

**Before the Oil Conservation Division  
Examiner Hearing June 28<sup>th</sup> , 2018**

**Case No.**

*Southern Comfort State 24 28 25 TB 6H*



**Marathon Oil<sup>®</sup>**

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

**APPLICATION OF MARATHON  
OIL PERMIAN LLC FOR A NON-STANDARD  
SPACING AND PRORATION UNIT  
AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

CASE NO. \_\_\_\_\_

**APPLICATION**

Marathon Oil Permian LLC (“Marathon”), OGRID Number 372098, through its undersigned attorneys, hereby makes an application to the Oil Conservation Division pursuant to the provisions of NMSA (1978), Section 70-2-17, for an order: (1) creating a non-standard 240-acre, more or less, spacing and proration unit in the Bone Spring formation, comprised of the E/2 E/2 of Section 36 and the E/2 SE/4 of Section 25, Township 24 South, Range 28 East, NMPM, Eddy County, New Mexico; and, (2) pooling all mineral interests in the Bone Spring formation underlying this proposed non-standard spacing and proration unit. In support of this application, Marathon states as follows:

1. Marathon is an interest owner in the subject lands and has a right to drill a well thereon.
2. Marathon seeks to dedicate the E/2 E/2 of Section 36 and the E/2 SE/4 of Section 25, Township 24 South, Range 28 East, NMPM, Eddy County, New Mexico to the proposed well to form a non-standard 240-acre, more or less, oil spacing and proration unit.



3. Marathon plans to drill the **Southern Comfort State 24-28-25 TB 6H** well to a depth sufficient to test the Bone Spring formation. These well will be horizontally drilled.

4. The perforations for the well will be located at orthodox locations.

5. Marathon sought, but has been unable to obtain a voluntary agreement from all interest owners in the Bone Spring formation underlying the proposed project area to participate in the drilling of the well or to otherwise commit their interests to the well.

6. Approval of the non-standard unit and the pooling of all interests in the Bone Spring formation underlying the proposed project area will prevent the drilling of unnecessary wells, prevent waste and protect correlative rights.

WHEREFORE, Marathon requests this application be set for hearing before an Examiner of the Oil Conservation Division on June 14, 2018, and after notice and hearing as required by law, the Division enter its order:

A. Creating a non-standard oil spacing and proration unit in the Bone Spring formation comprised of E/2 E/2 of Section 36 and the E/2 SE/4 of Section 25, Township 24 South, Range 28 East, NMPM, Eddy County, New Mexico;

B. Pooling all mineral interests in the Bone Spring formation underlying this non-standard spacing and proration unit/project area;

C. Designating Marathon as operator of this unit and the well to be drilled thereon;

D. Authorizing Marathon to recover its costs of drilling, equipping and completing wells;

E. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and

F. Setting a 200% charge for the risk involved in drilling and completing the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,

MODRALL, SPERLING, ROEHL, HARRIS  
& SISK, P.A.

By:

  
Earl E. DeBrine, Jr.

Jennifer Bradfute

Zoe E. Lees

Post Office Box 2168

Bank of America Centre

500 Fourth Street NW, Suite 1000

Albuquerque, New Mexico 87103-2168

Telephone: 505.848.1800

*Attorneys for Applicant*

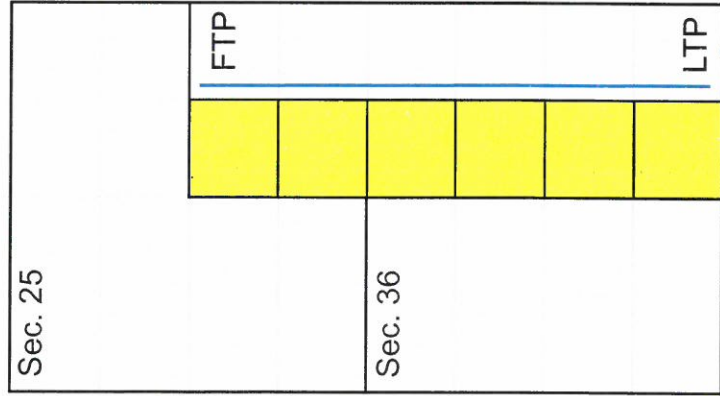


## Case No. 16214 Amendment

- Marathon is seeking and order: (1) creating a standard 480-acre, more or less, spacing unit in the Bone Spring formation, comprised of the E/2 of Section 36 and the SE/4 of Section 35, Township 24 South, Range 28 East, NMPM, Eddy County, New Mexico; and, (2) pooling all mineral interests in the Bone Spring formation underlying this proposed spacing unit.
- Marathon previously obtained approval for a 480-acre Wolfcamp spacing unit underlying this same acreage in Order No. R-14348-A.
- Marathon proposed a JOA for this acreage that covers 480-acres.
- Marathon plans on completing the 6H well along with Wolfcamp wells located within the 480-acre Wolfcamp spacing unit.
- Marathon has already provided notice of this application to all affected parties within the 480-acre unit being proposed.



**Well Plat**  
**Southern Comfort State 24 28 25 TB 6H**



Pool:  
 - Willow Lake (Bone Spring)

Pool Code:  
 - 64450

FTP:  
 - 100' FNL  
 - 1056' FEL

LTP:  
 - 100' FSL  
 - 1000' FEL

This wellbore is located approximately 325' from the proximity tracts

**Lease Tract Map  
Southern Comfort State 24 28 25 TB 6H**



- Tract 1: State of NM Lease  
VO-5446-2
- Tract 2: State of NM Lease  
VO-4137-1
- Tract 3: State of NM Lease  
LG-5998-4

tabbles  
**EXHIBIT**  
**3**



## Summary of Interests Southern Comfort State 24 28 25 TB 6H

<u>Committed Working Interest:</u> .....	<b>67.04%</b>
Marathon Oil Permian LLC	46.95%
Subject to Operating Agreement	20.09%
 <u>Uncommitted Working Interest:</u> .....	 <b>32.96%</b>
<b>Oxy USA, Inc.</b>	<b>8.43%</b>
The Allar Company	7.37%
Standpipe Mountain, Ltd.	2.60%
Peter Balog, Trustee of the Balog Family Trust, August 15 <sup>th</sup> , 2002	2.12%
<b>Occidental Permian Limited Partnership</b>	<b>2.00%</b>
H.M. Bettis, Inc.	1.73%
W.T. Boyle & Company	1.73%
Stovall Energy, Ltd.	1.73%
RCB Investments	0.66%
Hanley Petroleum, Inc.	0.59%
<b>Richardson Mineral &amp; Royalty</b>	<b>0.58%</b>
Hammersmith Reality, Inc.	0.50%
Marks Oil, Inc.	0.47%
Permian Basin Investment Corporation	0.37%
Guinn Family Properties, Ltd.	0.34%
Candice and Dean Delleney	0.33%
James K. & Maratha M. Lusk Trust	0.33%
Monarch Oil & Gas, Inc.	0.33%
A. Wayne Davenport & Wife, Karen Davenport	0.33%
Realtimezone II, LLC	0.22%
LHAH Properties, LLC	0.07%
M Code, LLC	0.07%
Beachbums Energy, LLC	0.05%
Jarvis J. Slade and wife, Pamela Ferrari Slade	0.05%
 <u>Unleased Mineral Interest:</u> .....	 <b>0.0000%</b>



**Matt S. Tate, CPL**  
Land Professional  
Permian Basin



**Marathon Oil Company**  
5555 San Felipe  
Houston, TX 77056  
Telephone 713.296.2164  
Cell 281.904.1697  
Fax 713.235.8033  
matthewstate@marathonoil.com

April 11, 2018

**DELIVERED VIA:**  
Certified Mail

Re: Well Proposal and AFE – Southern Comfort State 24 28 25 TB 6H  
Sections 25 and 36, T24S-R28E, Eddy County, NM

Dear Working Interest Owner:

Marathon Oil Permian LLC ("Marathon"), hereby proposes the drilling and completion of the Southern Comfort State 24 28 25 TB 6H well. The SHL is in the SE/4 (2,424' FSL & 1,777' FEL) of Section 25 and the BHL is in the SE/4 (330' FSL & 995' FEL) of Section 36, Township 24 South, Range 28 East, Eddy County, New Mexico. The well will be drilled to a total vertical depth of 9,585' and total measured depth of 17,164' to the Bone Spring formation. The total estimated cost to drill and complete this well is \$8,451,671 and reflected on the enclosed Authority for Expenditure.

Marathon proposes drilling the well under the terms of the 1989 AAPL JOA and a copy will be provided to you following this proposal. The JOA will contain the following general provisions:

- 100%/300%/300% non-consent penalty
- \$7,000/\$700 drilling and producing rates
- Contract area covering the SE/4 of Section 25 and the E/2 of Section 36, T24S-R28E, limited to the Bone Spring formation

Please indicate your election below and return with your signed copy of the enclosed AFE and your well data requirement sheet within thirty (30) days. Should you have any questions please do not hesitate to contact me at 713-296-2164 or by email at [matthewstate@marathonoil.com](mailto:matthewstate@marathonoil.com).

Sincerely,

Matt S. Tate, CPL  
Permian Basin

Southern Comfort State 24 28 25 TB 6H  
Election Letter



**PARTICIPATION ELECTION:**

\_\_\_\_\_ I/We hereby elect to participate in the drilling and completion of the Southern Comfort State 24 28 25 TB 6H as described above.

