun As His Separate Property
312 Foxglove
Kyle, TX 78640
7008-1830-0002-7421-5392

Patricia Benaugh White As Her Separate Property
806 Lari Dawn
San Antonio, TX 78258
7008-1830-0002-7421-5408

Jennifer Thickstun Fessler
2557 Roscomare Road
Los Angeles, CA 90077
7008-1830-0002-7421-5415

Kathryn Ann Thickstun Leff
3131 Xenophon St
San Diego, CA 92106-1537
7008-1830-0002-7421-5422

Edward Landreth Smith
1675 Hwy 591
Dublin, TX 76446
7008-1830-0002-7421-5439

Roger T. & Holly L. Elliot Family Ltd Partnership LP
Family Ltd Partnership LP Hollyhock Corp Gen Ptnr
4105 Baybrook Drive Midland, TX 79707
7008-1830-0002-7421-8669

Oxy USA WTP LP
Lock Box 841735
Dallas, TX 75284-1735
7008-1830-0002-7421-8614

Joyco Investments LLC
Hanson Operating Co. Inc Mgr
P.O. Box 2104 Roswell, NM 88202-2104
7008-1830-0002-7421-8607

Estate of Lonye Marie Williams Deceased
William T McGee Personal Rep
1701 River Run Rd, Ste 501 Fort Worth, TX 76107-6548
7008-1830-0002-7421-7495

Cimarex Energy Co. – Mike Wallace
600 N Marienfield Street, Suite 600
Midland, Texas 79701-4405
7008-1830-0002-7421-8751

Occidental Permian Ltd – Robbie Abraham
P.O. Box 4294 Houston, TX 77210-4294
7008-1830-0002-7421-9000

Wright NM Partners – Gene Shumate
P.O. Box 752
Stanton, TX 79782-0782
7008-1830-0002-7421-8973

John N Eddy Trust
Jean C. Eddy & Thomas B Cantrom Trustees
645 Camino Rancheros Santa Fe, NM 87505
7008-1830-0002-7421-8942

Thomas F. McKenna
1200 Eubank Ave NE
Albuquerque, NM 87112
7008-1830-0002-7421-8911

Julie Scott Graham
P.O. Box 1515
Roswell, NM 88202
7008-1830-0002-7421-8881



Laboratory Services, Inc.

2609 West Marland
Hobbs, New Mexico 88240

Telephone: (505) 397-3713

H

FOR: Devon Energy
P.O. Box 250
Artesia, New Mexico 88211-0250

SAMPLE: Sta. # 721434-00
IDENTIFICATION Strawberry 7 Fed. #2
COMPANY: Devon Energy
LEASE:
PLANT:

SAMPLE DATA: DATE SAMPLED: 7/17/08 10:05am
ANALYSIS DATE: 7/18/08
PRESSURE - PSIA 32
SAMPLE TEMP. °F 88
ATMOS. TEMP. °F

GAS (XX) LIQUID ()
SAMPLED BY: Lemmons
ANALYSIS BY: Vicki McDaniel

REMARKS: H₂S = 0

COMPONENT ANALYSIS

COMPONENT		MOL PERCENT	GPM
Hydrogen Sulfide	(H ₂ S)	0.000	
Nitrogen	(N ₂)	2.308	
Carbon Dioxide	(CO ₂)	0.061	
Methane	(C ₁)	71.512	
Ethane	(C ₂)	13.312	3.552
Propane	(C ₃)	6.965	1.915
I-Butane	(IC ₄)	0.849	0.277
N-Butane	(NC ₄)	2.365	0.744
I-Pentane	(IC ₅)	0.650	0.237
N-Pentane	(NC ₅)	0.757	0.274
Hexane Plus	(C ₆ +) <hr/>	1.221 <hr/>	0.530 <hr/>
		100.000	7.529

BTU/CU.FT. - DRY 1352
AT 14.650 DRY 1348
AT 14.650 WET 1325
AT 14.73 DRY 1355
AT 14.73 WET 1332

MOLECULAR WT. 23.2308

SPECIFIC GRAVITY -
CALCULATED 0.800
MEASURED

Strawberry 7 Federal #2
Sec7,T19S,R31E
1300FNL & 1750FWL

Eddy, N.M

API# 30-015-32375

Production System: Open

1) Oil sales by tank gauge to tank truck.

2) Seal requirements:

A. Production Phase: On all Tanks.

(1) All valves 5 sealed closed.

Sales Phase: On Tank being hauled.

(1) Valve 1 sealed closed. 1

(2) Valve 3 sealed closed. 3

(3) Valve 4 sealed closed. 4

(4) Valve 5 sealed closed. 5

{5} Misc. Valves: Plugged or otherwise inaccessible.

