

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.

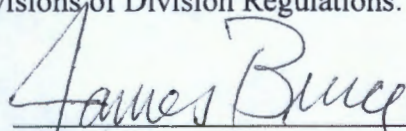
Case No. 16315

AFFIDAVIT OF NOTICE

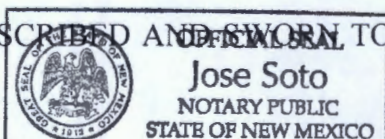
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

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

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



My Commission Expires: 03/21/20

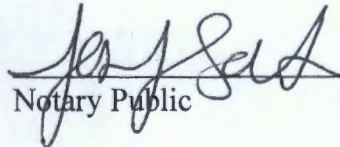

Notary Public

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

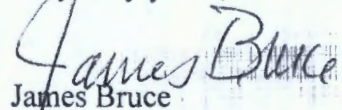
Ladies and gentlemen:

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

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 THIS SECTION ON DELIVERY

- 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.

A. Signature

X

B. Received by (Printed Name)

☐ Agent
☐ Addressee

C. Date of Delivery

7/23/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ NoDonia Ledford
9700 South 4055 Road
Tulala, OK 74080

9590 9402 3452 7275 9590 55

2. Article 7018 0360 0000 2187 5301

(over \$500)

ed Delivery

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor 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 Margaret L. Mchl
702 NE Cambridge Drive
Lees Summit, MO 64086
Street and Apt. No., or PO
City, State, ZIP+4®Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

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

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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. Mchl
702 NE Cambridge Drive
Lees Summit, MO 64086

9590 9402 3452 7275 9590 17

2. 7018 0360 0000 2187 5264

A. Signature

X

B. Received by (Printed Name)

☐ Agent
☐ Addressee

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

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 Stella E. Herrell
2704 Meadow Green
Bedford, TX 76021



9590 9402 3452 7275 9589 97

2. Article Number

7018 0360 0000 2187 5240

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ralph W. Pedersen*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ralph W. Pedersen

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)

Delivery

Domestic Return Receipt

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 Kenneth W. Brown
7677 Jayhawk Drive
Riverside, CA 92509

Street and Apt. No., or PO Box

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 0360 0000 2187 0481

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 \$

Postmark
Here

Postage

Total Postage and Fees

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

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 0360 0000 2187 5240

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 Number

7018 0360 0000 2187 0481

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kenneth W. Brown*

- ☐ 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

Insured Mail Restricted Delivery (over \$500)

ed Delivery

SK

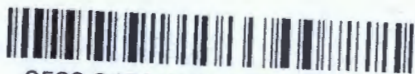
Domestic Return Receipt

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, L.L.C.
500 Main Street, Suite 1200
Fort Worth, TX 76102



9590 9402 3452 7275 9687 05

2. Article Number (Transfer from reverse 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)

[Signature]

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)

Restricted Delivery

Domestic Return Receipt

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

\$

Sent To Peden Family Trust
4618 Diane Avenue
San Diego, CA 92117

Street and Apt. No., or

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 0360 0000 2187 0573

U.S. Postal Service™
CERTIFIED MAIL® RECEIPTDomestic Mail Only
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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

\$

Sent To Fort Worth Mineral Company, L.L.C.
500 Main Street, Suite 1200
Fort Worth, TX 76102

Street and Apt. No., or PO

City, State, ZIP+4®

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:

Peden Family Trust
4618 Diane Avenue
San Diego, CA 92117



9590 9402 3452 7275 9686 13

2. Article Number (Transfer from reverse label)

7018 0360 0000 2187 0573

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

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

Restricted Delivery

Domestic Return Receipt

7018 0360 0000 2187 0665

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:

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Brown*

- ☐ 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

Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail OnlyFor 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 \$

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To Sharon Kay Fenton

3447 SE 35th St

Street and Apt. No., or PO Box Topeka, KS 66605

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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 \$

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To James A. Brown Family Trust

P.O. Box 928

Elk City, OK 73648

City, State, ZIP+4®

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:

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



9590 9402 3452 7275 9685 76

2. Article Number (Transfer from service label)

7018 0360 0000 2187 0535

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

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
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

ted 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:

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



9590 9402 3866 8060 2722 97

2. Article 7018 0360 0000 2187 0511

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Liana Darlene Pearson* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Liana 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 ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over 5000)

ed Delivery

Domestic Return Receipt

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 Stanico Energy Corporation

P.O. Box 32467

Oklahoma City, OK 73123

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

Street and Apt. No., or P.O. Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

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

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

COMPLETE THIS SECTION ON DELIVERY

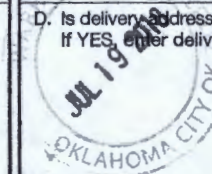
A. Signature

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



3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

icted Delivery

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Debra Briant

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Debra Briant

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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

☐ Restricted Delivery
(over \$500)

Domestic Return Receipt

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

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

Street and Apt. No., or

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

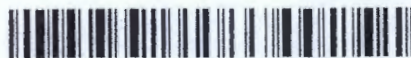
Postmark
Here

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

PS Form 3800, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Marc Lilley

- ☐ 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

Restricted Delivery

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 I.L.C.

602 Park Point Drive, Suite 200

Golden, CO 80401

9590 9402 3452 7275 9687 67

2. Article

7018 0360 0000 2187 0726

Delivery

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

☐ Priority Mail Express®

☐ Adult Signature

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

MRC Permian Company

5400 LBJ Freeway, Suite 1500

Dallas, TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

Tap Rock Resources I.L.C.

602 Park Point Drive, Suite 200

Golden, CO 80401

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:

MRC Permian Company

5400 LBJ Freeway, Suite 1500

Dallas, TX 75240

9590 9402 3452 7275 9687 81

2. Article

7018 0360 0000 2187 0733

Delivery

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

☐ Priority Mail Express®

☐ Adult Signature

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

7018 0360 0000 2187 0726

7018 0360 0000 2187 0733

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ellen Simon*

- ☐ 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

Restricted Delivery

Domestic Return Receipt

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

Street and Apt. No., or P.O.

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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 Fees \$

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

Street and Apt. No., or P.O.

City, State, ZIP+4®

Postmark
Here

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 Number (Transfer from service label)

7018 0360 0000 2187 0641

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ludak Weber*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

P.H.

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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Delivery

Domestic Return Receipt

7018 0360 0000 2187 0740

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 (from service label)

7018 0360 0000 2187 5233

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

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 ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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

4925 Greenville Avenue, Suite 200

Street and Apt. No., or PO Box Dallas, TX 75206

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

\$

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

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 (from service label)

7018 0360 0000 2187 0658

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jennifer Narviz* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Jennifer Narviz

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 ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

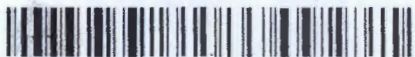
Domestic Return Receipt

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

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
☐ 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

Domestic Return Receipt

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 Fee

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®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 0360 0000 2187 0610

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
Las Vegas, NV 89109

NIXIE 891 FE 1 0007/24/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK
87504>1056

BC: 87504105656 *0294-03571-24-26

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

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

City, State, ZIP+4®

Postmark
Here

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

\$9.70⁰
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

87504-1056
64130-1708

BC: 87504105656 *0668-03661-16-38



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 Dale M. Richardson
5615 East 39th Ter
Street and Apt. No., or P.O. Box Kansas City, MO 64130

City, State, ZIP+4®

Postmark
Here

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 5028

\$9.70⁰⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108029



1st NOTICE

NIXIE

641 DC 1

0007/23/18

Mary E. Harris

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

1: 02261808540042

UTF

87504>1056

BC: 87504105655 *0011-02626-24-18

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

Mary E. Harris

Street and Apt. No., or P.O. Box

P.O. Box 53

Richmond, KS 66080

City, State, ZIP+4®

Postmark
Here

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 0559

\$9.70⁰
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
87504105656

BC: 87504105656

*0968-01825-16-40



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

Street and Apt. No., or

City, State, ZIP+4®

Postmark
Here

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

\$9.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108065



~~LN~~
~~2/19-18~~

ANK

Sharon Kay Fenton

NIXIE

641 FE 1

0007/23/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK

87504>1056
6660530043

BC: 87504105656

*0968-01824-16-40

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

Sharon Kay Fenton

Street and Apt. No., or PO

P.O. Box 5043

City, State, ZIP+4®

Topeka, KS 66605

Postmark
Here

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

UTP

\$9.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108066



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

66614\$4027 C070

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 Box

City, State, ZIP+4®

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

Postmark
Here

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 0498

\$9.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
00010808



NAME
1st Notice
2nd Notice
Return

7/30

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
875041056

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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