\_\_\_\_\_ I/We elect to participate in the drilling and completion of the Southern Comfort State 24 28 25 TB 6H as described above and our proportionate share of any nonconsent interest.

\_\_\_\_\_ I/We hereby elect NOT to participate in the Southern Comfort State 24 28 25 TB 6H.

NAME/COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Drilling Project #
Pad Project #
DATE: 1/0/1900

<b>Permian Asset Team</b>		Location <u>0</u>	Rig <u>498</u>
Field <u>0</u>		State <u>NEW MEXICO</u>	
Lease / Facility <u>SOUTHERN COMFORT STATE 24 28 25 TB</u>		County/Parish <u>EDDY</u>	
Operator <u>MARATHON OIL PERMIAN LLC</u>		Estimated Start Date <u>0-Jan-1900</u>	
		Estimated Completion Date <u>22-Jan-1900</u>	

Estimated Gross Cost This AFE: \$8,451,671

Project Description & Reason for Expenditure: Drill, Complete, & Equip a Horizontal Well

Prepared By MATT RUGAARD, JOSH SHANNON, MATT HENSCHEN, TOMMY MAZAL/BILLY MOORE,

**Final Approval**

\_\_\_\_\_  
 Title: Regional Vice President Permian Asset Team Date: \_\_\_\_\_

**Participant's Approval**

Name of Company: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_



MARATHON OIL PERMIAN LLC  
 AUTHORITY FOR EXPENDITURE  
 DETAIL OF ESTIMATED WELL COSTS

DATE 1/0/1900  
 DRILLING & LOCATION PREPARED BY MATT RUGAARD  
 COMPLETION PREPARED BY JOSH SHANNON  
 FACILITIES PREPARED BY MATT HENSCHEN  
 ARTIFICIAL LIFT PREPARED BY TOMMY MAZAL/BILLY A

Asset Team PERMIAN  
 Field 0 FORMATION: 3RD BONE SPRINGS WILDCAT \_\_\_\_\_ EXPLORATION \_\_\_\_\_  
 Lease/Facility SOUTHERN COMFORT STATE 24 28 25 TB 6H \_\_\_\_\_ DEVELOPMENT \_\_\_\_\_ RECOMPLETION \_\_\_\_\_  
 Location EDDY COUNTY \_\_\_\_\_ X EXPLOITATION \_\_\_\_\_ WORKOVER \_\_\_\_\_  
 Prospect MALAGA \_\_\_\_\_

Est Total Depth 17,164 Est Drilling Days #VALUE! Est Completion Days 0

LOCATION COST - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access	33,750
7001250	Land Broker Fees and Services	37,500
TOTAL LOCATION COST - INTANGIBLE		71,250

DRILLING COST - TANGIBLE

7012050	Conductor Pipe	28,000
7012050	Surface Casing	17,000
7012050	Intermediate Casing 1	68,000
7012050	Intermediate Casing 2	-
7012050	Production Casing	258,000
7012050	Drig Liner Hanger, Tieback Eq & Csg Accessories	10,000
7012550	Drilling Wellhead Equipment	70,000
7012040	Casing & Tubing Access	24,000
7012270	Miscellaneous MRO Materials	-
TOTAL DRILLING - TANGIBLE		475,000

DRILLING COST - INTANGIBLE

7019200	Drilling Rig Mob/Demob	32,500
7019220	Drilling Rig - day work/footage	464,063
7019040	Directional Drilling Services	167,000
7019020	Cement and Cementing Service	15,000
7019020	Cement and Cementing Service	25,000
7019020	Cement and Cementing Service	-
7019020	Cement and Cementing Service	125,000
7019140	Mud Fluids & Services	64,000
7012310	Solids Control equipment	36,000
7012020	Bits	70,000
7019010	Casing Crew and Services	30,000
7016350	Fuel (Rig)	64,000
7019140	Fuel (Mud)	18,000
7001460	Water (non potable)	25,000
7019000	Well Logging Services	-
7019150	Mud Logging+geosteering	16,000
7019250	Stabilizers, Hole Openers, Underreamers (DH rentals)	15,000
7019110	Casing Inspection/cleaning	15,000
7019110	Drill pipe/collar inspection services	10,000
7016180	Freight - truck	25,000
7001460	Water hauling and disposal (includes soil farming)	135,000
7001440	Vacuum Trucks	20,000
7000030	Contract Labor - general	30,000
7018150	Rental Tools and Equipment (surface rentals)	82,500
7018150	Rig Equipment and Misc.	6,188
7001110	Telecommunications Services	10,000
7001120	Consulting Services	117,563
7001400	Safety and Environmental	10,000
7018120	Rental Buildings (trailers)	-
7019310	Coring (sidewalls & analysis)	-
7011010	8% Contingency & Taxes	168,225
TOTAL DRILLING - INTANGIBLE		\$1,796,038

TOTAL DRILLING COST

\$2,271,038

COMPLETION - TANGIBLE

7012580	Tubing	75,000
7012040	Tubing Accessories (nipple, wireline entry)	15,000
7012550	Wellhead Equip	20,000
7012560	Packers - Completion Equipment	38,850
TOTAL COMPLETION - TANGIBLE		\$148,850



Asset Team PERMIAN  
 Field 0 FORMATION: 3RD BONE SPRINGS  
 Lease/Facility SOUTHERN COMFORT STATE 24 28 25 TB 6H

COMPLETION - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access (dress location after rig move, set anchors)	20,000
7019220	Drilling Rig During Completion	20,000
7019140	Mud Fluids & Services	-
7019030	Coiled Tubing Services (3 runs)	170,000
7019240	Snubbing Services	25,000
7019270	Pulling/Swab Units	10,000
7016350	Fuel (from drlg)	-
7019010	Casing Crew and Services	-
7019020	Cement and Cementing Services	-
7019080	Well Testing Services (flow hand & equip)	71,000
7019320	Fracturing Services	2,880,000
7019330	Perforating	124,000
7019360	Wireline Services	-
7001460	Water Hauling & Disposal (frac fluids)	800,000
7016180	Freight - Truck (haul pipe; drlg & compl)	40,000
7018150	BOP Rental & Testing	-
7018150	Rental Tools and Equipment (incl drlg; lightplant,hydra-walk)	-
7018150	CT Downhole Rental Equipment (ie. BIT, BHA)	45,000
7000030	Contract Labor - general	85,000
7001110	Telecommunications Services	35,000
7001400	Safety and Environmental	-
7001120	Consulting Services	30,000
7018150	Zipper Manifold	77,600
7019300	Frack Stack Rentals	50,000
7016190	Freight (Transportation Services)	-
7018150	Equipment Rental ( w/o operator, frac tanks, lightplants)	100,000
7018120	Rental Buildings (trailers)	55,000
7000030	Contract Labor - Pumping (pump-down pumps)	60,000
7011010	8% Contingency & Taxes	374,448
TOTAL COMPLETION - INTANGIBLE		\$5,072,048

TOTAL COMPLETION COST

\$5,220,898

SURFACE EQUIPMENT - TANGIBLE

7012350	Misc. Piping, Fittings & Valves	86,765
7006640	Company Labor & Burden	-
7000030	Contract Labor - General	69,528
7001110	Telecommunication equip (Telemetry)	-
7012410	Line Pipe & Accessories	27,078
7012270	Miscellaneous Materials (containment system)	43,047
7008060	SCADA	-
7016180	Freight - truck	-
7001190	Contract Engineering	29,116
7012290	Metering and Instrumentation	250,831
7012290	I&E Materials	-
7012200	Gas Treating	-
7012200	Dehydration	-
7012010	Compressor	-
7012350	Power	-
7012610	Vapor Recovery Unit	-
7012440	Separator & other pressure vessels	77,572
7012500	Tanks	142,674
7012100	Heater Treater	12,997
7012640	Flare & Accessories	17,469
7000010	Electrical Labor	29,116
7000010	Mechanical Labor	-
7012480	Rod Pumping unit & Pad	-
7012180	Pumping Unit Engine	-
7012350	Electrical Power (electrical cooperative construction costs)	23,293
TOTAL SURFACE EQUIPMENT - TANGIBLE		\$809,485

TOTAL SURFACE EQUIPMENT COST

\$ 809,485

ARTIFICIAL LIFT

7006640	Company Labor	3,000
7012180	Gas Lift Equipment	23,000
7012480	Rod Pumping, Sucker Rods & Rod Pump	-
7012140	Elect Sub Pumps (ESP)	-
7019350	Well Services-Well/Wellhead Services	22,500
7012270	Materials & Supplies-Tangible	25,000
7012550	Surface Wellhead Equipment	3,000
7012390	Pig Launchers/Receivers & Rel Equip	-
7011010	8% Contingency & Taxes	2,500
TOTAL ARTIFICIAL LIFT		79,000

TOTAL ARTIFICIAL LIFT COST

\$ 79,000

SUMMARY OF ESTIMATED DRILLING WELL COSTS

TOTAL COST

TOTAL LOCATION COST	\$ 71,250
TOTAL DRILLING COST	\$ 2,271,038
TOTAL COMPLETIONS COST	\$ 5,220,898

TOTAL SURFACE EQUIPMENT COST	\$ 809,485
TOTAL ARTIFICIAL LIFT COST	\$ 79,000
GRAND TOTAL COST	<u>\$8,451,671</u>

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

APPLICATION OF MARATHON OIL  
PERMIAN LLC FOR A NON-STANDARD  
SPACING AND PRORATION UNIT  
AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 16214


AFFIDAVIT

STATE OF NEW MEXICO            )  
  ) ss.  
COUNTY OF BERNALILLO        )

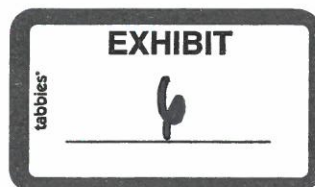
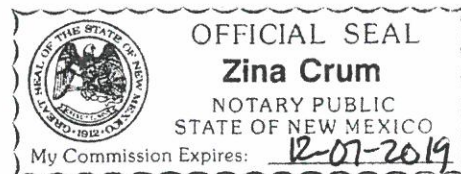
Jennifer L. Bradfute, attorney in fact and authorized representative of Marathon Oil Permian LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and that proof of receipt is attached hereto.