NOTE: Valve 2 is either a test or roll line if there is a valve 2 it will be sealed closed. 2

Ledger for Site Diagram

Valve #1: Production Line 1

Valve #2: Test or Roll line 2

Valve #3: Equalizer Line 3

Valve #4: Circ./Drain Line 4

Valve #5: Sies Line 5

Valve #6: BS&W Load Line 6

Buried Lines:

Firewall:

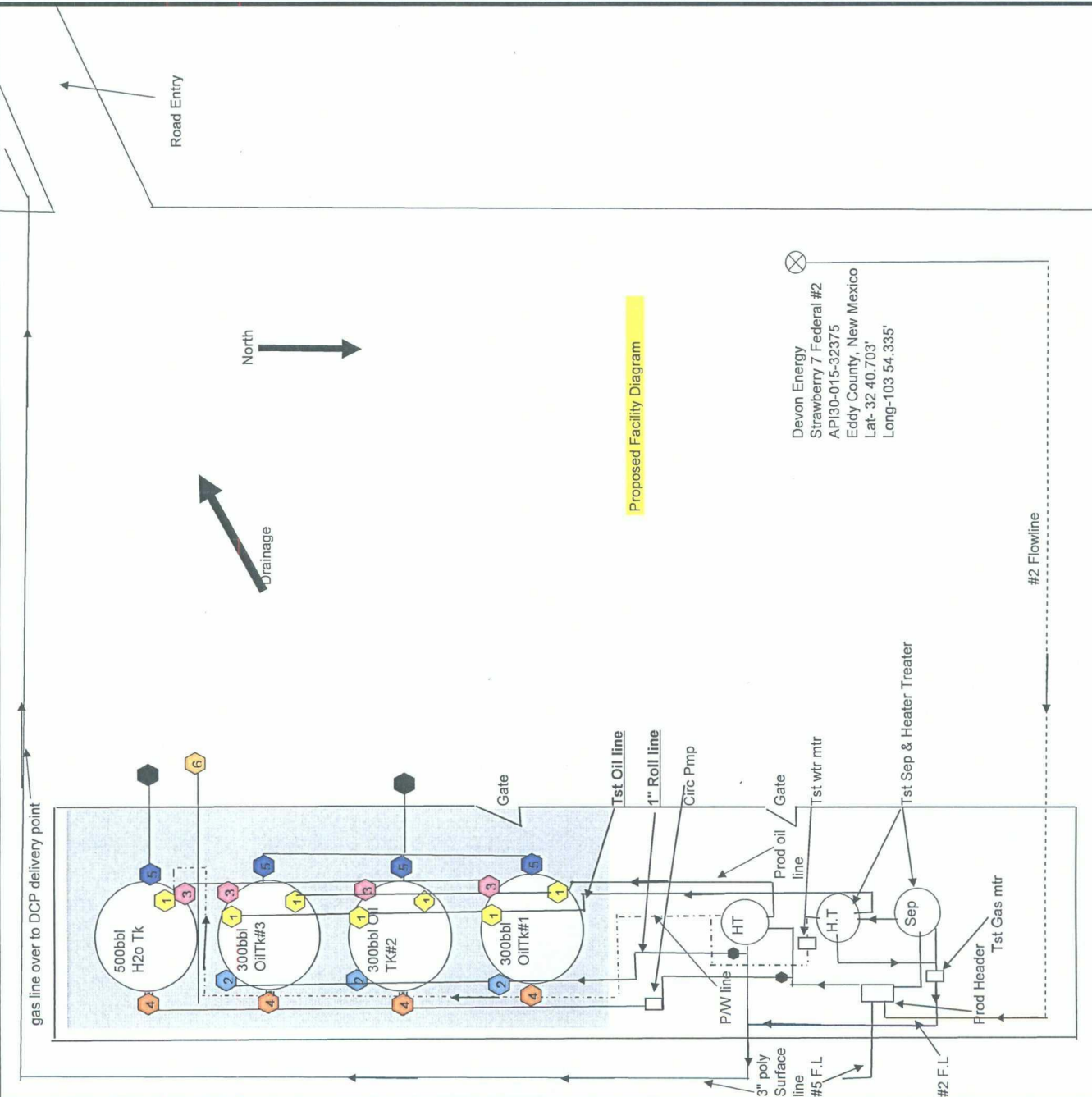
Wellhead:

Stak-pak:

Production line:

Water line:

Gas Meter



Strawberry 7 Federal #2
 Sec7,T19S,R31E
 1300FNL & 1750FWL
 Eddy, N.M

API# 30-015-32375

Production System: Open

1) Oil sales by tank gauge to tank truck.

2) Seal requirements:

A. Production Phase: On all Tanks.

(1) All valves 5 sealed closed.

Sales Phase: On Tank being hauled.

(1) Valve 1 sealed closed. 1

(2) Valve 3 sealed closed. 3

(3) Valve 4 sealed closed. 4

(4) Valve 5 sealed closed. 5

{5} Misc. Valves: Plugged or otherwise inaccessible.

NOTE: Valve 2 is either a test or roll line if there is a valve 2 it will be sealed closed. 2

Ledger for Site Diagram

Valve #1: Production Line 1

Valve #2: Test or Roll line 2

Valve #3: Equalizer Line 3

Valve #4: Circ./Drain Line 4

Valve #5: Sies Line 5

Valve #6: BS&W Load Line 6

Buried Lines: -----

Firewall: [Symbol]

