STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 16315

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Mewbourne Oil Company.

3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Regulations.

James Bruce

James Bruce

SUBSCRIBED AND SWORN TO before me this 25 day of July, 2018 by James Bruce.

OFFICIAL SEAL
Jose Soto
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 3/21/20

My Commission Expires: 03/21/20

Notary Public

EXHIBIT 2

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

July 5, 2018

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding Wolfcamp wells in the W/2 of Section 2, Township 24 South, Range 28 East, NMPM, Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 26, 2018, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, July 19, 2018. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and his or her attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing

Very truly yours,

James Bruce

James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT A

EXHIBIT A

Kaiser-Francis Oil Company
Attn: Mr. Mike Maxey
P.O. Box 21468
Tulsa, OK 74121-1468

MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240
Attn: Nick Weeks

Tap Rock Resources LLC
602 Park Point Drive, Suite 200
Golden, CO 80401
Attn: Clayton Sporich

Lucille A. Paine
306 Oriole Street
Ojai, CA 93023-3046
Attn: Sharon Thomas

Justin Nine and Sara Nine
4414 10th Street
Lubbock, TX 79416

Tim Lilley and Tashina Lilley
4425 98th, Suite 200
Lubbock, TX 79424

Marc Lilley and Lisa Lilley
2135 Sedona Hills Parkway
Las Cruces, NM 88011

Stanico Energy Corporation
P.O. Box 32467
Oklahoma City, OK 73123

Fort Worth Mineral Company, LLC
500 Main Street, Suite 1200
Fort Worth, TX 76102

Carnegie Energy, LLC
4925 Greenville Avenue, Suite 200
Dallas, TX 75206

The Flora Jane Hopkins Revocable
Intervivos Trust
24476 Chamalea
Mission Viejo, CA 92691

Roy G. Barton, Jr. and
Claudia R. Barton
1919 North Turner Street
Hobbs, NM 88240

Jimmie Lee Collier and the Estate
of James A. Collier, deceased
P.O. Box 63
Elgin, OK 73538

Julie J. Bistline Martin
P.O. Box 10911
Southport, NC 28461-0911

Anna Pauline Swearingen
512 Cedar Street
Concordia, KS 66901

Lois M. Lundblade
13184 SE 124th Avenue
Clackamas, OR 97105

Helen Lundblade Marcotte
124 Cloud Street
Salina, KS 67401

Peden Family Trust
4618 Diane Avenue
San Diego, CA 92117

James A. Brown Family Trust
P.O. Box 928
Elk City, OK 73648

Sheryl A. Collins, nee Johnson
RR 2 Box
Jamestown, KS 66948

Sharon Kay Fenton
P.O. Box 5043
Topeka, KS 66605

Sharon Kay Fenton
3447 SE 35th St
Topeka, KS 66605

Sheryl Johnson Collins
and Craig Collins
3209 SW Belle Ave.
Topeka, KS 66614

Liana Darlene Pearson
1107 Oakmont St.
Hays, KS 67601-1823

Joyce Ann Sasse
10801 West Walnut Grove Lane
Rocheport, MO 65279

Peggie Sue Lawson
18395 W. FM 2790 South
Lytle, TX 78052

Kenneth W. Brown
7677 Jayhawk Drive
Riverside, CA 92509

David B. Brown
P.O. Box 2888
Houston, TX 77525

Mary E. Harris
P.O. Box 53
Richmond, KS 66080

Harry Richardson
5615 East 39th Ter
Kansas City, MO 64130

Donia Ledford
9700 South 4055 Road
Talala, OK 74080

Tiffany Gunther
16702 East 49th Place
Tulsa, OK 74134

John A. Brown
3669 Seneca Circle
Las Vegas, NV 89109

Dale M. Richardson
5615 East 39th Ter
Kansas City, MO 64130

Margaret L. Mehl
702 NE Cambridge Drive
Lees Summit, MO 64086

Estate of Ruby Rogers and
Melvin P. Rogers
3104 E. Broadway Space 108
Mesa, AZ 85204

Estate of Stella E. Herrell
2704 Meadow Green
Bedford, TX 76021

Estate of George A. Lundblade
Attn: Chalmers A. Loughridge
3901 Riva Drive
Alexandria, VA 22309-3053

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Donia Ledford
9700 South 4055 Road
Talala, OK 74080