  
\_\_\_\_\_  
Jennifer L. Bradfute

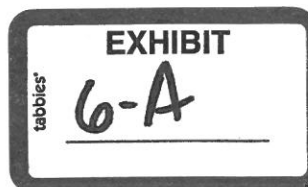
SUBSCRIBED AND SWORN to before me this 26th day of June, 2018 by Jennifer L. Bradfute.

  
\_\_\_\_\_  
Notary Public

My commission expires: 12-07-2019



Owner	IntTyp
BANE BIGBIE	OR
IRIS CAMILLE JACKSON-MENEFEE	OR
CARL AND GWENETTA MORGAN	OR
CENTENNIAL LLC	OR
DAVID WINGO	OR
GROSS FAMILY LIMITED PARTNERSHIP	OR
KIP PURCELL	OR
LONG LLC	OR
SCOTT INVESTMENT CORP	OR
PAISANO PARTNERS	OR
PJ GUY FAMILY TRUST	OR
SLASH FOUR ENTERPRISES INC	OR
STRATA PRODUCTION	OR
JAMES ADELSON AND	OR
ZUNIS ENERGY LLC	OR
VALORIE F WALKER	OR
BILLIE J MICHAUD TRUSTEE	OR
MURPHY PETROLEM CORPORATION	OR
BB MANAGEMENT LLC	OR
FORTYNINER RIDGE LLC	OR
HUTCHINGS OIL COMPANY	OR
JIM WHITEHEAD OIL AND GAS LLC	OR
JOHN E DONNELLAN	OR
KITCHEL ESTATE EXEMPT TRUST	OR
LT CAPITAL LLC	OR
MARK B MURPHY TTE MARK B MURPHY	OR
MARK L SHIDLER	OR
MARVIN C GROSS	OR
MITCHELL EXPLORATION INC	OR
PERMIAN BASIN INVESTMENT CORP	OR
REALTIMEZONE INC	OR
ROBIN L MORGAN	OR
SCOTT EXPLORATION	OR
SUSAN S MURPHY TTE SUSAN S MURPHY	OR
WORRALL INVESTMENT CORPORATION	OR
ZEUS PETROLEUM INC	OR
MARK B MURPHY TTE MARK B MURPHY	OR
MITCHELL EXPLORATION INC	OR
OGI INC	OR
PERMIAN BASIN INVESTMENT CORP	OR
PETER BALOG TRUSTEE OF THE BALOG	OR
PETROLUX INC	OR
ROBIN K SHACKELFORD	OR
ROBIN L MORGAN	OR
ROEC INC	OR
ROGER BELLAH	OR
SAM L SHACKELFORD	OR





SUSAN S MURPHY TTE SUSAN S MURPHY	OR
CENTENNIAL LLC	OR
DAVID WINGO	OR
ENERGY PROPERTIES LIMITED LP	OR
GEO-FINANCE INC	OR
GROSS FAMILY LIMITED PARTNERSHIP	OR
HUTCHINGS OIL COMPANY	OR
JACKIE MIDKIFF	OR
JENNIFER ANN SCOTT	OR
KIP PURCELL	OR
SCOTT INVESTMENT CORP	OR
CENTENNIAL LLC	OR
DAVID WINGO	OR
ENERGY PROPERTIES LIMITED LP	OR
GROSS FAMILY LIMITED PARTNERSHIP	OR
HUTCHINGS OIL COMPANY	OR
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JTD RESOURCES LLC	OR
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OGI INC	OR
PERMIAN BASIN INVESTMENT CORP	OR
PETROLUX INC	OR
REALTIMEZONE INC	OR
ROBIN K SHACKELFORD	OR
ROBIN L MORGAN	OR
ROEC INC	OR
ROGER BELLAH	OR
SAM L SHACKELFORD	OR
SCOTT INVESTMENT CORP	OR
SUSAN S MURPHY TTE SUSAN S MURPHY	OR
WORRALL INVESTMENT CORPORATION	OR
LAURENCE A AND RHONDA Q SMITH TTE	OR
THOMAS FAMILY LIMITED PARTNERS	OR
JTD RESOURCES LLC	OR
LML WORKING PROPERTIES LLC	OR
JACKS PEAK LLC	OR
THE GROSS LIMITED PARTNERSHIP	OR
INNOVENTIONS INC	OR
LEVI OIL AND GAS LLC	OR
CENTENNIAL LLC	OR
BF ENERGY LLC	OR
BLUE RIDGE ENERGY LLC	OR
CATALYST ENERGY LLC	OR
CROSSWIND RESOURCES LLC	OR

J AND J ENERGY LLC	OR
MAGIC MERLIN ENERGY INVESTMENTS LLC	OR
RJ FORTUNE INVESTMENTS LLC	OR
LANELL JOY HONEYMAN	OR
LANELL JOY HONEYMAN TTE	OR
WILLIAM N HEISS PROFIT SHARING PLAN	OR
WILLIAM N HEISS PROFIT SHARING PLAN	OR
PETER BALOG TRUSTEE OF THE BALOG	WI
STOVALL ENERGY LTD	WI
RCB INVESTMENTS	WI
GUINN FAMILY PROPERTIES LTD	WI
MONARCH OIL AND GAS INC	WI
A WAYNE DAVENPORT	WI
CANDICE AND DEAN DELLENEY	WI
JAMES K AND MARTHA M LUSK TRUST	WI
ROBIN L MORGAN	WI
OXY USA INC	WI
OCCIDENTAL PERMIAN LTD	WI
RICHARDSON MINERAL AND ROYALTY LLC	WI
MARKS OIL INC	WI
REALTIMEZONE II LLC	WI
LHAH PROPERTIES LLC	WI
TAP ROCK RESOURCES LLC	WI
JARVIS J SLADE AND WIFE	WI
ALLAR CO	WI
STANDPIPE MOUNTAIN LTD	WI
WT BOYLE AND COMPANY	WI
H M BETTIS INC	WI
HAMMERSMITH REALTY INC	WI

**Southern Comfort TB 6H - List of Pooled  
Application  
Mailed 06/08/18**

<b>Pooled Parties</b>	<b>Certified No.</b>
A WAYNE DAVENPORT 577 BLACK BEARD RD N E ALBUQUERQUE NM, 87122	7017-2400-0000-5766-8429 Alert – Unable to Deliver 06/18/18
ALLAR CO PO BOX 1567 GRAHAM TX, 76450-7567	7017-2400-0000-5766-8412 6/18/18
BANE BIGBIE PO BOX 998 ARDMORE OK, 73402	7017-2400-0000-5766-8405 6/15/18
BB MANAGEMENT LLC PO BOX 80735 PHOENIX AZ, 85060	7017-2400-0000-5766-8399 06/21/18
BF ENERGY LLC 3504 E CLAREMONT AVE PARADISE VALLEY AZ, 85253	7017-2400-0000-5766-8382 6/14/18
BILLIE J MICHAUD TRUSTEE 1157 SW 213TH AVE ALOHA OR, 97006	7017-2400-0000-5766-8375 6/18/18
BLUE RIDGE ENERGY LLC PO BOX 26567 PHOENIX AZ, 85068	7017-2400-0000-5766-8368 06/25/18
CANDICE AND DEAN DELLENEY 3643 CANYON CREEK CIRCLE TYLER TX, 75707	7017-2400-0000-5766-8351 6/18/18
CARL AND GWENETTA MORGAN 4062 US HWY 82 MAYHILL NM, 88339	7017-2400-0001-1389-2232 6/18/18
CATALYST ENERGY LLC 3018 N 53RD PLACE PHOENIX AZ, 85018	7017-2400-0001-1389-2249 06/25/18
CENTENNIAL LLC PO BOX 1837 ROSWELL NM, 88202-1837	7017-2400-0000-5766-7781 6/14/18
CROSSWIND RESOURCES LLC 164 S WILLOW CREEK ST CHANDLER AZ, 85225	7017-2400-0000-5766-7767 6/19/18
DAVID WINGO 7027 S GOLFSIDE LN PHOENIX AZ, 85042	7017-2400-0000-5766-7774 6/19/18
ENERGY PROPERTIES LIMITED LP PO BOX 51408 CASPER WY, 82605-1408	7017-2400-0000-5766-7750 In Transit 06/14/18
FORTYNINER RIDGE LLC 12000 SANTA MONICA DR NE ALBUQUERQUE NM, 87122	7017-2400-0000-5766-7743 06/22/18
GEO-FINANCE INC 1157 SW 213TH AVE ALOHA OR, 97003	7017-2400-0000-5766-7736 6/18/18