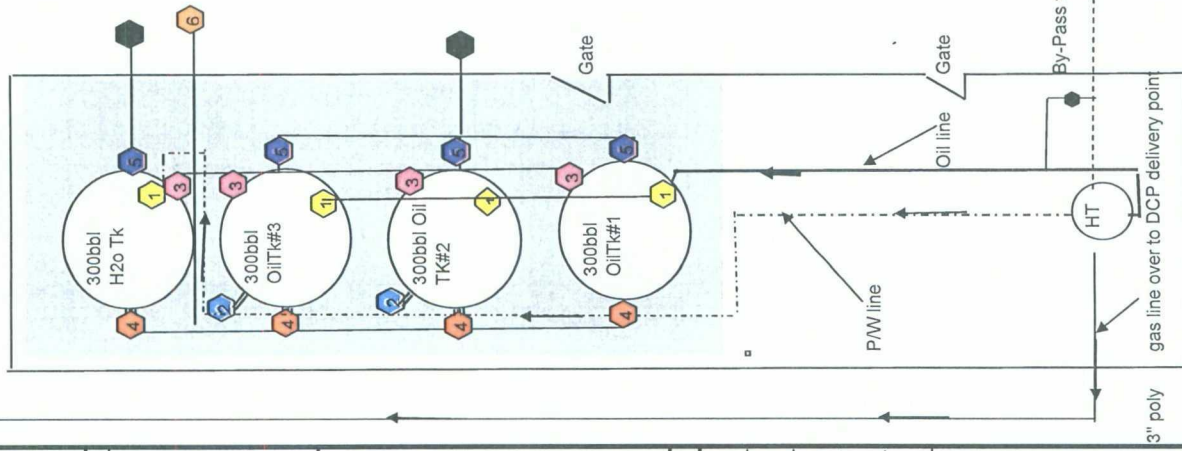
Wellhead: [Symbol]

Stak-pak: [Symbol]

Production line: _____

Water line: -----

Gas Meter: [Symbol] [Symbol] [Symbol]



Current Facility Diagram

Devon Energy
 Strawberry 7 Federal #2
 API30-015-32375
 Lat-32 40.713'
 Long-103 54.346'

STRAWBERRY 7 FEDERAL 2

Date	Actual Oil Production	Actual Gas Production	Actual Water Production
10/1/2009	28	72	5
10/2/2009	22	71	3
10/3/2009	20	71	3
10/4/2009	18	72	6
10/5/2009	20	71	6
10/6/2009	23	70	6
10/7/2009	23	69	6
10/8/2009	23	72	6
10/9/2009	20	71	6
10/10/2009	23	70	6
10/11/2009	0	66	0
10/12/2009	30	48	18
10/13/2009	17	79	5
10/14/2009	12	75	3
10/15/2009	26	72	7
10/16/2009	22	70	3
10/17/2009	22	70	7
10/18/2009	22	71	5
10/19/2009	22	71	7
10/20/2009	18	70	3
10/21/2009	0	61	3
10/22/2009	26	53	7
10/23/2009	27	77	5
10/24/2009	28	72	3
10/25/2009	20	70	3
10/26/2009	20	69	3
10/27/2009	27	21	3
10/28/2009	20	70	3
10/29/2009	0	64	3
10/30/2009	23	42	3
10/31/2009	32	73	3
	634	2073	150
11/1/2009	15	76	5
11/2/2009	30	73	5
11/3/2009	20	71	5
11/4/2009	22	71	5
11/5/2009	25	70	5
11/6/2009	18	71	5
11/7/2009	20	73	5
11/8/2009	20	70	5
11/9/2009	22	70	5
11/10/2009	22	69	5
11/11/2009	23	69	3
11/12/2009	20	69	2
11/13/2009	18	67	2
11/14/2009	23	68	20
11/15/2009	18	70	13
11/16/2009	30	68	5
11/17/2009	21	68	5
11/18/2009	20	69	5
11/19/2009	22	68	5
11/20/2009	22	67	5
11/21/2009	20	70	5

STRAWBERRY 7 FEDERAL 2

Date	Actual Oil Production	Actual Gas Production	Actual Water Production
11/22/2009	15	69	5
11/23/2009	22	68	5
11/24/2009	17	67	5
11/25/2009	20	67	5
11/26/2009	23	66	5
11/27/2009	23	67	5
11/28/2009	20	66	5
11/29/2009	20	66	5
11/30/2009	17	65	5
	627	2068	165
12/1/2009	0	59	0
12/2/2009	0	39	0
12/3/2009	0	22	0
12/4/2009	0	18	0
12/5/2009	0	41	0
12/6/2009	0	49	0
12/7/2009	0	39	0
12/8/2009	0	29	0
12/9/2009	5	37	3
12/10/2009	28	77	6
12/11/2009	40	78	6
12/12/2009	47	78	8
12/13/2009	45	78	56
12/14/2009	32	75	7
12/15/2009	15	74	7
12/16/2009	33	72	8
12/17/2009	25	72	6
12/18/2009	23	69	5
12/19/2009	18	70	5
12/20/2009	23	70	5
12/21/2009	23	69	15
12/22/2009	5	56	10
12/23/2009	20	69	5
12/24/2009	25	64	5
12/25/2009	23	64	3
12/26/2009	32	63	3
12/27/2009	20	62	6
12/28/2009	27	63	6
12/29/2009	8	60	3
12/30/2009	8	44	3
12/31/2009	20	59	3
	546	1820	184

OPERATOR'S COPYForm 3160-5
(February 2005)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.5. Lease Serial No. 100561 *BA*
NMNM54112 & NMNM-~~0560355~~

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
Devon Energy Production Co., LP3a. Address
20 North Broadway
OKC, OK 731023b. Phone No. (include area code)
(405)-552-7802