9590 9402 3452 7275 9590 55

2. Article Number (Transfer from service label)

7018 0360 0000 2187 5301

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7/23/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To
Margaret L. Mehl
Street and Apt. No., or PO 702 NE Cambridge Drive
City, State, ZIP+4® Lees Summit, MO 64086

7018 0360 0000 2187 5264

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To
Donia Ledford
Street and Apt. No., or PO 9700 South 4055 Road
City, State, ZIP+4® Talala, OK 74080

7018 0360 0000 2187 5301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Margaret L. Mehl
702 NE Cambridge Drive
Lees Summit, MO 64086

9590 9402 3452 7275 9590 17

2. Article Number (Transfer from service label)

7018 0360 0000 2187 5264

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Stella E. Herrell
2704 Meadow Green
Bedford, TX 76021

9590 9402 3452 7275 9589 97

2. Article Nu 7018 0360 0000 2187 5240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ralph W. Pedrn ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ralph W. Pedrn
C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 SK Domestic Return Receipt

7018 0360 0000 2187 0481

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Kenneth W. Brown
Street and Apt. No., or PO 7677 Jayhawk Drive
City, State, ZIP+4® Riverside, CA 92509

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0000 2187 5240

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Estate of Stella E. Herrell
Street and Apt. No., or PO Box 2704 Meadow Green
City, State, ZIP+4® Bedford, TX 76021

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Kenneth W. Brown
7677 Jayhawk Drive
Riverside, CA 92509

9590 9402 3866 8060 2722 66

2. Article Nun 7018 0360 0000 2187 0481

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) KENNETH W. BROWN
C. Date of Delivery 7-24-18

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 SK Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Fort Worth Mineral Company, LLC
500 Main Street, Suite 1200
Fort Worth, TX 76102

9590 9402 3452 7275 9687 05

2. Article Number (Transfer from service label)
7018 0360 0000 2187 0665

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7/9

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

5K

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 5K
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Peden Family Trust
Street and Apt. No., or PO 4618 Diane Avenue
City, State, ZIP+4® San Diego, CA 92117

7018 0360 0000 2187 0573

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 5K
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Fort Worth Mineral Company, LLC
Street and Apt. No., or PO 500 Main Street, Suite 1200
City, State, ZIP+4® Fort Worth, TX 76102

7018 0360 0000 2187 0665

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Peden Family Trust
4618 Diane Avenue
San Diego, CA 92117

9590 9402 3452 7275 9686 13

2. Article Number (Transfer from service label)
7018 0360 0000 2187 0573

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

5K

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

James A. Brown Family Trust
P.O. Box 928
Elk City, OK 73648

9590 9402 3452 7275 9686 06

2. Article Number (Transfer from service label)
7018 0360 0000 2187 0566

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J. Brown
C. Date of Delivery 7-19-2018

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 SK Domestic Return Receipt

7018 0360 0000 2187 0535

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Sharon Kay Fenton
Street and Apt. No., or PO 3447 SE 35th St
City, State, ZIP+4® Topeka. KS 66605

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0000 2187 0566

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To James A. Brown Family Trust
Street and Apt. No., c P.O. Box 928
City, State, ZIP+4® Elk City, OK 73648

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0000 2187 0566

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Sharon Kay Fenton
3447 SE 35th St
Topeka. KS 66605

9590 9402 3452 7275 9685 76

2. Artic 7018 0360 0000 2187 0535 ted Delivery (over $500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharon K Fenton ☐ Agent ☑ Addressee

B. Received by (Printed Name) Sharon K Fenton
C. Date of Delivery 7/21/18

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 SK Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Liana Darlene Pearson
1107 Oakmont St.
Hays. KS 67601-1823

9590 9402 3866 8060 2722 97

2. Article Number (Transfer from service label)

7018 0360 0000 2187 0511

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Liana Darlene Pearson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Linda Darlene Pearson
C. Date of Delivery 7-19-18

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Stanico Energy Corporation
Street and Apt. No., or P P.O. Box 32467
City, State, ZIP+4® Oklahoma City. OK 73123

7018 0360 0000 2187 0672

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fe
$

Postmark Here

Sent To Liana Darlene Pearson
Street and Apt. No., or PO Box No. 1107 Oakmont St.
City, State, ZIP+4® Hays. KS 67601-1823

7018 0360 0000 2187 0511

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Stanico Energy Corporation
P.O. Box 32467
Oklahoma City. OK 73123