**Southern Comfort TB 6H - List of Pooled  
Application  
Mailed 06/08/18**

GROSS FAMILY LIMITED PARTNERSHIP PO BOX 358 ROSWELL NM, 88203	7017-2400-0000-5766-7729 06/22/18
GUINN FAMILY PROPERTIES LTD PO BOX 1298 GRAHAM TX, 76450	7017-2400-0000-5766-7712 6/18/18
H M BETTIS INC PO BOX 1240 GRAHAM TX, 76450	7017-2400-0000-5766-8443 6/18/18
HAMMERSMITH REALTY INC 300 16011 116TH AVE NW EDMONTON AB, T5M 3Y1	7017-2400-0000-5766-8436 In Transit – 06/11/18
HUTCHINGS OIL COMPANY PO BOX 1216 ALBUQUERQUE NM, 87103	7017-2400-0000-5766-7842 6/18/18
INNOVENTIONS INC PO BOX 40 CEDAR CREST NM, 87008-0040	7017-2400-0000-5766-7835 6/11/18
IRIS CAMILLE JACKSON-MENEFEE 520 WEST MAIN ST ARTESIA NM, 88210	7017-2400-0000-5766-7828 6/15/18
J AND J ENERGY LLC 300 N SORREL CT SHOW LOW AZ, 85901	7017-2400-0000-5766-7811 6/18/18
JACKIE MIDKIFF 808 WEST 4TH STREET ROSWELL NM, 88201	7017-2400-0000-5766-7804 Avaible for Pick-Up 06/20/18
JACKS PEAK LLC PO BOX 294928 KERRVILLE TX, 78029	7017-2400-0000-5766-7798 06/21/18
JAMES ADELSON AND 15 EAST 5TH ST STE 3300 TULSA OK, 74103	7017-2400-0000-5766-7682 6/14/18
JAMES K AND MARTHA M LUSK TRUST 2217 ONATE DR ROSWELL NM, 88201	7017-2400-0000-5766-7675 Returned to Sender 6/19/18
JARVIS J SLADE AND WIFE 444 EAST 52ND STREET NEW YORK NY, 10022	7017-2400-0000-5766-7668 6/18/18
JENNIFER ANN SCOTT 200 W 1ST ST SUITE 648 ROSWELL NM, 88203-4677	7017-2400-0000-5766-7651 Returned to Sender 6/19/18
JIM WHITEHEAD OIL AND GAS LLC P O BOX 80735 PHOENIX AZ, 85060	7017-2400-0000-5766-7934 06/22/18
JOHN E DONNELLAN PO BOX 1433 CHICKASHA OK, 73023	7017-2400-0000-5766-7927 6/15/18



**Southern Comfort TB 6H - List of Pooled  
Application  
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JTD RESOURCES LLC PO BOX 3422 MIDLAND TX, 79702-3422	7017-2400-0000-5766-7583 06/22/18
KIP PURCELL 1820 CALLE DEL VISTA NW ALBUQUERQUE NM, 87105	7017-2400-0000-5766-7910 6/11/18
KITCHEL ESTATE EXEMPT TRUST 5519 WARD N ADKINS JR HOUSTON TX, 77056	7017-2400-0000-5766-7903 Return to Sender / Unable to Deliver 06/25/18
LANELL JOY HONEYMAN TTE 406 SKYWOOD CIRCLE MIDLAND TX, 79705	7017-2400-0000-5766-7897 6/18/18
LAURENCE A AND RHONDA Q SMITH TTE 10265 E CLINTON ST SCOTTSDALE AZ, 85260	7017-2400-0000-5766-7880 6/18/18
LEVI OIL AND GAS LLC PO BOX 568 ARTESIA NM, 88211	7017-2400-0000-5766-7873 6/14/18
LHAH PROPERTIES LLC 415 W WALL STE 1500 MIDLAND TX, 79701	7017-2400-0000-5766-7866 6/18/18
LML WORKING PROPERTIES LLC PO BOX 3194 BOULDER CO, 80307	7017-2400-0000-5766-7859 06/21/18
LONG LLC 215 SOUTH STATE STREET STE 100 SALT LAKE CITY UT, 84111	7017-2400-0000-5766-8139 6/15/18
LT CAPITAL LLC PO BOX 80375 PHOENIX AZ, 85060	7017-2400-0000-5766-8122 Delivery Attempt – Action Needed 06/27/18
MAGIC MERLIN ENERGY INVESTMENTS LLC PO BOX 2309 BEND OR, 97709	7017-2400-0000-5766-8115 06/18/18
MARK B MURPHY TTE MARK B MURPHY PO BOX 2484 ROSWELL NM, 88202-2164	7017-2400-0000-5766-8108 6/15/18
MARK L SHIDLER 1313 CAMPBELL RD STE D HOUSTON TX, 77055-6429	7017-2400-0000-5766-8092 6/14/18
MARKS OIL INC 1775 SHERMAN ST STE 2990 DENVER CO, 80203-4324	7017-2400-0000-5766-8085 6/18/18
MARVIN C GROSS 210 SOUTH LEA ROSWELL NM, 88202	7017-2400-0000-5766-8078 06/22/18
MITCHELL EXPLORATION INC 6212 HOMESTEAD BLVD MIDLAND TX, 79707	7017-2400-0000-5766-8061 6/18/18

**Southern Comfort TB 6H - List of Pooled  
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MONARCH OIL AND GAS INC PO BOX 1473 ROSWELL NM, 88202	7017-2400-0000-5766-8054 6/14/18
MURPHY PETROLEUM CORPORATION PO BOX 2485 ROSWELL NM, 88202-2545	7017-2400-0000-5766-8047 6/15/18
OCCIDENTAL PERMIAN LTD PO BOX 100725 ATLANTA GA, 30384-0725	7017-2400-0000-5766-9594 Returned to Sender 6/19/18
OGI INC 841 HERSCH AVE PAGOSA SPRINGS CO, 81147-9625	7017-2400-0000-5766-9587 6/14/18
OXY USA INC P O BOX 841803 DALLAS TX, 75284	7017-2400-0000-5766-9570 In Transit 06/14/18
PAISANO PARTNERS 3419 WESTMINISTER 313 DALLAS TX, 75205	7017-2400-0000-5766-9563 6/14/18
PERMIAN BASIN INVESTMENT CORP 648 PETROLEUM BUILDING ROSWELL NM, 88201	7017-2400-0000-5766-9556 Returned to Sender 6/19/18
PETER BALOG TRUSTEE OF THE BALOG 25812 SOUTH DANFORD DRIVE SUN LAKE AZ, 85248	7017-2400-0000-5766-9549 6/14/18
PETROLUX INC 200 W 1ST STREET ROSWELL NM, 88201	7017-2400-0000-5766-9532 In Transit 06/26/18
PJ GUY FAMILY TRUST 10309 S 96TH EAST PLACE TULSA OK, 74133	7017-2400-0000-5766-9525 6/18/18
RCB INVESTMENTS 4059 LATIGO LANE ROSWELL NM, 88201	7017-2400-0000-5766-9518 6/18/18
REALTIMEZONE II LLC PO BOX 1834 ROSWELL NM, 88202	7017-2400-0000-5766-9501 6/15/18
REALTIMEZONE INC 513 N KY ROSWELL NM, 88201	7017-2400-0000-5766-9471 Returned to Sender 6/20/18
RICHARDSON MINERAL AND ROYALTY LLC PO BOX 2423 ROSWELL NM, 88202-2423	7017-2400-0000-5766-9464 6/14/18
RJ FORTUNE INVESTMENTS LLC 9290 E THOMPSON PEAK PKWY UNIT 257 SCOTTSDALE AZ, 85255	7017-2400-0000-5766-9457 06/11/18
ROBIN K SHACKELFORD 108 PARADISE CANYON RUIDOSO NM, 88201	7017-2400-0000-5766-9440 6/15/18

**Southern Comfort TB 6H - List of Pooled  
Application  
Mailed 06/08/18**

ROBIN L MORGAN 135 W COTTONWOOD ROAD ARTESIA NM, 88210	7017-2400-0000-5766-9433 6/15/18
ROEC INC PO BOX 490 GRAND JUNCTION CO, 81502	7017-2400-0000-5766-9426 6/19/18
ROGER BELLAH 4403 THOMASON RD CARLSBAD NM, 88220	7017-2400-0000-5766-9419 Returned to Sender 6/19/18
SAM L SHACKELFORD 1096 MECHEM DRIVE SUITE G-16 RUIDOSO NM, 88345	7017-2400-0000-5766-9402 06/21/18
SCOTT EXPLORATION PO BOX 1834 ROSWELL NM, 88202-1834	7017-2400-0000-5766-3912 6/14/18
SCOTT INVESTMENT CORP 513 N KY ROSWELL NM, 88201	7017-2400-0000-5766-3905 Returned to Sender 6/19/18
SLASH FOUR ENTERPRISES INC PO BOX 1433 ROSWELL NM, 88202-1433	7017-2400-0000-5766-3899 6/14/18
STANDPIPE MOUNTAIN LTD PO BOX 900 GRAHAM TX, 76450-0900	7017-2400-0000-5766-3554 6/19/18
STOVALL ENERGY LTD PO BOX 10 GRAHAM TX, 76450	7017-2400-0000-5766-3547 6/18/18
STRATA PRODUCTION 200 WEST 1ST STREET STE 700 ROSWELL NM, 88203	7017-2400-0000-5766-3530 6/18/18
SUSAN S MURPHY TTE SUSAN S MURPHY PO BOX 2484 ROSWELL NM, 88202-2164	7017-2400-0000-5766-3523 6/14/18
TAP ROCK RESOURCES LLC 602 PARK POINT DRIVE GOLDEN CO, 80401	7017-2400-0000-5766-3493 6/19/18
THE GROSS LIMITED PARTNERSHIP PO BOX 358 ROSWELL NM, 88203	7017-2400-0000-5767-0002 06/22/18
THOMAS FAMILY LIMITED PARTNERS PO BOX 80123 PHOENIX AZ, 85060	7017-2400-0000-5766-3752 6/19/18
VALORIE F WALKER PO BOX 102256 ANCHORAGE AK, 99510-2256	7017-2400-0000-5766-3745 6/19/18
WILLIAM N HEISS PROFIT SHARING PLAN PO BOX 2680 CASPER WY, 82602-2680	7017-2400-0000-5766-3738 6/18/18