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

See below

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
Strawberry 7 Federal 2 & 5H9. API Well No.
30-015-32375 & 30-015-3725710. Field and Pool or Exploratory Area
Hackberry; Bone Springs; North (97056)11. Country or Parish, State
Eddy County, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Central Tank Battery</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Lease Com, Off-Lease</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Measurement & Sales</u>

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Devon Energy Production Co. LLP respectfully requests approval for lease commingle, off lease measurement and sales of oil & gas hydrocarbon production from the following wells:

- * Strawberry 7 Federal 2: API # 30-015-32375 Sec 7-T19S-R31E Lease NMNM-54112 Hackberry: Bone Spring, North (97056)
- * Strawberry 7 Federal 5H: API # 30-015-37257 Sec 7-T19S-R31E Lease NMNM-~~0560355~~ Hackberry: Bone Spring, North (97056)

A central tank battery will be located at the Strawberry 7 Federal Com 2. The Well Test Method will be used to allocate production back to the wells (see current & proposed facility schematics). Oil, gas and water volumes from each well producing to this battery will be determined by using a test separator/heater treater and test gas meter at the proposed facility, so that one well is always producing through the testing equipment. The oil and gas hydrocarbons from each location will be commingled, measured and sold off lease. A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 18-T19S-R31E approximately 1200' southwest of the Strawberry 7 Federal 2. Waste is not induced and no correlative rights are impaired.

ROW approved within APD; approved by the BLM 08/26/2009.

Working, royalty, and overriding interest owners have been notified via certified mail (see attached).

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL****SUBJECT TO LIKE
APPROVAL BY STATE**

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)
Stephanie A. Ysasaga

Title Sr. Staff Engineering Technician

Signature

Date 01/13/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title LPE7
Office CFO

Date 2/19/2010

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

Strawberry 7 Federal #2 and #5H

Devon Energy Production Co., LP

February 19, 2010

Condition of Approval
Commingle on and off lease

1. This approval is subject to like approval by the New Mexico Oil Conservation Division.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.
5. Approval for combining production from various sources is a privilege which is granted to lessees for the purpose of aiding conservation and extending the economic life of leases. Applicants should be cognizant that failure to operate in accordance with the provisions outlined in the Authorized Officer's conditions of approval and/or subsequent stipulations or modifications will subject such approval to revocation.
6. All above ground structures on the lease shall be painted Shale Green (5Y 4/2), or as per approved APD stipulations. This is to be done within 90 days, if you have not already done so.
7. Gas measurement for allocation must be measured as per Onshore Order #5 for sales meters.
8. All gas and oil subject to royalty shall be measured as per federal regulations and shall be reported to MMS as required. All gas which is vented, flared or used on lease shall be reported as per NTL-4A to MMS. All gas which is vented or flared shall be subject to royalty, unless prior approval was given by the authorized officer.

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Cherry Canyon	4418'	4432'	Trace of oil & gas after perforating & acidizing. Too small to be commercial.	Salado/GYP	0	
				Anhydrite	651	
				Salt	1863	
				Anhydrite	2035	
				Salt	2118	
				Sand & Anhydrite	2405	
				Delaware Lime	2616	
				Delaware Sand	2662	
Cherry Canyon	4110'	4137'	Completion Zone	Cherry Canyon	3492	

38.

GEOLOGIC MARKERS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" 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 type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Bordan Hamilton Tennant Trust Robert H Tennant Trustee 9563 Doliver Houston, TX 77063</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>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 7143</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" 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 type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Mary Elizabeth Tennant Trust Robert H Tennant Trustee 9563 Doliver Houston, TX 77063</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>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 7136</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Billie David</u> C. Date of Delivery <u>2-12-10</u></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>1. Article Addressed to:</p> <p style="margin-left: 40px;">Billie J David, Life Tennant P.O. Box 7706 Midland, TX 79708</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>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 8874</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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:

Dan W Irwin Separate Property
118 N Grant St
Hinsdale, IL 60521

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5354

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

DAN IRWIN

C. Date of Delivery

2/8/10

D. Is delivery address different from item 1? ☐ YesIf 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:

Constance B Cartwright Trustee - Wells Fargo Building
UWO George F Bauerdorf
2444 Wilshire Building, Ste 508
Santa Monica, CA 90403-5808

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7402

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Constance B Cartwright

C. Date of Delivery

2-10-10

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

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:

Mary Virginia H Baer
1101 Arlington Ridge Rd - Unit 402
Arlington, VA 22202

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5309

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

CARIA Humea

C. Date of Delivery

2/8/10

D. Is delivery address different from item 1? ☐ YesIf 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 THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">John N Eddy Trust – Jean C Eddy & Thomas B Catron III Trustees <i>Thomas</i> 645 Camino Rancheros Santa Fe, NM 87505 <i>87505</i></p>	<p>A. Signature X <i>Jean C. Eddy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jean C. Eddy</i> C. Date of Delivery <i>FEB 10 2004</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>CORONADO STATE</i></p>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 5286</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Jennifer Thickstun Fessler 2557 Roscomare Road Los Angeles, CA 90077</p>	<p>A. Signature X <i>Jennifer Thickstun Fessler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>2/10/04</i></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>2. Article Number (Transfer from service label) 7008 1830 0002 7421 5415</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Harold G Hartsock Living Trust – Harold G. Mary Hartsock Trustee Dated 02/12/2002 <i>Louise</i> P.O. Box 1449 Sanford, FL 32772-1449</p>	<p>A. Signature X <i>T.R. Bullocks</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>TR BULLOCKS 2/10/04</i></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>2. Article Number (Transfer from service label) 7008 1830 0002 7421 8836</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>David F. Stout 1645 W Baseline Rd Unit 2146 Mesa, AZ 85202</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7008 1830 0002</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>421 7099</p>	
PS Form 3811, August 2001		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Helen Joy Smith LLC c/o Adam B 5410 26th Street West Bradenton, FL 34207</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7008 1830 0002 7421 8829</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
PS Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Patti Watson Leake 7824 Osuna NE Albuquerque, NM 87109-3042</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7008 1830 0002 7421 5279</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
PS Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William Locke Allison III
2641 Fines Creek Drive
Stateville, NC 28625