9590 9402 3452 7275 9687 12

2. Article Number (Transfer from service label)

7018 0360 0000 2187 0672

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol Bush ☐ 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

JUL 19 2018
OKLAHOMA CITY OK

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Roy G. Barton, Jr. and
Claudia R. Barton
1919 North Turner Street
Hobbs, NM 88240

9590 9402 3452 7275 9686 75

2. Article Number (Transfer from service label) 7018 0360 0000 2187 0634

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Debora Boiant C. Date of Delivery 7/13/18

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 SK Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT SK
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Marc Lilley and Lisa Lilley
Street and Apt. No., or PO Box No. 2135 Sedona Hills Parkway
City, State, ZIP+4® Las Cruces, NM 88011

7018 0360 0000 2187 0689

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT SK
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fe
$

Postmark Here

Sent To Roy G. Barton, Jr. and
Claudia R. Barton
Street and Apt. No., or 1919 North Turner Street
City, State, ZIP+4® Hobbs, NM 88240

7018 0360 0000 2187 0634

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Marc Lilley and Lisa Lilley
2135 Sedona Hills Parkway
Las Cruces, NM 88011

9590 9402 3452 7275 9687 29

2. Article Number (Transfer from service label) 7018 0360 0000 2187 0689

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

11, July 2015 PSN 7530-02-000-9053 SK Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Tap Rock Resources LLC
602 Park Point Drive, Suite 200
Golden, CO 80401

9590 9402 3452 7275 9687 67

2. Article Number (Transfer from service label)

7018 0360 0000 2187 0726

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Alyssa S. ☑ Agent ☐ Addressee

B. Received by (Printed Name) Alyssa S. C. Date of Delivery 7-19-18

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SK

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

SK

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To MRC Permian Company
Street and Apt. No., or PO 5400 LBJ Freeway, Suite 1500
City, State, ZIP+4® Dallas, TX 75240

7018 0360 0000 2187 0733

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

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7018 0360 0000 2187 0726

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

SK

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Tap Rock Resources LLC
Street and Apt. No., or PO 602 Park Point Drive, Suite 200
City, State, ZIP+4® Golden, CO 80401

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

9590 9402 3452 7275 9687 81

2. Article Number (Transfer from service label)

7018 0360 0000 2187 0733

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x ☑ Agent ☐ Addressee

B. Received by (Printed Name) Annabel Irvine C. Date of Delivery 7-19-18

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SK

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Kaiser-Francis Oil Company
Attn: Mr. Mike Maxey
P.O. Box 21468
Tulsa, OK 74121-1468

9590 9402 3452 7275 9687 74

2. Article Number (Transfer from service label)
7018 0360 0000 2187 0740

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

7018 0360 0000 2187 0641

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fe
$
Sent To
Street and Apt. No., o
City, State, ZIP+4®

The Flora Jane Hopkins Revocable
Intervivos Trust
24476 Chamalea
Mission Viejo, CA 92691

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

7018 0360 0000 2187 0740

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO
City, State, ZIP+4®

Kaiser-Francis Oil Company
Attn: Mr. Mike Maxey
P.O. Box 21468
Tulsa, OK 74121-1468

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Flora Jane Hopkins Revocable
Intervivos Trust
24476 Chamalea
Mission Viejo, CA 92691

9590 9402 3452 7275 9686 82

2. Article Nu
7018 0360 0000 2187 0641

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) RM | C. Date of Delivery 7.19

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
elivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 George A. Lundblade
Attn: Chalmers A. Loughridge
3901 Riva Drive
Alexandria, VA 22309-3053

9590 9402 3452 7275 9589 80

2. Article Number (Transfer from service label) 7018 0360 0000 2187 5233

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Greta E. Tosi-Miller ☐ Agent ☐ Addressee

B. Received by (Printed Name) Greta E. Tosi-Miller C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

22180 VIENNA VA 810 8669

7018 0360 0000 2187 0658

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	$
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$
Sent To	Carnegie Energy, LLC
Street and Apt. No., or PO Box	4925 Greenville Avenue, Suite 200
City, State, ZIP+4®	Dallas, TX 75206

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

7018 0360 0000 2187 5233

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	$
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$
Sent To	Estate of George A. Lundblade
Street and Apt. No., or PO	Attn: Chalmers A. Loughridge
City, State, ZIP+4®	3901 Riva Drive
	Alexandria, VA 22309-3053

