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CASPER  
CHEYENNE  
DENVER  
SALT LAKE CITY  
SANTA FE

May 10, 2018

VIA CERTIFIED MAIL-RETURN RECEIPT



To: Pooled Parties (Exhibit "A")

Re: New Mexico Oil Conservation Division Application for Non-Standard Spacing and Proration Unit and Compulsory Pooling, Case No. 16164  
**Spud Muffin 31-30 623H Well; Spud Muffin 31-30 736H Well;**  
**Spud Muffin 31-30 624H Well; Spud Muffin 31-30 738H Well**

Dear Ladies and Gentlemen:

This letter is to advise you that Devon Energy Production Company, L.P. has filed the enclosed application for non-standard spacing and compulsory pooling with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on May 31, 2018. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an interest owner in the well unit you may be affected by this application, and you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement four days in advance of a scheduled hearing. 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 its attorney; a concise statement of the case; the names of all 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. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact Joe Hammond at (405) 552-8102 or Joe.Hammond@dvn.com.

Very truly yours,

A handwritten signature in blue ink, appearing to be "C. Callahan", with a long horizontal flourish extending to the right.

Candace Callahan  
Attorney for Devon Energy Production Company, L.P.

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

**APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P.  
FOR A NON-STANDARD SPACING AND PRORATION UNIT  
AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 16164**

**AMENDED APPLICATION**

Devon Energy Production Company, L.P. ("Devon"), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of N.M. Stat. Ann. §70-2-17, for an order (1) authorizing a non-standard spacing unit in the Purple Sage Wolfcamp Gas Pool (98220); (2) creating a 640-acre non-standard spacing and proration unit comprised of the E/2 of Section 30 and the E/2 of Section 31, Township 23 South, Range 29 East, Eddy County, New Mexico; and (3) pooling all uncommitted interests in the Wolfcamp formation underlying this acreage. In support of its application, Devon states:

1. Devon (OGRID 6137) is a working interest owner in the subject acreage and has the right to drill thereon.
2. Devon proposes to dedicate the above-referenced spacing and proration unit as the project area for four proposed initial wells:
  - a. The proposed **Spud Muffin 31-30 623H Well**, which will be horizontally drilled from a surface location in the SW/4SE/4 of Section 31 (Unit O) to a bottom hole location in the NW/4NE/4 of Section 30 (Unit B);
  - b. The proposed **Spud Muffin 31-30 736H Well**, which will be horizontally drilled from a surface location in the SW/4SE/4 of Section 31 (Unit O) to a bottom hole location in the NW/4NE/4 of Section 30 (Unit B);

- c. The proposed **Spud Muffin 31-30 624H Well**, which will be horizontally drilled from a surface location in the SE/4SE/4 of Section 31 (Unit P) to a bottom hole location in the NE/4NE/4 of Section 30 (Unit A);
- d. The proposed **Spud Muffin 31-30 738H Well**, which will be horizontally drilled from a surface location in the SE/4SE/4 of Section 31 (Unit P) to a bottom hole location in the NE/4NE/4 of Section 30 (Unit A).

These wells will be pad-drilled sequentially and batch completed. All four wells will be drilled in the upper/lower Wolfcamp.

3. The Division's district office has placed these wells in the Purple Sage Wolfcamp Gas Pool (Pool Code 98220), which is subject to Special Rules pursuant to Order R-14262. The Special Rules for the Purple Sage Pool require 320-acre standard spacing for all wells. Devon requests approval of a standard 320-acre spacing unit to be combined with a 320-acre standard spacing unit for the purposes of drilling four 2-mile wells. The completed interval for each well will remain within the 330-foot standard offset required by the Special Rules.

4. Devon has sought and has been unable to obtain voluntary agreement for the development of these lands from all of the working interest owners in the subject spacing unit.

5. The pooling of interests will avoid the drilling of unnecessary wells, will prevent waste and will protect correlative rights.

6. As the proposed wells will be simultaneously drilled and completed, Devon requests an extension of the 120-day time period to drill and complete the wells provided by the standard pooling order.

7. In order to permit Devon to obtain its just and fair share of the oil and gas underlying the subject lands, all mineral interests in this non-standard spacing unit should be pooled and Devon Energy Production Company, L.P. should be designated the operator of these proposed horizontal wells and spacing unit.