**Southern Comfort TB 6H - List of Pooled  
Application  
Mailed 06/08/18**

WORRALL INVESTMENT CORPORATION PO BOX 1834 ROSWELL NM, 88202-1834	7017-2400-0000-5766-3721 6/14/18
WT BOYLE AND COMPANY PO BOX 1240 GRAHAM TX, 76450	7017-2400-0000-5766-3714 6/18/18
ZEUS PETROLEUM INC PO BOX 458 BELLAIRE TX, 77402-0458	7017-2400-0000-5766-3707 6/18/18
ZUNIS ENERGY LLC 15 E 5TH STREET SUITE 3300 TULSA OK, 74103-4340	7017-2400-0000-5766-3691 06/11/18

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

CROSSWIND RESOURCES LLC  
 164 S WILLOW CREEK ST  
 CHANDLER, AZ, 85225  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0179 53

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7767

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

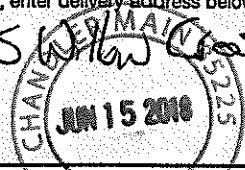
B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

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

164 S Willow Creek St



3. Service Type

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

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9590 9402 3705 7335 0179 53

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**United States  
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 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103**

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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 \$ 7.41

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

Sen: \_\_\_\_\_  
 Str: \_\_\_\_\_  
 Cit: \_\_\_\_\_

CROSSWIND RESOURCES LLC  
 164 S WILLOW CREEK ST  
 CHANDLER, AZ, 85225  
 81363-0135 So.Comfort/JLB


PS Form 3800, April 2015 PSN 7530-02-000-9047 SEE REVERSE FOR INSTRUCTIONS

7017 2400 0000 5766 7767

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>R V O</b></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>DAVID WINGO 7027 S GOLFSIDE LN PHOENIX AZ, 85042 81363-0135 So.Comfort/JLB</p> <p>9590 9402 3705 7335 0179 60</p>	<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <b>6/15</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>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 5766 7774</p>	<p>3. Service Type</p> <p><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</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Restricted Delivery</p>

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

**USPS TRACKING #**



9590 9402 3705 7335 0179 60

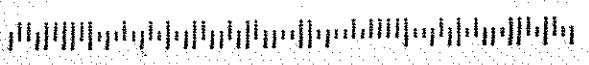
United States Postal Service

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USPS  
Permit No. G-10

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JUN 19 2018

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Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103**



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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 **7.41**

Postmark Here

DAVID WINGO  
7027 S GOLFSIDE LN  
PHOENIX AZ, 85042  
81363-0135 So.Comfort/JLB

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

**SENDER: COMPLETE THIS SECTION**

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- 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:

ROEC INC  
PO BOX 490  
GRAND JUNCTION CO, 81502  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0196 81

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9426

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *W.E. Richards*

C. Date of Delivery: *6/14/18*

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

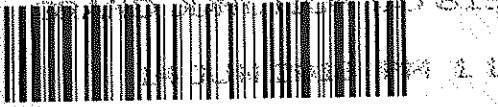
3. Service Type

<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 checked="" 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"/> 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	

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

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 3705 7335 0196 81

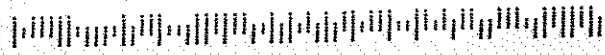
**United States Postal Service**

First-Class Mail  
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BY RECEIVER  
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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 \$ 7.41

Postmark Here

ROEC INC  
PO BOX 490  
GRAND JUNCTION CO, 81502  
81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 9426



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1. Article Addressed to:

STANDPIPE MOUNTAIN LTD  
 PO BOX 900  
 GRAHAM TX, 76450-0900  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0215 47

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3554

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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- Return Receipt (hardcopy) \$ \_\_\_\_\_
  - Return Receipt (electronic) \$ \_\_\_\_\_
  - Certified Mail Restricted Delivery \$ \_\_\_\_\_
  - Adult Signature Required \$ \_\_\_\_\_
  - Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here

Postage

Total Post

Sent To

Street and

City, State,

STANDPIPE MOUNTAIN LTD  
 PO BOX 900  
 GRAHAM TX, 76450-0900  
 81363-0135 So.Comfort/JLB

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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>1. Article Addressed to:</p> <p style="text-align: center;">THOMAS FAMILY LIMITED PARTNERS PO BOX 80123 PHOENIX AZ, 85060 81363-0135 So.Comfort/JLB</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2400 0000 5766 3752</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          J. THOMAS</p> <p>C. Date of Delivery          JUN 13 2018</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <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 checked="" 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 (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 checked="" 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 (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 checked="" 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 (500)																	

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

**USPS TRACKING #**

9590 9402 3705 7335 0202 29

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box.

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87103**

RECEIVED

JUN 19 2018

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


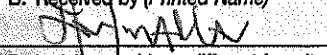
For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ _____	Postmark Here  2018
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 P \$ <b>7.41</b>	
Sent To THOMAS FAMILY LIMITED PARTNERS PO BOX 80123 PHOENIX AZ, 85060 81363-0135 So.Comfort/JLB	
Street _____	
City, S. _____	

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

7017 2400 0000 5766 3752

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   <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>Addressed to:</p> <p>TAP ROCK RESOURCES LLC          602 PARK POINT DRIVE          GOLDEN CO, 80401          81363-0135 So.Comfort/JLB</p>	<p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery          6/19/18</p>
<p>Barcode</p> <p>9590 9402 3705 7335 0215 85</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>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 5766 3493</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 checked="" 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"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail Restricted Delivery</p>

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

USPS TRACKING #

9590 9402 3705 7335 0215 85

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87103**

RECEIVED  
 JUN 19 2018

06/19

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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 P&H \$ **7.41**

Sent To

Street address

City, State

TAP ROCK RESOURCES LLC  
 602 PARK POINT DRIVE  
 GOLDEN CO, 80401  
 81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 3493

**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:

VALORIE F WALKER  
 PO BOX 102256  
 ANCHORAGE AK, 99510-2256  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0202 12

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3745

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *J Walker*  Agent  Addressee

B. Received by (Printed Name) *J. Walker* C. Date of Delivery *6/13/18*

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - 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

**USPS TRACKING#**



9590 9402 3705 7335 0202 12



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

RECEIVED  
 JUN 19 2018

7017 2400 0000 5766 3745

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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 P \$

7.41

Sent To

Street

City, S

VALORIE F WALKER  
 PO BOX 102256  
 ANCHORAGE AK, 99510-2256  
 81363-0135 So.Comfort/JLB

**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:

ZEUS PETROLEUM INC  
PO BOX 458  
BELLAIRE TX, 77402-0458  
81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0201 75

2. Article Number (transfer from service label)

7017 2400 0000 5766 3707

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)

*H B Young*

C. Date of Delivery

*6/13/18*

D. Is delivery address different from item

If YES, enter delivery address below:

Yes

No

3. Service Type

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

Domestic Return Receipt

USPS TRACKING #  
N HOUSTON  
9590 9402 3705 7335 0201 75



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box. •

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
P.O. Box 2168  
Albuquerque, NM 87103

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JUN 13 2018

9590-2168000



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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	\$	

Postmark  
Here

Postage

Total Postage  
\$ *7.41*

Sent To

Street and Apt

City, State, Zip

ZEUS PETROLEUM INC  
PO BOX 458  
BELLAIRE TX, 77402-0458  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 3707

**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. WT BOYLE AND COMPANY  
PO BOX 1240  
GRAHAM TX, 76450  
81363-0135 So.Comfort/JLB



2. Article Number (Transfer from service label)  
7017 2400 0000 5766 3714

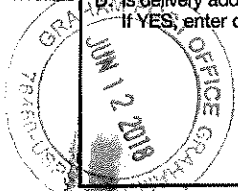
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[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
- |  |   |
|--|---|
| <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 checked="" 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                            |   |



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

**USPS TRACKING #**

9590 9402 3705 7335 0201 82

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box \*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87103**

JUN 13 2015  
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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 F \$ <b>7.41</b> Sent To _____ Street _____ City, S _____	Postmark Here <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">WT BOYLE AND COMPANY PO BOX 1240 GRAHAM TX, 76450 81363-0135 So.Comfort/JLB</p> </div>
---	---

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

7017 2400 0000 5766 3714

**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.

WILLIAM N HEISS PROFIT SHARING PLAN  
 PO BOX 2680  
 CASPER WY, 82602-2680  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0202 05

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3738

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*David V Christensen*

C. Date of Delivery

*6-14-18*

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

3. Service Type

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

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0202 05

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 13 2018

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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 \$ 7.41

WILLIAM N HEISS PROFIT SHARING PLAN  
 PO BOX 2680  
 CASPER WY, 82602-2680  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 3738



**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  Agent  Addressee  
*Ken Kays*

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

1. Article Addressed to:  
 STRATA PRODUCTION  
 200 WEST 1ST STREET STE 700  
 ROSWELL NM. 88203  
 81363-0135 So.Comfort/JLB