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7204

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William L Allison III* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

William L Allison III

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:

Edith A Shelton Marital Trust - Bill Shelton Trustee
218 W. Glen Eagles Road
Stateville, NC 28625

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8850

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wm B Shelton* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Wm B Shelton

C. Date of Delivery

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

FEB - 9 2010

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:

Thomas F. McKenna Sr Credit Shelter Trust
Jane E McKenna Trustee
281 Genevieve Drive Tijeras, NM 87059

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7242

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Thomas McKenna* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

THOMAS MCKENNA

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)

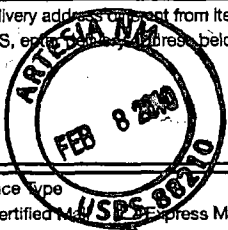
☐ Yes


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Kathleen I. Schuster</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kathleen I. Schuster</i> C. Date of Delivery <i>2/10/10</i></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>1. Article Addressed to:</p> <p style="text-align: center;">Kathleen Irwin Schuster Separate Property 3213 Pepperwood Ln Fort Collins, CO 80525-2944</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>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 5347</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Jeanine Celey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jeanine Celey</i> C. Date of Delivery <i>2-9-10</i></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>1. Article Addressed to:</p> <p style="text-align: center;">PBR Properties Joint Venture P.O. Box 2802 Midland, TX 79702</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>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 7433</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Margaret M.</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MARGARETA M.</i> C. Date of Delivery <i>2-8-10</i></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>1. Article Addressed to:</p> <p style="text-align: center;">1997 The THW & ADW Living Trust UTA Dated 07/03/1997 c/o Theodore & Agnes Willis Trustee 1763 Royal Oaks Drive N E305 Bradbury, CA 91010</p>	<p>3. Service Type <input checked="" 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) 7008 1830 0002 7421 7037</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Thomas P Lehr</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Thomas P Lehr</i> 2/6/10</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>1. Article Addressed to:</p> <p style="margin-left: 40px;">Joseph A. Tennant P.O. Box 382 Marathon, TX 79842</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 7008 1830 0002 7421 7129 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kanda Robinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Kanda Robinson</i></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>1. Article Addressed to:</p> <p style="margin-left: 40px;">Marbob Energy Corporation P.O. Box Drawer 227 Artesia, NM 88211-0227</p>	<p style="text-align: center;"></p> <p>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 7008 1830 0002 7421 7488 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kanda Robinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Kanda Robinson</i></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>1. Article Addressed to:</p> <p style="margin-left: 40px;">Pitch Energy Corp Western Oil Producers Inc. P.O. Box 227 Artesia, NM 88211-0227</p>	<p style="text-align: center;"></p> <p>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 7008 1830 0002 7421 7440 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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:

Thomas Ausley Allison
1122 Dogwood Road
Statesville, NC 28677-3463

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8621

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Thomas A. Allison

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-8-10

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:

Roger T. & Holly L. Elliot Family Ltd Partnership
Family Ltd Partnership LP Hollyhock Corp Gen I
4105 Baybrook Drive Midland, TX 79707

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8669

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Roger T. Elliot

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/9/10

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:

Joan M Voight
7 Sherborn Wood
San Antonio, TX 78218

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8591

PS Form 3811, February 2004

Domestic Return Receipt

1025

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Joan M Voight

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-9-10

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Jan Starnes</u> C. Date of Delivery <u>2-9-10</u></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>1. Article Addressed to:</p> <p>Joyco Investments LLC Hanson Operating Co. Inc Mgr P.O. Box 2104 Roswell, NM 88202-2104</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>
<p>2. Article Number <u>7008 1830 0002 7421 8607</u> (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Jan Starnes</u> C. Date of Delivery <u>2-9-10</u></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>1. Article Addressed to:</p> <p>McBride Oil & Gas Corporation P.O. Box 1515 Roswell, NM 88202-1515</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>
<p>2. Article Number <u>7008 1830 0002 7421 8799</u> (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Jan Starnes</u> C. Date of Delivery <u>2-9-10</u></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>1. Article Addressed to:</p> <p>Babe Development LLC P.O. Box 758 Roswell, NM 88202-0758</p>	<p>3. Service Type <input checked="" 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 <u>7008 1830 0002 7421 8768</u> (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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:

Julie Scott McBride
P.O. Box 1515
Roswell, NM 88202-1515

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7051

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jan Starnes*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jan Starnes

C. Date of Delivery

2-9-10

D. Is delivery address different from item 1? ☐ YesIf 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:

Sue Hanson McBride -- Separate Property
P.O. Box 1515
Roswell, NM 88202-1515

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7068

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jan Starnes*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jan Starnes