8. Notice of this application is being given in accordance with Division rules.

**WHEREFORE**, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on May 31, 2018, and, after notice and hearing as required by law, the Division enter an order:

A. Authorizing a non-standard spacing unit in the Purple Sage Wolfcamp Gas Pool (98220) comprised of the E/2 of Section 30 and the E/2 of Section 31, Township 23 South, Range 29 East, Eddy County, New Mexico;

B. Creating a non-standard 640-acre non-standard spacing and proration unit comprised of the E/2 of Section 30 and the E/2 of Section 31, Township 23 South, Range 29 East, Eddy County, New Mexico, for compulsory pooling;

C. Pooling all uncommitted interests in the non-standard spacing and proration unit;

D. Dedicating the initial wells to the non-standard spacing and proration unit;

E. Providing an extension of the 120-day requirement to drill and complete the wells;

F. Designating Devon Energy Production Company, L.P. operator of this non-standard spacing unit and the horizontal wells to be drilled thereon;

G. Authorizing Devon to recover its costs of drilling, equipping and completing each of the four wells;

H. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and

I. Imposing a 200% penalty for the risk assumed by Devon in drilling and completing each of the initial wells against any working interest owner who does not voluntarily participate in the drilling of the wells.

Respectfully submitted,

BEATTY & WOZMIAK, P.C.

By: 

Candace Callahan

500 Don Gaspar Avenue

Santa Fe, New Mexico 87505

(505) 983-8545 or (505) 983-8765 (direct)

(800) 886-6566 (fax)

[ccallahan@bwenenergylaw.com](mailto:ccallahan@bwenenergylaw.com)

ATTORNEYS FOR DEVON ENERGY PRODUCTION  
COMPANY, L.P.

### PROPOSED ADVERTISEMENT

**Case No. 16164: Application of Devon Energy Production Company, L.P. for a non-standard spacing and proration unit, and compulsory pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order (1) authorizing a non-standard spacing unit in the Purple Sage Wolfcamp Gas Pool (98220); (2) creating a 640-acre non-standard spacing and proration unit comprised of the E/2 of Section 30 and the E/2 of Section 31, Township 23 South, Range 29 East, Eddy County, New Mexico; and (3) pooling all uncommitted interests in the Wolfcamp formation underlying this acreage. Said non-standard unit is to be dedicated to the applicant's four proposed initial wells:

- The proposed **Spud Muffin 31-30 623H Well**, which will be horizontally drilled from a surface location in the SW/4SE/4 of Section 31 (Unit O) to a bottom hole location in the NW/4NE/4 of Section 30 (Unit B);
- The proposed **Spud Muffin 31-30 736H Well**, which will be horizontally drilled from a surface location in the SW/4SE/4 of Section 31 (Unit O) to a bottom hole location in the NW/4NE/4 of Section 30 (Unit B);
- The proposed **Spud Muffin 31-30 624H Well**, which will be horizontally drilled from a surface location in the SE/4SE/4 of Section 31 (Unit P) to a bottom hole location in the NE/4NE/4 of Section 30 (Unit A);
- The proposed **Spud Muffin 31-30 738H Well**, which will be horizontally drilled from a surface location in the SE/4SE/4 of Section 31 (Unit P) to a bottom hole location in the NE/4NE/4 of Section 30 (Unit A);

The completed interval for each well will remain within the 330-foot standard offset required by the Special Rules for the Purple Sage Pool. Also to be considered will be the cost of drilling and completing each well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of Devon Energy Production Company, L.P. as operator of the wells and a 200% charge for risk involved in drilling each well. Said area is located approximately 16 miles Southeast of Carlsbad, New Mexico.

Exhibit A

*WI Owners within Pooled Unit in the Wolfcamp Formation:*

Oxy USA, Inc.  
5 Greenway Plaza Suite 110  
Houston, TX 77046  
Attn: Jeremy D. Murphrey

Nortex Corporation  
3009 Post Oak Blvd. Ste 1212  
Houston TX 77056  
Attn: Robert W. Kent

Chevron North America Exploration and  
Production Co., A Division of Chevron USA Inc  
1400 Smith Street  
Houston TX 77002  
Attn: Irvin Gutierrez

PT Resources, LP  
1904 Western  
Midland, TX 79705

RSC Resources, LP  
P.O Box 8329  
Horseshoe Bay, TX 78657

**ORRI Owners within Pooled Unit**

Lanell Joy Honeyman  
406 Skywood  
Midland, TX 79705

**Lanell Joy Honeyman, as Trustee of the  
Leslie Robert Honeyman Trust  
406 Skywood  
Midland TX 79705**

John S. Tittl  
7304 Valencia Grove Court  
Fort Worth TX 76132

Michael A. Kulenguski  
279 Jones Mtn Rd  
Madison, VA 22727

Beverly Gay Nichols  
1118 Pike Place  
Charlottesville, VA 22901

Occidental Permian, LP (formerly Altura Energy  
Ltd)  
5 Greenway Plaza, Suite 110  
Houston TX 77046