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

ROSWELL  
 JUN 13 2018  
 10 23



2. Article Number (Transfer from service label)  
 7017 2400 0000 5766 3530

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 checked="" 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"/> Mail Restricted Delivery	

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

**USPS TRACKING #**

9590 9402 3705 7335 0215 61

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 13 2018

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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 Pgs	\$	
Sent To	\$ <b>7.41</b>	
Street an	STRATA PRODUCTION	
City, Stat	200 WEST 1ST STREET STE 700	
	ROSWELL NM, 88203	
	81363-0135 So.Comfort/JLB	

PS Form 3800, April 2015 PSN 7530-02-000-3047 See Reverse for Instructions

7017 2400 0000 5766 3530

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  <input checked="" type="checkbox"/> <i>Lila Clarke</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>LILA CLARKE</i></p> <p>C. Date of Delivery  <i>6/13/18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">STOVALL ENERGY LTD          PO BOX 10          GRAHAM TX, 76450          81363-0135 So.Comfort/JLB</p>  <p style="text-align: center;">9590 9402 3705 7335 0215 54</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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> </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 checked="" 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"/> 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 checked="" 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												
<p>2. Article Number (Transfer from service label)  <b>7017 2400 0000 5766 3547</b></p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>												

**USPS TRACKING#**



9590 9402 3705 7335 0215 54

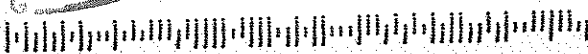
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

RECEIVED JUN 13 2018



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OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table border="0"> <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 Pct \$ <b>7.41</b></p> <p>Sent To _____</p> <p>Street a _____</p> <p>City, St _____</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 style="text-align: center;">STOVALL ENERGY LTD          PO BOX 10          GRAHAM TX, 76450          81363-0135 So.Comfort/JLB</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	\$ _____										

7017 2400 0000 5766 3547

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:

RCB INVESTMENTS  
4059 LATIGO LANE  
ROSWELL, NM, 88201  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0195 99

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9518

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

**COMPLETE THIS SECTION ON DELIVERY**

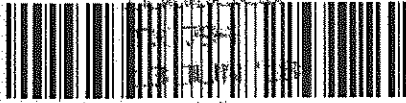
- A. Signature  Agent  Addressee  
 X *Kurt Gass*  
 B. Received by (Printed Name) *Kurt Gass* C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:



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 checked="" 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"/> Registered Mail Restricted Delivery (\$500) |   |

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 3705 7335 0195 99

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103**

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JUN 13 2018

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

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**OFFICIAL USE**

7017 2400 0000 5766 9518

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	\$

Postmark Here  
JUN 13 2018

Postage

\$

Total

7.41

\$ Sent

Street

City, State, ZIP+4

RCB INVESTMENTS  
4059 LATIGO LANE  
ROSWELL, NM, 88201  
81363-0135 So.Comfort/JLB

**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:

PJ GUY FAMILY TRUST  
10309 S 96TH EAST PLACE  
TULSA OK, 74133  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0195 82

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9525

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

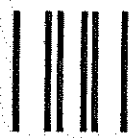
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0195 82



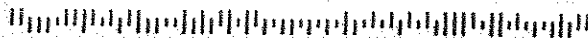
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Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

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Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103

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JUN 13 2018



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OFFICIAL USE

7017 2400 0000 5766 9525

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

\$

Sent

Street

City

State

ZIP+4

PS Form

7530-02-000-9047

7.41

PJ GUY FAMILY TRUST  
10309 S 96TH EAST PLACE  
TULSA OK, 74133  
81363-0135 So.Comfort/JLB

Postmark  
Here

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:

OCCIDENTAL PERMIAN LTD  
 PO BOX 100725  
 ATLANTA GA, 30384-0725  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0195 13

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9594

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Rodney Richards Jr

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

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0195 13



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Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

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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

OCCIDENTAL PERMIAN LTD  
 PO BOX 100725  
 ATLANTA GA, 30384-0725  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 9594

**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:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 6/11/18

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

MARKS OIL INC  
 1775 SHERMAN ST STE 2990  
 DENVER CO, 80203-4324  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0181 65

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 type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8085

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0181 65

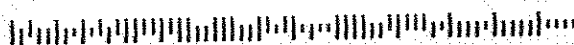
First-Class Mail  
 Postage & Fees Paid  
 USPS  
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United States  
 Postal Service

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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	\$ _____

Postmark  
 Here

7017 2400 0000 5766 8085

MARKS OIL INC  
 1775 SHERMAN ST STE 2990  
 DENVER CO, 80203-4324  
 81363-0135 So.Comfort/JLB

City, State, ZIP+4®

**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:

MITCHELL EXPLORATION INC  
6212 HOMESTEAD BLVD  
MIDLAND TX, 79707  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8061

A. Signature  
 *J. L. Bradfute*  Agent  
 Addressee

B. Received by (Printed Name)  
 STEPHAN T. MITCHELL

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
  - Registered 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

**USPS TRACKING #**



9590 9402 3705 7335 0181 89

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

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7017 2400 0000 5766 8061

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

7.41

\$ \_\_\_\_\_

Total

\$ \_\_\_\_\_

Sent

Street

City

MITCHELL EXPLORATION INC  
6212 HOMESTEAD BLVD  
MIDLAND TX, 79707  
81363-0135 So.Comfort/JLB

**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:

LANELL JOY HONEYMAN TTE  
 406 SKYWOOD CIRCLE  
 MIDLAND TX, 79705  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0183 63

2. Article Number (Transfer from service label)

PS 7017 2400 0000 5766 7897  
 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Janell Honeyman*  Agent/  
 Addressee

B. Received by (Printed Name)

*Janell Honeyman*

C. Date of Delivery

*6/19/18*

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

3. Service Type

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

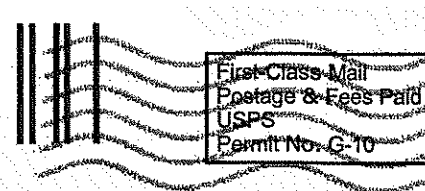
PS

Domestic Return Receipt

USPS TRACKING #



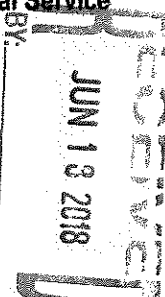
9590 9402 3705 7335 0183 63



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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 \$ \_\_\_\_\_

JUN  
 Postmark  
 Here  
 2018

Pc

*741*  
 LANELL JOY HONEYMAN TTE  
 406 SKYWOOD CIRCLE  
 MIDLAND TX, 79705  
 81363-0135 So.Comfort/JLB

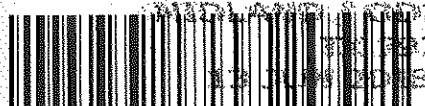
7017 2400 0000 5766 7897



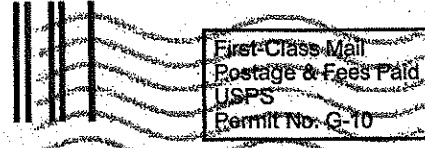
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Barbara Reid</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
1. Article Addressed to:	B. Received by (Printed Name) <i>Barbara Reid</i>	C. Date of Delivery <i>6/13/18</i>												
<p>LHAH PROPERTIES LLC 415 W WALL STE 1500 MIDLAND TX, 79701 81363-0135 So.Comfort/JLB</p> <p>9590 9402 3705 7335 0183 94</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>													
2. Article Number (Transfer from service label) <b>7017 2400 0000 5766 7866</b>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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> </table> <p>Mail Mail Restricted Delivery (0)</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 checked="" 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"/> 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 checked="" 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													

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

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<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>Postmark Here</p>
--	----------------------

Postage *741*

LHAH PROPERTIES LLC  
415 W WALL STE 1500  
MIDLAND TX, 79701  
81363-0135 So.Comfort/JLB

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:

JARVIS J SLADE AND WIFE  
 444 EAST 52ND STREET  
 NEW YORK NY, 10022  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0181 41

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7668

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/12/18

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
- Restricted Delivery

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

**USPS TRACKING #**

9590 9402 3705 7335 0181 41



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 Postage & Fees Paid  
 USPS  
 Permit No. G-10

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 P.O. Box 2168  
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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 \$ \_\_\_\_\_

Postmark Here

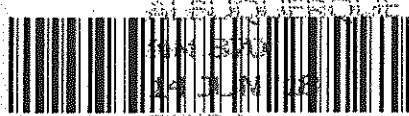

JARVIS J SLADE AND WIFE  
 444 EAST 52ND STREET  
 NEW YORK NY, 10022  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 7668

Postmark Here  
 \$ Total 7.41  
 \$ Sent  
 Street  
 City, State, ZIP+4®

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  <input checked="" type="checkbox"/> <i>Jennifer L. Bradfute</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name)      C. Date of Delivery  <i>Jennifer L. Bradfute</i>      6-14-18</p>
<p>HUTCHINGS OIL COMPANY          PO BOX 1216          ALBUQUERQUE NM, 87103          81363-0135 So.Comfort/JLB</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>9590 9402 3705 7335 0184 17</p>	<p>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 checked="" 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</p>
<p>2. Article Number (Transfer from service label)          7017 2400 0000 5766 7842</p>	<p>Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

**USPS TRACKING #**

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

9590 9402 3705 7335 0184 17

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 15 2018

9590 9402 3705 7335 0184 17

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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 \$ <u>2.41</u>	