\$

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

Street and Apt. No., or PO

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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7018 0360 0000 2187 0696

\$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

.. 9400922382204260

UTF

87504>1056

RETURN TO SENDER



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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 Tim Lilley and Tashina Lilley

4425 98th, Suite 200

Lubbock, TX 79424

Street and Apt. No., or PO Box

City, State, ZIP+4®

Postmark
Here

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See Reverse for Instructions

7018 0360 0000 2187 0696

7018 0360 0000 2187 0702

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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	Justin Nine and Sara Nine
Street and Apt. No., or	4414 10th Street
City, State, ZIP+4®	Lubbock, TX 79416

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Postmark
Here

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

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7018 0360 0000 2187 0702

\$9.70⁰⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108027



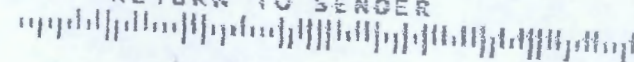
(FILE)

Justin Nine and Sara Nine

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



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 0627

\$9.70⁰⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108074



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

NIXIE 731 EE 1 0107/20/18

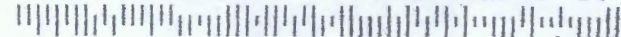
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

9320090180820888

UTF

7879040269 6804

BC: 87504105656 *0968-01832-16-40



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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 Jimmie Lee Collier and the Estate
of James A. Collier, deceased
Street and Apt. No., or P.O. Box 63
Elgin, OK 73538
City, State, ZIP+4®

Postmark
Here

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 5011

NAME
1st Notice
2nd Notice
Return

7/28

Refrey 7/20/18 AB

\$9.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108028



Harry Richardson

NIXIE 641 FE 1 0007/24/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK

87504>1056
64130\$1708 C02

BC: 87504105656 *0968-01815-1E-40



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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

\$

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

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

City, State, ZIP+4®

Postmark
Here

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7018 0360 0000 2187 5011

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



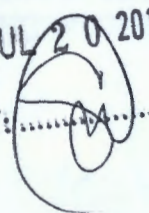
7018 0360 0000 2187 0474

\$9.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108030



RECEIVED
JUL 20 2018

BY: 

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

Wrong PO Box

7725232888 B040



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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

\$

Sent To

Street and Apt. No., or PO

City, State, ZIP+4®

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

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

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7018 0360 0000 2187 0597

\$9.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000108071

*Not a
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
\$750536355 RO

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

Postmark
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7018 0360 0000 2187 5257

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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 Ruby Rogers and
 Melvin P. Rogers
 3104 E. Broadway Space 108
 Street and Apt. No., or PO Box
 Mesa, AZ 85204

City, State, ZIP+4®

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7018 0360 0000 2187 0603

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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
 \$

Sent To
 Anna Pauline Swearingen
 512 Cedar Street
 Street and Apt. No., or PO Box
 Concordia, KS 66901

City, State, ZIP+4®

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7018 0360 0000 2187 0719

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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
 Lucille A. Paine
 306 Oriole Street
 Street and Apt. No., or PO Box
 Ojai, CA 93023-3046

City, State, ZIP+4®

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7018 0360 0000 2187 5295

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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
 \$

Sent To
 Tiffany Gunther
 16702 East 49th Place
 Street and Apt. No., or PO Box
 Tulsa, OK 74134

City, State, ZIP+4®

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7018 0360 0000 2187 0504

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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
 Joyce Ann Sasse
 10801 West Walnut Grove Lane
 Street and Apt. No., or PO Box
 Rocheport, MO 65279

City, State, ZIP+4®

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7018 0360 0000 2187 0580

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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
 Helen Lundblade Marcotte
 124 Cloud Street
 Street and Apt. No., or PO Box
 Salina, KS 67401

City, State, ZIP+4®

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