**Mid-Continent Energy Inc**  
**4127 Gulf of Mexico Drive**  
**Longboat Key, FL 34228**

Mid-Continent Energy Inc.  
3500 S. Blvd, Ste 3D  
Edmond, OK 73013

Roden Participants, Ltd.  
2603 Augusta Drive, Ste 430  
Houston, TX 77057

Roden Exploration Company  
2603 Augusta Drive, Ste 430  
Houston, TX 77057

Roden Associates, Ltd.  
2603 Augusta Drive, Ste 430  
Houston, TX 77057



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<p>1. Article Addressed to: <span style="float: right;">5001-85 P</span></p> <p>Oxy USA, Inc. Attn: Jeremy D. Murphrey 5 Greenway Plaza, Suite 110 Houston, TX 77046</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Addressed to: <span style="float: right;">5001-85 P</span></p> <p>Oxy USA, Inc. Attn: Jeremy D. Murphrey 5 Greenway Plaza, Suite 110 Houston, TX 77046</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>James E. Beard</i> <b>JAMES BEARD</b></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span>  <input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span>  <input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span>  <input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span>  <input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span>  <input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span>  <input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</span></p>			
<p>7017 2620 0001 1252 9438</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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Total \$ \_\_\_\_\_

Sent To: Oxy USA, Inc.  
Attn: Jeremy D. Murphrey  
5 Greenway Plaza, Suite 110  
Houston, TX 77046

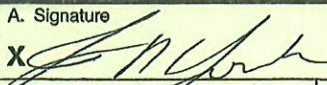
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1. Article Addressed to:  Nortex Corporation Attn: Robert W. Kent 3009 Post Oak Blvd., Ste 1212 Houston, TX 77056		B. Received by (Printed Name) J W Kent C. Date of Delivery 5-14-18	
2. Article Number (Transfer from service label) 7017 2620 0001 1252 9445		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

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City, State, Zip		

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1. Article Addressed to:

5001-85 P

Chevron North America Exploration  
and Production Co.,  
A Division of Chevron U.S.A. Inc.  
Attn: Irvin Gutierrez  
1400 Smith Street  
Houston, TX 77002



9590 9402 3189 7166 0934 45

2. Article Number (Transfer from)

7017 2620 0001 1252 9452

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Donny Allen

C. Date of Delivery

5-17-18

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Chevron North America Exploration  
and Production Co.,  
A Division of Chevron U.S.A. Inc.  
Attn: Irvin Gutierrez  
1400 Smith Street  
Houston, TX 77002

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<p>1. Article Addressed to:</p> <p>PT Resources, LP 1904 Western Midland, TX 79705</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 5-14-18</p>
<p>2. Article Number (Transfer from service label) 7017 2400 0000 7534 3360</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>			
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<p>Postage</p> <p>\$</p>		
<p>Total Post</p> <p>\$</p>		
<p>Sent To</p> <p>PT Resources, LP</p> <p>1904 Western</p> <p>Midland, TX 79705</p>		
<p>Street and</p> <p>City, State</p>		
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RSC Resources, LP  
P.O. Box 8329  
Horseshoe Bay, TX 78657



9590 9402 3189 7166 0934 14

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X *[Signature]* ☐ Agent ☒ Addressee

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1. Article Addressed to:

Lanell Joy Honeyman  
406 Skywood  
Midland, TX 79705

5001-85 P



9590 9402 3189 7166 0933 91

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X *Lanell Joy Honeyman* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

*Lanell Joy Honeyman* C. Date of Delivery *5/18/18*

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

If YES, enter delivery address below: ☐ No

3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Signature                                  | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery              | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                       | <input type="checkbox"/> Registered Mail Restricted Delivery        |
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| <input type="checkbox"/> Collect on Delivery                              | <input type="checkbox"/> Signature Confirmation™                    |
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| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) |   |

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City, State

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Midland, TX 79705

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Here

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

See Reverse for Instructions

7017 2400 0000 7534 3353



## 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:

John S. Tittel  
7304 Valencia Grove Court  
Fort Worth, TX 76132

5001-85 P



9590 9402 3189 7166 0945 03

2. Article Number (Transfer from service label)

7017 2400 0000 7534 3339

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nancy Tittel*☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/21/18

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☐ Insured Mail 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

Domestic Return Receipt

7017 2400 0000 7534 3339

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services &amp; 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

\$

Sent To

Street and Apt.