HUTCHINGS OIL COMPANY  
 PO BOX 1216  
 ALBUQUERQUE NM, 87103  
 81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 7842

**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:

H M BETTIS INC  
PO BOX 1240  
GRAHAM TX, 76450  
81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0198 10

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8443

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jar Lander*

Agent

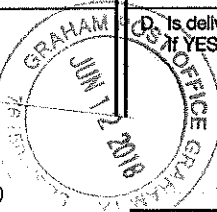
Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No



3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Mail Restricted Delivery (500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 3705 7335 0198 10

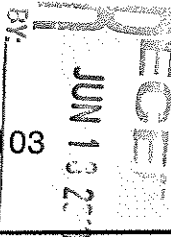


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103



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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

\$

Sent

Street

City

H M BETTIS INC  
PO BOX 1240  
GRAHAM TX, 76450  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 8443

**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:

GEO-FINANCE INC  
1157 SW 213TH AVE  
ALOHA OR, 97003  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0179 91

2. Article Number (Transfer from service label)  
7017 2400 0000 5766 7736

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Billie J. Michael*  Agent  Addressee

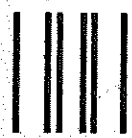
B. Received by (Printed Name) *BILLIE J MICHAEL* C. Date of Delivery *6/12/18*

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

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

Domestic Return Receipt

**USPS TRACKING #**  
9590 9402 3705 7335 0179 91



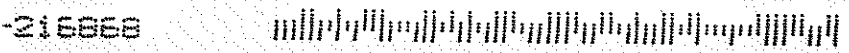
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

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Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103**

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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

GEO-FINANCE INC  
1157 SW 213TH AVE  
ALOHA OR, 97003  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 7736

**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:

GUINN FAMILY PROPERTIES L.P.  
PO BOX 1298  
GRAHAM TX, 76450  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0180 28

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7712

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)

*Ross Edwards*

C. Date of Delivery

*6/13/18*

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

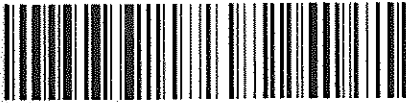
3. Service Type

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

iii Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0180 28

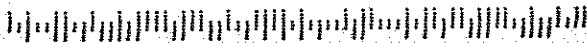
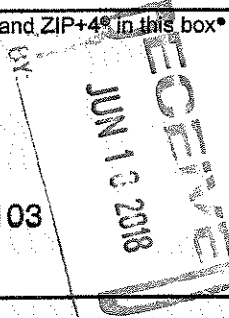


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USPS  
Permit No. G-10

United States  
Postal Service

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Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103



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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	\$ _____

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7.41

GUINN FAMILY PROPERTIES L.P.  
PO BOX 1298  
GRAHAM TX, 76450  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 7712

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  <input checked="" type="checkbox"/> <i>Carl Morgan</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name)  <i>Carl Morgan</i> <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery  <i>6/13/18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>CARL AND GWENETTA MORGAN          4062 US HWY 82          MAYHILL, NM, 88339          81363-0135 So.Comfort/JLB</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3381 7227 2759 15</p> <p>7017 2400 0001 1389 2232</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"/> All Restricted Delivery</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 checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

Domestic Return Receipt

**USPS TRACKING#**

9590 9402 3381 7227 2759 15

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

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**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

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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	\$ _____

Postmark Here

Post \$ \_\_\_\_\_

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

Sen \$ \_\_\_\_\_


Stre \_\_\_\_\_

City \_\_\_\_\_

CARL AND GWENETTA MORGAN  
 4062 US HWY 82  
 MAYHILL, NM, 88339  
 81363-0135 So.Comfort/JLB


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

7017 2400 0001 1389 2232

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  <input checked="" type="checkbox"/> Addressee  <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name)  Candice Dellenev</p> <p>C. Date of Delivery  6/12/18</p>
<p>1. Article Addressed to:</p> <p>CANDICE AND DEAN DELLENEY  3643 CANYON CREEK CIRCLE  TYLER TX, 75707  81363-0135 So.Comfort/JLB</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>
 9590 9402 3705 7335 0199 02	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input checked="" type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>
<p>2. Article Number (Transfer from service label)</p> 7017 2400 0000 5766 8351	<p>3. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p>

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

**USPS TRACKING #**

  
9590 9402 3705 7335 0199 02

**United States Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
P.O. Box 2168  
Albuquerque, NM 87103

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JUN 12 2018

JUN 13 2018

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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"/> A		
<input type="checkbox"/> A		
Postage	\$	7.41
Total	\$	
Sent		

Postmark Here


CANDICE AND DEAN DELLENEY  
3643 CANYON CREEK CIRCLE  
TYLER TX, 75707  
81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 8351



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   <input type="checkbox"/> Agent Addressee</p> <p>B. Received by (Printed Name)            Billie J. Michaud</p> <p>C. Date of Delivery            6/2/18</p>																
<p>1. Article Addressed to:</p> <p>BILLIE J MICHAUD TRUSTEE            1157 SW 213TH AVE            ALOHA OR, 97006            81363-0135 So.Comfort/JLB</p> <p>9590 9402 3705 7335 0198 89</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 5766 8375</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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"/> Registered Mail Restricted Delivery (r \$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 checked="" 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"/> Registered Mail Restricted Delivery (r \$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 checked="" 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"/> Registered Mail Restricted Delivery (r \$500)																	

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

**USPS TRACKING #**

9590 9402 3705 7335 0198 89

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United States Postal Service

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**Modrall Law Firm**  
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 Albuquerque, NM 87103

JUN 13 2018

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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	\$	7.41
Total	\$	
Seni	\$	
Stre	\$	
City		

Postmark Here

BILLIE J MICHAUD TRUSTEE  
 1157 SW 213TH AVE  
 ALOHA OR, 97006  
 81363-0135 So.Comfort/JLB

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:

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee
- [Signature]*
- B. Received by (Printed Name) *Graciela Sosa* C. Date of Delivery *6/10/18*
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

INNOVENTIONS INC  
PO BOX 40  
CEDAR CREST NM, 87008-0040  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0184 24

1. 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

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7835

Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0184 24

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103

JUN 11 2018

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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 \$

11/3

Postmark Here

INNOVENTIONS INC  
PO BOX 40  
CEDAR CREST NM, 87008-0040  
81363-0135 So.Comfort/JLB

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

7017 2400 0000 5766 7835

**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:

KIP PURCELL  
 1820 CALLE DEL VISTA NW  
 ALBUQUERQUE NM, 87105  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0183 49

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7910

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Georgina O Will*

- Agent
- Addressee

B. Received by (Printed Name)

*Georgina O Will*

C. Date of Delivery

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

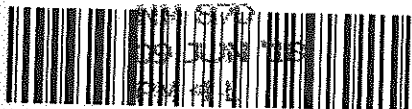
3. Service Type

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

Restricted Delivery

Domestic Return Receipt

USPS TRACKING®



9590 9402 3705 7335 0183 49



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

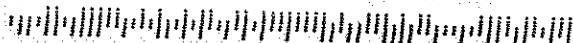
United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

RECEIVED  
 JUN 11 2018

9590 9402 3705 7335 0183 49



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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	\$	

Postmark  
 Here

JUN 11 2018

Postage

\$ Tot 7.4

KIP PURCELL  
 1820 CALLE DEL VISTA NW  
 ALBUQUERQUE NM, 87105  
 81363-0135 So.Comfort/JLB

\$ Ser

Str

City

0662 9625 0000 0046 2107

**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:

PAISANO PARTNERS  
 3419 WESTMINISTER 313  
 DALLAS TX, 75205  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0195 44

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9563

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** M. Alving

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery  
6/11/18

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

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0195 44

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

RECEIVED  
 JUN 14 2018

9590 9402 3705 7335 0195 44

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 \$ \_\_\_\_\_

Postmark  
Here

Postage

\$ 7.41

Total

\$

Serial

Street

City

PAISANO PARTNERS  
 3419 WESTMINISTER 313  
 DALLAS TX, 75205  
 81363-0135 So.Comfort/JLB

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

See Reverse for Instructions

7017 2400 0000 5766 9563

**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:

MARK L SHIDLER  
1313 CAMPBELL RD STE D  
HOUSTON TX, 77055-6429  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0179 08

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8092

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Shuela Penisson*  Agent  
 Addressee

B. Received by (Printed Name)

*Shuela Penisson*

C. Date of Delivery

*6-11-18*

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

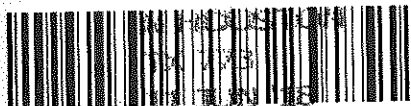
3. Service Type

- 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

Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0179 08



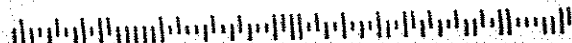
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

JUN 14 2018

Sender: Please print your name, address, and ZIP+4® in this box\*

Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103



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**OFFICIAL USE**

7017 2400 0000 5766 8092

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	\$

Postmark  
Here

*2018*

Postage  
\$ *7.41*

Total

Sent

Street

City, State

MARK L SHIDLER  
1313 CAMPBELL RD STE D  
HOUSTON TX, 77055-6429  
81363-0135 So.Comfort/JLB

**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:

OGI INC  
841 HERSCH AVE  
PAGOSA SPRINGS CO, 81147-9625  
81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0195 20

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9587

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jennifer L. Bradfute*  
 B. Received by (Printed Name)  
 JLB