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Carnegie Energy, LLC
4925 Greenville Avenue, Suite 200
Dallas, TX 75206

9590 9402 3452 7275 9686 99

2. Article Number (Transfer from service label) 7018 0360 0000 2187 0658

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jennifer Narvaiz ☑ Agent ☐ Addressee

B. Received by (Printed Name) Jennifer Narvaiz C. Date of Delivery 7-19-18

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 J. Bistline Martin
P.O. Box 10911
Southport, NC 28461-0911

9590 9402 3452 7275 9686 51

2. Article Number *(Transfer from service label)*
7018 0360 0000 2187 0610

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x J Martin ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* J Martin
C. Date of Delivery 4-21-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
tricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 SR Domestic Return Receipt

7018 0360 0000 2187 0610

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT SR
Domestic Mail Only

For delivery information, visit our website at *www.usps.com*®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fe
$

Postmark Here

Sent To Julie J. Bistline Martin
P.O. Box 10911
Southport, NC 28461-0911

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7018 0360 0000 2187 5288

$9.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108017

John A. Brown
3669 Seneca Circle
[illegible] NV 89109

NIXIE 891 FE 1 0007/24/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0294-03571-24-26

ANK
87504>1056

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To John A. Brown
3669 Seneca Circle
Las Vegas, NV 89109

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0000 2187 5288

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7018 0360 0000 2187 5271

ALBUQUERQUE Retry 7/20/18

$9.70
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108018

Dale M. Richardson

NIXIE 641 FE 1 0007/24/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK BC: 87504105656 *0668-03661-16-38

87504>1056
64130-1708

7018 0360 0000 2187 5271

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Dale M. Richardson
Street and Apt. No., or P 5615 East 39th Ter
City, State, ZIP+4® Kansas City, MO 64130

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

CERTIFIED MAIL®

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

7018 0360 0000 2187 5028

$9.70
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108029

1st NOTICE

Mary E Harris

NIXIE 641 DC 1 0007/23/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0911-04636-23-28

UTF

87504>1056

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Mary E. Harris

Street and Apt. No., or PO B P.O. Box 53

City, State, ZIP+4® Richmond, KS 66080

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0000 2187 5028

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7018 0360 0000 2187 0559

$9.70
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108067

Vacant

Sheryl A. Collins, nee Johnson

MIXIE 672 DE 1 0007/20/18

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC
87504>1056

BC: 87504105656 *0968-01825-16-40

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

SK

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Sheryl A. Collins, nee Johnson
Street and Apt. No., or: RR 2 Box
City, State, ZIP+4®: Jamestown, KS 66948

7018 0360 0000 2187 0559

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7018 0360 0000 2187 0542

$9.70
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108065

7/26

7-19-18

ANK

Sharon Kay Fenton

NIXIE 641 FE 1 0007/23/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK BC: 87504105656 *0968-01824-16-40

87504>1056
66605$0043

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

SK

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Sharon Kay Fenton
Street and Apt. No., or PO Box No. P.O. Box 5043
City, State, ZIP+4® Topeka, KS 66605

7018 0360 0000 2187 0542

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7018 0360 0000 2187 0528

$9.70
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108066

UTF

Sheryl Johnson Collins
and Craig Collins
3209 SW Belle Ave.
Topeka, KS 66614

66614$4027 C070

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT SK
Domestic Mail Only

For delivery information, visit our website at *www.usps.com*®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Sheryl Johnson Collins and Craig Collins

Street and Apt. No., or PO Box: 3209 SW Belle Ave.

City, State, ZIP+4®: Topeka, KS 66614

7018 0360 0000 2187 0528

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

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7018 0360 0000 2187 0498

$9.70
US POSTAGE
FIRST-CLASS

071V00607931
87501
00010806

NAME 7/30
1st Notice
2nd Notice
Return

1st NOTICE 7/19
2nd NOTICE
RETURNED 8/3

ANK

Peggie Sue Lawson
18395 W. FM 2790 South

NIXIE 782 FE 1 0007/26/18
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0968-01819-16-40

ANK
87504105656

7018 0360 0000 2187 0498

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- ☐ Return Receipt (hardcopy) $
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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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Sent To Peggie Sue Lawson
Street and Apt. No., or PO 18395 W. FM 2790 South
City, State, ZIP+4® Lytle, TX 78052

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

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7018 0360 0000 2187 0696

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$9.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108026