City, State, ZIP+

John S. Tittel  
7304 Valencia Grove Court  
Fort Worth, TX 76132

Postmark  
Here

5001-85 P

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  </p> <p style="text-align: right;"><input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <div style="text-align: right; margin-right: 50px;">5001-85 P</div> <p>Michael A. Kulenguski  279 Jones Mtn Rd  Madison, VA 22727</p>	<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  5/18/18</p>																
<p>2. Article Addressed to:</p> <div style="text-align: right; margin-right: 50px;">5001-85 P</div> <p>Michael A. Kulenguski  279 Jones Mtn Rd  Madison, VA 22727</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<div style="text-align: center;">   9590 9402 3189 7166 1014 23 </div>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>7017 2400 0000 7534 3124</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>																

Domestic Return Receipt

7017 2400 0000 7534 3124

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**OFFICIAL USE**

<p>Certified Mail Fee  \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> <p>Postage  \$ _____</p> <p>Total Postage  \$ _____</p> <p>Sent To  Michael A. Kulenguski  279 Jones Mtn Rd  Madison, VA 22727</p> <p>Street and  City, State, ZIP+4®  _____</p>	<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	<input type="checkbox"/> Return Receipt (electronic)	\$ _____	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	<input type="checkbox"/> Adult Signature Required	\$ _____	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	<p>Postmark Here</p> <p>5001-85 P</p>
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____										
<input type="checkbox"/> Return Receipt (electronic)	\$ _____										
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____										
<input type="checkbox"/> Adult Signature Required	\$ _____										
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____										

PS Form 3800, April 2012 Edition (PSN 7530-02-000-9053) 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:

Beverly Gay Nichols  
1118 Pike Place  
Charlottesville, VA 22901

5001-85 P



9590 9402 3189 7166 0944 59

Article Number (Transfer from service label)

7017 2400 0000 7534 3452

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

5-16-15

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

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |  |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |  |
| <input type="checkbox"/> Adult Signature Required            | \$ |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |  |

Postage

\$

Total Postage

\$

Sent To

Street and Apt.

City, State, ZIP+

Beverly Gay Nichols  
1118 Pike Place  
Charlottesville, VA 22901

Postmark  
Here

5001-85 P

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

See Reverse for Instructions

7017 2400 0000 7534 3452

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p><b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">5001-85 P</p> <p>Occidental Permian, LP (formerly Altura Energy, Ltd.) 5 Greenway Plaza, Suite 110 Houston, TX 77046</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7017 2620 0001 1252 9353</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p><i>James Beard</i></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®.</p> <p style="text-align: center;"><b>OFFICIAL USE</b></p>	
<p>Certified Mail Fee</p> <p>\$</p>	<p>Postmark Here</p> <p>5001-85 P</p>
<p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p>	
<p>Postage</p> <p>\$</p>	
<p>Total Postage</p> <p>\$</p>	
<p>Sent To</p> <p>Occidental Permian, LP (formerly Altura Energy, Ltd.) 5 Greenway Plaza, Suite 110 Houston, TX 77046</p>	
<p>Street and</p> <p>City, State</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	



**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:**

5001-85 P  
Mid-Continent Energy, Inc.  
3500 S. Blvd, Ste 3D  
Edmond, OK 73013



9590 9402 3189 7166 0934 76

**2. Article Number (Transfer from service label)**

017 2620 0001 1252 9339

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X T Childs

- ☐ Agent  
☐ Addressee

**B. Received by (Printed Name)**

T Childs

**C. Date of Delivery**

3-14

**D. Is delivery address different from Item 1?**

If YES, enter delivery address below: ☐ Yes ☐ No

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

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**OFFICIAL USE**

**Certified Mail Fee**

\$

**Extra Services & Fees (check box, add fee as appropriate)**

- |  |    |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

**Postage**

\$

**Total Postage**

\$

**Sent To**

Street and Apt.