C. Date of Delivery

2-9-10

D. Is delivery address different from item 1? ☐ YesIf 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:

Hanson Operating Co. Inc
P.O. Box 1515
Roswell, NM 88202-1515

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7419

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jan Starnes*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jan Starnes

C. Date of Delivery

2-9-10

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

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:

Kathryn Ann Thickstun Leff
3131 Xenophon St
San Diego, CA 92106-1537

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5422

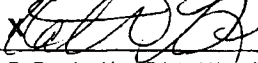
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

K-T-Leff

C. Date of Delivery

2/8/10

D. Is delivery address different from item 1? ☐ YesIf 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:

David G & Jean A Willis 1998 Trust Dated 05/23
c/o Jean A Willis Trustee
98 Reservoir Road Atherton, CA 94027

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7044

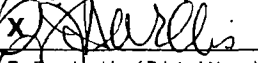
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)

D. G. Willis

C. Date of Delivery

2/9/10

D. Is delivery address different from item 1? ☐ YesIf 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:

McCombs Energy Ltd - A Texas Lmt'd Partnership
Ricky Haiken Vice President
5599 San Felipe, Ste 1200
Houston, TX 77056

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5231

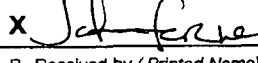
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

Ricky Haiken

C. Date of Delivery

2/8/10

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

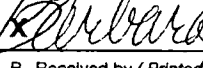
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thomas Lusk Thickstun As His Separate Prop
312 Foxglove
Kyle, TX 78640

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ 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)

7008 1830 0002 7421 5392

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:

John T. Landreth
P.O. Box 180
Engle, CO 81631-0180

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail☐ 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)

7008 1830 0002 7421 7174

PS Form 3811, August 2001

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:

W A Landreth Jr
3207 W 4th Street
Ft. Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

CHESSENE PHILLIPS

2-8-2010

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)

7008 1830 0002 7421 7235

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:

David Donnelly Trust
P.O. Box 1150
Lebanon, MO 65536

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7105

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Judy Sien

C. Date of Delivery

2/8/10

D. Is delivery address different from item 1? ☐ YesIf 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:

Fred A Watson Jr
5404 Crown Ridge Rd NW
Albuquerque, NM 87114-5790

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5262

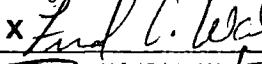
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Fred Watson

C. Date of Delivery

2/6/10

D. Is delivery address different from item 1? ☐ YesIf 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:

Cannon Exploration Company
3608 S County Road 1184
Midland, TX 79706-6468

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5330

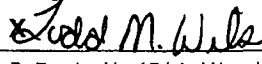
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Todd M Wilson

C. Date of Delivery

02/06/10

D. Is delivery address different from item 1? ☐ YesIf 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:

Steven P. Thompson
P.O. Box 14596
Odessa, TX 79768

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5248

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Steve Thompson

☐ Agent☒ Addressee

B. Received by (Printed Name)

Steve Thompson

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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:

Stephanie P Troth
5714 E Acoma Drive
Scottsdale, AZ 85254

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Stephanie Troth

☐ Agent☒ Addressee

B. Received by (Printed Name)

S. T.

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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:

Anne H Deal
7044 50th Ave NE
Seattle, WA 98115

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5293

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gary Schaeffer

☐ Agent☒ Addressee

B. Received by (Printed Name)

GARY SCHAEFFER

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> <i>x Carol J Christensen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> <i>Carol J Christensen</i> <i>11-18-2010</i> </div> </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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Carol J Christensen 19026 N. 2nd Ave Phoenix, AZ 85027 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 7112</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> <i>MINERALS MANAGEMENT SERVICE</i> <i>11-18-2010</i> </div> </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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Minerals Management Service Royalty Mgmt Pr P.O. Box 5810 Denver, CO 80217-5810 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 7457</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> <i>x Barbara C. Larimore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> <i>Barbara C. Larimore</i> <i>12-8-10</i> </div> </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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Barbara C. Larimore c/o Minerals Services Inc. Agent P.O. Box 244 St. Jacob. IL 62281-0244 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 8843</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Florence B Clark Hall
c/o Minerals Services Inc. Agent
P.O. Box 244 St. Jacob, IL 62281-0244

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8720

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Harold Shultz*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-8-10

D. Is delivery address different from item 1? ☐ YesIf 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:

Richard K Barr
P.O. Box 847
Boerne, TX 78006

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5316

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Reverly Barr*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail ☐ 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:

Todd M Wilson
3608 S County Rd 1184
Midland, TX 79706-6468

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7471

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Todd M Wilson*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Todd M Wilson

02/02/10

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

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:

Hazel N Collins Family Trust
Texas Bank Attn: Ed Fritz
2525 Ridgmar, Blvd, Ste 100
Fort Worth, TX 76115

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8645

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)

F. H. Heman

C. Date of Delivery

2/8/10

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:

Dillard Fisher & Dillard Partnership
415 West Wall, Ste 703
Midland, TX 79701

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7075

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Raguel Romero

C. Date of Delivery

2/8/10

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:

Lynda L Shropshire Trust - Farmers National Co. Agent
Oil & Gas Managment
P.O. Box 3480
Omaha, NE 68103-0489

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7358

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)