Tim Lilley and Tashina Lilley
4425 98th, Suite 200

750 NFE 1 517F0007/24/18
FORWARD TIME EXP RTN TO SEND
:TIM LILLEY
4873 RAINTREE CIR
PARKER CO 80134-4557

RETURN TO SENDER

-- 9400922382204260

UTF

87504>1056

7018 0360 0000 2187 0696

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- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

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Total Postage and Fees
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Sent To Tim Lilley and Tashina Lilley
4425 98th. Suite 200
Lubbock. TX 79424

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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Postage $	
Total Postage and Fees $	
Sent To Justin Nine and Sara Nine *Street and Apt. No., or PO Box No.* 4414 10th Street *City, State, ZIP+4®* Lubbock, TX 79416	

7018 0360 0000 2187 0702

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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$9.70⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000108027

(FILE)

Justin Nine and S...

750 RFE 1 517F0007/24/18
FORWARD TIME EXP RTN TO SEND
NINE
1900 LARKSPUR DR
GOLDEN CO 80401-9114

RETURN TO SENDER

UTF
87504>1056

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

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

7018 0360 0000 2187 0627

$9.70
US POSTAGE
FIRST-CLASS
071V00607931
87501
000108074

7.19

Jimmie Lee Collier and the Estate
of James A. Collier, deceased

NIXIE 731 EE 1 0107/20/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0968-01832-16-40

UTF

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Sent To: Jimmie Lee Collier and the Estate of James A. Collier, deceased

Street and Apt. No., or PO B: P.O. Box 63

City, State, ZIP+4®: Elgin, OK 73538

7018 0360 0000 2187 0627

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Retry 7/20/18 AB

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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7018 0360 0000 2187 5011

$9.70
US POSTAGE
FIRST-CLASS
071V00607931
87501
000108028

NAME 7/28
1st Notice
2nd Notice
Return

Harry Richardson

NIXIE 641 FE 1 0007/24/18
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0968-01815-16-48

ANK
87504>1056
64130$1708 C02

7018 0360 0000 2187 5011

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
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Postmark Here

Sent To: Harry Richardson
5615 East 39th Ter
Kansas City, MO 64130

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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7018 0360 0000 2187 0474

$9.70
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108030

RECEIVED
JUL 20 2018
BY:

David B. Brown
~~P.O. Box 2888~~
Houston, TX 77525

RTS

Wrong PO Box

77252$2888 B040

7018 0360 0000 2187 0474

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☐ Return Receipt (hardcopy)	$
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$
Sent To	
Street and Apt. No., or PO	David B. Brown
City, State, ZIP+4®	P.O. Box 2888 Houston, TX 77525

Postmark Here

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7018 0360 0000 2187 0597

$9.70
US POSTAGE
FIRST-CLASS
071V00607931
87501
000108071

Not @ address refused

Lois M. Lundblade

NIXIE 971 DE 1 0007/25/1

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

REF BC: 87504105656 *0968-01829-16-4

RO

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- ☐ Adult Signature Restricted Delivery $

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Sent To Lois M. Lundblade
Street and Apt. No., o 13184 SE 124th Avenue
City, State, ZIP+4® Clackamas, OR 97105

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7018 0360 0000 2187 0597

7018 0360 0000 2187 5257

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Sent To: Estate of Ruby Rogers and Melvin P. Rogers
Street and Apt. No., or PO Box: 3104 E. Broadway Space 108
City, State, ZIP+4®: Mesa, AZ 85204

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0000 2187 0603

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
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Sent To: Anna Pauline Swearingen
Street and Apt. No., or P: 512 Cedar Street
City, State, ZIP+4®: Concordia, KS 66901

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7018 0360 0000 2187 0719

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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Sent To: Lucille A. Paine
Street and Apt. No., or P: 306 Oriole Street
City, State, ZIP+4®: Ojai, CA 93023-3046

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7018 0360 0000 2187 5295

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Postage
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Sent To: Tiffany Gunther
Street and Apt. No., or PO Box: 16702 East 49th Place
City, State, ZIP+4®: Tulsa, OK 74134

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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Postmark Here

Sent To: Joyce Ann Sasse
Street and Apt. No., or PO: 10801 West Walnut Grove Lane
City, State, ZIP+4®: Rocheport, MO 65279

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0000 2187 0580

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
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Sent To: Helen Lundblade Marcotte
Street and Apt. No., or P: 124 Cloud Street
City, State, ZIP+4®: Salina, KS 67401

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