City, State, Zip

Mid-Continent Energy, Inc.  
3500 S. Blvd, Ste 3D  
Edmond, OK 73013

Postmark  
Here

5001-85 P

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

See Reverse for Instructions

7017 2620 0001 1252 9339

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 2em; font-weight: bold;">X</span> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p style="text-align: right; margin-right: 50px;">5001-85 P</p> <p>Roden Participants, Ltd.  2603 Augusta Drive, Ste 430  Houston, TX 77057</p> </div>	<p>B. Received by (Printed Name)      C. Date of Delivery</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; width: 60%;"> <p style="font-size: 1.5em; font-weight: bold;">R. Monroe</p> </div> <div style="border: 1px solid black; padding: 5px; width: 35%;"> <p style="font-size: 1.5em; font-weight: bold;">5/14/18</p> </div> </div>
<p>3. Service Type</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p> </div>	<p>D. Is delivery address different from item 1?      <input type="checkbox"/> Yes  If YES, enter delivery address below:      <input checked="" type="checkbox"/> No</p>
<p style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">9590 9402 3189 7166 0934 69</p>	
<p style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">7017 2620 0001 1252 9322</p>	

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	5001-85 P
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage	
\$ _____	
Total Postage	
\$ _____	Roden Participants, Ltd. 2603 Augusta Drive, Ste 430 Houston, TX 77057
Sent To	
Street and	
City, State,	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ 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.</p>		<p>A. Signature            X <u>R. Monroe</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">5001-85 P</p> <p>Roden Exploration Company            2603 Augusta Drive, Ste 430            Houston, TX 77057</p>		<p>B. Received by (Printed Name) <u>R. Monroe</u> C. Date of Delivery <u>5/14/15</u></p>	
<p>2. Article Number (Transfer from service label)            7017 2620 0001 1252 9414</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery            red Mail            red Mail Restricted Delivery            r \$500</p>			

9590 9402 3189 7166 0935 44

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

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**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage	\$	
Sent To	Roden Exploration Company	
Street and A	2603 Augusta Drive, Ste 430	
City, State, Z	Houston, TX 77057	

5001-85 P

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature x <u>R Monte</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">5001-85 P</p> <p>Roden Associates, Ltd. 2603 Augusta Drive, Ste 430 Houston, TX 77057</p>		<p>B. Received by (Printed Name) <u>R Monte</u></p>	<p>C. Date of Delivery <u>5/14/18</u></p>
<p>2. Article Number (Transfer from service label)</p> <p><b>7017 2620 0001 1252 9421</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p>		<p>Barcode: 9590 9402 3189 7166 0935 51</p>	

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

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OFFICIAL USE

<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total Postage \$</p> <p>Sent To <b>Roden Associates, Ltd.</b>  <b>2603 Augusta Drive, Ste 430</b>  <b>Houston, TX 77057</b></p>	<p>Postmark Here</p> <p style="text-align: center;">5001-85 P</p>
---	---

PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions



U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://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

5001-85 P

Postmark Here

7017 2620 0001 1252 9346

Mid-Continent Energy, Inc.  
 4127 Gulf of Mexico Drive  
 Longboat Key, FL 34228

PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions



neopost  
 05/10/2018  
**US POSTAGE**  
**\$07.41**

ZIP 80202  
 041L11244436

5001-85P

LA

5001-85 P  
 Mid-Continent Energy, Inc.  
 4127 Gulf of Mexico Drive  
 Longboat Key, FL 34228

**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:

5001-85 P

Mid-Continent Energy, Inc.  
 4127 Gulf of Mexico Drive  
 Longboat Key, FL 34228

9590 9402 3189 7166 0934 83

7017 2620 0001 1252 9346

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

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

3. Service Type ☐ Priority Mail Express®  
☐ Registered Mail®  
☐ Registered Mail Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Return Receipt for Merchandise  
☐ Signature Confirmation®  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

NXIE 326 CC 1 7205/17/18

RETURN TO SENDER  
 INSUFFICIENT ADDRESS  
 UNABLE TO FORWARD

BC: 80202511575 2247N137114-00801



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

For delivery information, visit our website at [www.usps.com](http://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 Post \$

Sent To  
 Street and  
 City, State  
 ZIP+4®

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



5001-85P

POSTAGE  
 09/10/2018  
**\$07.41**  
 ZIP 79705  
 04111244435

5001-85 P  
 Lanell Joy Honeyman, as Trustee of the  
 Leslie Robert Honeyman Trust  
 406 Skywood  
 Midland, TX 79705



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:          5001-85 P          Lanell Joy Honeyman, as Trustee of the          Leslie Robert Honeyman Trust          406 Skywood          Midland, TX 79705</p> <p>2. Article Number (Transfer from service label)          7017 2400 0000 7534 3346</p>	<p>3. Service Type  <input type="checkbox"/> Adult Signature  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

NIXIE 731 D2 1 0006/04/18  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 BC: 80202511575 2926N155192-01963