Rick L Hoyer

C. Date of Delivery

FEB - 8 2010

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:

Estate of Lonye Marie Williams Deceased
William T McGee Personal Rep
1701 River Run Rd, Ste 501
Fort Worth, TX 76107-6548

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7495

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Smore*☐ Agent☐ Addressee

B. Received by (Printed Name)

Smore

C. Date of Delivery

2/20

D. Is delivery address different from item 1? ☐ YesIf 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:

Anne W Briggs - Rancho Del Oso
3610 Pacific Coast Highway
Davenport, CA 95017

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7259

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Anne W Briggs*☐ Agent☐ Addressee

B. Received by (Printed Name)

Anne W Briggs

C. Date of Delivery

2/18/00

D. Is delivery address different from item 1? ☐ YesIf 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:

Oxy USA WTP LP
Lock Box 841735
Dallas, TX 75284-1735

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8614

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Stacy*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

FEB 07 2010

D. Is delivery address different from item 1? ☐ YesIf 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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Girum Desta</u> C. Date of Delivery <u>FEB 07 2010</u></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>1. Article Addressed to:</p> <p style="margin-left: 40px;">Lobos Energy Partners LLC J.C. Welch Alf & VP - Dept 2213 P.O. Box 122213 Dallas, TX 75312-2213</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>
<p>2. Article Number (Transfer from service label) <u>7008 1830 0002 7421 5200</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Rick L Hager</u> C. Date of Delivery <u>FEB 11 2010</u></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>1. Article Addressed to:</p> <p style="margin-left: 40px;">Mary Lindsey Kesterson Agency Farmers National Co. Agent Lock Box 3480 Omaha, NE 68103-0480</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>
<p>2. Article Number (Transfer from service label) <u>7008 1830 0002 7421 7228</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Shelly Smith</u> 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 type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Wallfam Limited Partnership 1811 Heritage Blvd. Ste 200 Midland, TX 79707</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>
<p>2. Article Number (Transfer from service label) <u>7008 1830 0002 7421 7426</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;"> X </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <u>Rick L. Hager</u> 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 type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Jane Landreth Russell Agency Farmers National Co. Agent Lock Box 3480 Omaha, NE 68103-0480</p>	<p>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) <u>7008 1830 0002 7421 7365</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;"> X </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <u>FEB 07 2010</u></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>1. Article Addressed to:</p> <p>Franklin Thompson Family Agcy Bank of America - Trust 4012 P.O. Box 840738 Dallas, TX 75284-0738</p>	<p>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) <u>7008 1830 0002 7421 7372</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;"> X </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <u>FEB 07 2010</u></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>1. Article Addressed to:</p> <p>Standford University c/o Bank of American P.O. Box 480738 Dallas, TX 75284-0738</p>	<p>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) <u>7008 1830 0002 7421 7464</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert H Tennant Jr. Testament
Robert H Tennant Trustee
9563 Doliver
Houston, TX 77063

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7150

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert Tennant*☐ Agent☐ Addressee

B. Received by (Printed Name)

Robert Tennant

C. Date of Delivery

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

R

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:

Martha Watson Linnell
3950 Copperfield Ridge CT
Winston-Salem, NC 27106

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5255

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert Linnell*☐ Agent☐ Addressee

B. Received by (Printed Name)

ROBERT LINNELL

C. Date of Delivery

2/6/05

D. Is delivery address different from item 1? ☐ YesIf 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:

John Michael Esses
10 Via Slano
Rancho Santa Monica, CA 92688-1330

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 7501

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Michael Esses*☐ Agent☐ Addressee

B. Received by (Printed Name)

J M ESSSES

C. Date of Delivery

2/6/10

D. Is delivery address different from item 1? ☐ YesIf 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:

Gesler Grandchildren's Trust Dated 08/20/1998
4605 E Shomi St
Phoenix, AZ 85044

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8683

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Gesler*☐ Agent☐ Addressee

B. Received by (Printed Name)

R. GESLER

C. Date of Delivery

2/6/10

D. Is delivery address different from item 1? ☐ YesIf 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:

John Eric Thickstun As His Separate Property
6672 Michaeljohn Drive
La Jolla, CA 92037

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5378

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

X

C. Date of Delivery

FEB 06 2010

D. Is delivery address different from item 1? ☐ YesIf 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:

Scott E. Wilson
4601 Mirador Drive
Austin, TX 78735-1554

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 5323

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

TRACY STACY

C. Date of Delivery

2/6/10

D. Is delivery address different from item 1? ☐ YesIf 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 THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<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) C. Date of Delivery 2-6-10</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>1. Article Addressed to:</p> <p style="text-align: center;">Patricia Benaugh White As Her Separate Prop 806 Lari Dawn San Antonio, TX 78258</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>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 5408</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 2-6-10</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>1. Article Addressed to:</p> <p style="text-align: center;">Ella Joan Neal Living Trust 6235 E Sea Breeze Drive Long Beach, CA 90803</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>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 8713</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<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) 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 type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mary Susan Thickstun Her Separate Property 5690 Arbor Grove CT San Diego, CA 92121</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>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 5385</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;">Elizabeth Foster Tennant</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> ELIZABETH TENNANT 2/16/10 </div> </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>1. Article Addressed to:</p> <p>Elizabeth Foster Tennant 701 Bering Drive # 204 Houston, TX 77057</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1830 0002 7421 7198</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">A</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> JOHNSON FEB 17 2010 </div> </p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Willis R. Harris - c/o Bank of America P.O. Box 620020 Dallas, TX 75262</p>	<p>620020 03-28-07</p> <p>BANK OF AMERICA PO BOX 31900 FEB 17 2010 TAMPA, FL 33631</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <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) 7008 1830 0002 7421 7396</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">A</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> JOHNSON FEB 17 2010 </div> </p> <p>D. Is delivery address different from item 12? <input checked="" type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>Ward C. Harris - c/o Bank of America P.O. Box 620020 Dallas, TX 75262</p>	<p>620020 03-28-07</p> <p>BANK OF AMERICA PO BOX 31900 TAMPA, FL 33631</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) 7008 1830 0002 7421 7389</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

Form 1004-0135
November 1984
Formerly 2-10-1

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form No. 1004-0135
August 31, 1985

SEE DESIGNATION AND SERIAL NO.

BUREAU OF LAND MANAGEMENT

NM - 17046

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use APPLICATION FOR PERMIT for such proposals.

WELL ☒ GAS ☐ OTHER

NAME OF OPERATOR

Wayne Moore

ADDRESS OF OPERATOR

403 N. Marienfeld, Midland, Texas 79701

See also Space 17 below
AT RULING

660' FNL 2310' FEL.
Sec. 11, T26S, R28E

RECEIVED BY

NOV 26 1985

O. C. D.

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLM AND
SURVEY OR AREA

Sec. 11, T26S, R28E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

14. PERMIT NO.

15. ELEVATION OF Casing whether at, to, or from

2975' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF

PLUG OR ALTER CASING

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREAT

RE-PLUG COMPLETED

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL
(OTHER)

PLUG BACK

(OTHER)

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. Describe proposed or completed work or other activity, state all pertinent permits, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.*

The above captioned well contains no commercially productive zones. We
propose to plug the well in the following manner:

- A. Set cement plug from 4582' to 2500'.
- B. Set 15 sk plug at surface with 9.5 lb. brine between 2500'
and 15 sk. surface plug.
- C. Clear location as required and set marker as required.
- D. The plugs will be spotted thru the tubing and tagged as
necessary.

The plugging procedures will be commenced as soon as possible after
receiving BLM approval.

18. I hereby certify that the foregoing is true and correct.

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the
United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

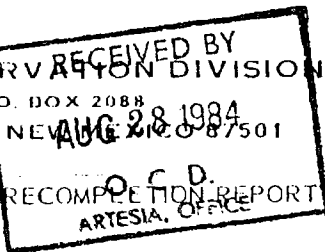
STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

C-105
Revised 10-1-78

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FILE
U.S.G.S.
LAND OFFICE

WELL COMPLETION OR RECOMPLETION REPORT AND LOG



5a. Indicate Type of Lease
State ☐ Fed ☒
5. State Oil & Gas Lease No.

NAME OF WELL
Operator

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

Name of Operator
WAYNE MOORE

Address of Operator
403 N. Marienfeld, Midland, Texas 79701

Location of Well

SECTION E LOCATED 1980 FEET FROM THE N LINE AND 990 FEET FROM

LINE OF SEC. 11 TWP. 26S RGE. 28E NMPM

7. Unit Agreement Name
DELAWARE RIVER UNIT

8. Form or Lease Name
DELAWARE RIVER UNIT

9. Well No.
#2

10. Field and Pool, or Wildcat
Wildcat (Mor=?)

12. County
Eddy

13. Date Spudded 3/10/84 16. Date T.D. Reached 3/25/84 17. Date Compl. (Ready to Prod.) 8/10/84 18. Elevations (DF, RKII, RT, GR, etc.) 2972 GL 19. Elev. Casinghead 2975

20. Total Depth 4954' 21. Plug Back T.D. 4954' 22. If Multiple Compl., How Many 23. Intervals Drilled By Rotary Tools 0-4954' Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name 4467-4601 Bell Canyon 25. Was Directional Survey Made Yes

26. Type Electric and Other Logs Run Directional Survey-Densilog Neutron Gamma Ray - Dual Laterlog 27. Was Well Corod

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	64#	401'	17 1/2"	425 Sx	0
8 5/8"	24#	2459'	12 1/4"	200 Sx	0
7 7/8"	15.5#	4954'	7 7/8"	775 Sx	0

LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8	4954	

28. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
4467-70-73-76-78-80-82-4601-03-05		DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4607-09		4467-4482	500 Gals Acid, Frac Good Gal
1.4" Shot Per Interval			Form Frac 12,500# Sand
		4601-09	500 Gals Acid, Frac 7,500
			Form Frac 12,000 # Sand

PRODUCTION							
29. First Production 8/10/84		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping				Well Status (Prod. or Shut-in) Prod.	
Date of Test 8/10/84	Hours Tested 24	Choke Size	Prod'n. For Test Period	Oil - Bbl. 15	Gas - MCF 75	Water - Bbl. 50	Gas-Oil Ratio 1666-1
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl. 15	Gas - MCF 25	Water - Bbl. 50	Oil Gravity API (Corr.) 32	

31. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented Test Witnessed By Tom E. Moore

33. List of Attachments Directional Survey-Densilog Neutron Gamma Ray - Dual Laterlog

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Tom E. Moore TITLE Co-Owner DATE 8/24/84