- Agent  
 Addressee

C. Date of Delivery

6/11/18

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0195 20

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

JENNIFER L. BRADFUTE  
 MODRALL LAW FIRM  
 P.O. BOX 2168  
 ALBUQUERQUE, NM 87103

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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

\$

Sent

Street

City

State

ZIP+4

Postmark Here

OGI INC  
841 HERSCH AVE  
PAGOSA SPRINGS CO, 81147-9625  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 9587

**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  Agent  Addressee  
 X *Jennifer L. Bradfute*

1. Article Addressed to:

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *6-11*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

BF ENERGY LLC  
 3504 E CLAREMONT AVE  
 PARADISE VALLEY AZ, 85253  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0198 72

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8382

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

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

Domestic Return Receipt

USPS TRACKING#

9590 9402 3705 7335 0198 72



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

*JUN 14 2015*

**Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103**

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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 *7.41*

BF ENERGY LLC  
 3504 E CLAREMONT AVE  
 PARADISE VALLEY AZ, 85253  
 81363-0135 So.Comfort/JLB

2989 9402 3705 7335 0198 72

**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:

PETER BALOG TRUSTEE OF THE BAI  
 25812 SOUTH DANFORD DRIVE  
 SUN LAKE AZ. 85248  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0195 68

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9549

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Peter Balog*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

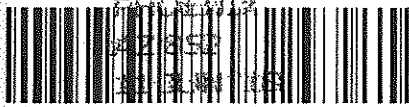
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- 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

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 3705 7335 0195 68

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 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States Postal Service**

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 P.O. Box 2168  
 Albuquerque, NM 87103

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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 \$ \_\_\_\_\_
  - A \_\_\_\_\_ Restricted Delivery \$ \_\_\_\_\_

Postmark Here

Post

\$ \_\_\_\_\_

Total

\$ 7.41

City

State

ZIP+4®

City, State, ZIP+4®

PETER BALOG TRUSTEE OF THE BAI  
 25812 SOUTH DANFORD DRIVE  
 SUN LAKE AZ, 85248  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 9549



**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:

SUSAN S MURPHY TTE SUSAN S MURPHY  
 PO BOX 2484  
 ROSWELL, NM, 88202-2164  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0215 78

2. Article Number (Transfer from service label)  
 7017 2400 0000 5766 3523

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Cheri Kasper*  Agent  Addressee

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

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

12  
 2018  
 USPS 88201

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 type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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"/> Mail Restricted Delivery	

Domestic Return Receipt



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

**JENNIFER L. BRADFUTE**  
**MODRAIL LAW FIRM**  
**P.O. Box 2168**  
**ALBUQUERQUE, NM 87103**

60

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**OFFICIAL USE**

7017 2400 0000 5766 3523

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 \$ **7.41**

Postmark  
 Here

Sent To  
 Street and  
 City, State

SUSAN S MURPHY TTE SUSAN S MURPHY  
 PO BOX 2484  
 ROSWELL, NM, 88202-2164  
 81363-0135 So.Comfort/JLB

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  <input checked="" type="checkbox"/> <i>J. Williams</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>J. Williams</i></p> <p>C. Date of Delivery  </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>	
<p>1. Article Addressed to</p> <p>SLASH FOUR ENTERPRISES INC          PO BOX 1433          ROSWELL, NM, 88202-1433          81363-0135 So.Comfort/JLB</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 checked="" 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"/> Mail Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 5766 3899</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

**USPS TRACKING#**

9590 9402 3705 7335 0215 30

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

9590 9402 3705 7335 0215 30

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**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
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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 Paid \$ **7.41**

Sent To SLASH FOUR ENTERPRISES INC  
 PO BOX 1433  
 ROSWELL, NM, 88202-1433  
 81363-0135 So.Comfort/JLB

Street a  
 City, Sta

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

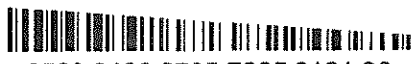
7017 2400 0000 5766 3899

**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:

MONARCH OIL AND GAS INC  
 PO BOX 1473  
 ROSWELL, NM, 88202  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0181 96

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8054

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Beth Trujillo*

- Agent
- Addressee

B. Received by (Printed Name)  
Beth Trujillo

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

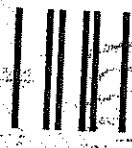
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0181 96



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

RECEIVED JUN 14 2010

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**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87103**

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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	\$
<b>Total</b>	\$ <b>7.41</b>

Postmark Here

MONARCH OIL AND GAS INC  
 PO BOX 1473  
 ROSWELL, NM, 88202  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 8054

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

Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<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  <input checked="" type="checkbox"/> <i>Jennifer L. Bradfute</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>SCOTT EXPLORATION          PO BOX 1834          ROSWELL, NM, 88202-1834          81363-0135 So.Comfort/JLB</p>		<p>B. Received by (Printed Name)  <i>Sharon Scott</i></p> <p>C. Date of Delivery  <i>6/14/2016</i></p>	
<p>2. Article Number (Transfer from PS Form 3811, July 2015 PSN 7530-02-000-9053)</p> <p>7017 2400 0000 5766 3912</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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><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"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



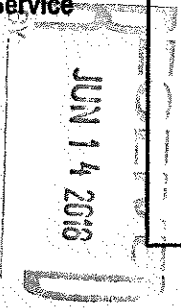
9590 9402 3705 7335 0215 16



9590 9402 3705 7335 0215 16

United States Postal Service

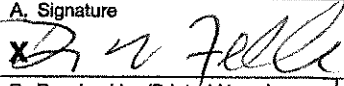

• Sender: Please print your name, address, and ZIP+4® in this box•



**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
<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 Post \$ <u>7.41</u></p> <p>Sent To _____</p> <p>Street and _____</p> <p>City, State _____</p>	<p>Postmark Here</p> <p>SCOTT EXPLORATION          PO BOX 1834          ROSWELL, NM, 88202-1834          81363-0135 So.Comfort/JLB</p>
PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions	

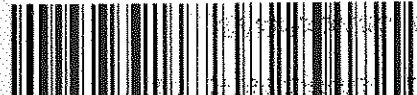
7017 2400 0000 5766 3912

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>B. Received by (Printed Name)</p> <p>C. Date of Delivery          7/11/15</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">CENTENNIAL LLC          PO BOX 1837          ROSWELL, NM, 88202-1837          81363-0135 So.Comfort/JLB</p> <p style="text-align: center;">9590 9402 3705 7335 0179 46</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;">  </div>														
<p>2. Article Number (Transfer from service label)          7017 2400 0000 5766 7781</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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"/> Restricted Delivery</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 checked="" 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"/> Restricted Delivery	
<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 checked="" 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"/> Restricted Delivery															

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

Domestic Return Receipt

**USPS TRACKING#**



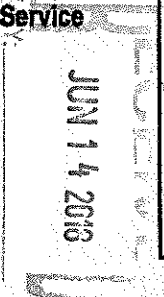
9590 9402 3705 7335 0179 46

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box\*

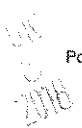
Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103



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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 \$ _____	

Pc \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_


7-41  
 CENTENNIAL LLC  
 PO BOX 1837  
 ROSWELL, NM, 88202-1837  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 7781

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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____  <i>Sharon S...</i></p>														
<p>Article Addressed to:</p> <p>WORRALL INVESTMENT CORPORATION          PO BOX 1834          ROSWELL, NM, 88202-1834          81363-0135 So.Comfort/JLB</p>  <p>9590 9402 3705 7335 0201 99</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 5766 3721</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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> </table> <p>Restricted Delivery</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 checked="" 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"/> 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 checked="" 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															

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

**USPS TRACKING#**



9590 9402 3705 7335 0201 99

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 USPS  
 Permit No. G-10

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**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87103**

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OFFICIAL USE

Certified Mail Fee \$ _____	JUN 8 2018 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 \$ <b>7.41</b>	
Sent to: <b>WORRALL INVESTMENT CORPORAT</b> PO BOX 1834 ROSWELL, NM, 88202-1834 81363-0135 So.Comfort/JLB	

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

7017 2400 0000 5766 3721

**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:

RICHARDSON MINERAL AND ROYALTY  
 LLC  
 PO BOX 2423  
 ROSWELL NM, 88202-2423  
 81363-0135 So.Comfort/JLB  
 9590 9402 3705 7335 0196 43

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9464

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

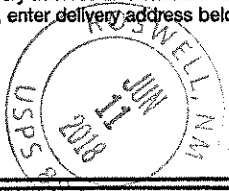
**X** *Michael S Richardson*  Agent  Addressee

B. Received by (Printed Name)

*Michael S Richardson*

C. Date of Delivery

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

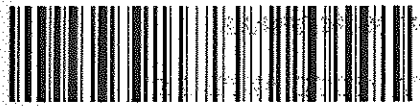


3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- 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

Domestic Return Receipt

**USPS TRACKING #**



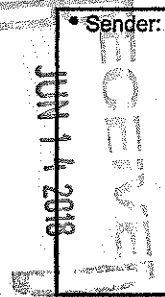
9590 9402 3705 7335 0196 43



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 Pe

United States  
 Postal Service

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 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

7017 2400 0000 5766 9464

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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	\$

Postmark  
 Here

Postage

To: RICHARDSON MINERAL AND ROYA  
 LLC  
 PO BOX 2423  
 ROSWELL NM, 88202-2423  
 81363-0135 So.Comfort/JLB  
 \$ 7.41

**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 ADELSON AND  
 15 EAST 5TH ST STE 3300  
 TULSA OK, 74103  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0181 27

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7682

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *plskidmore*

- Agent
- Addressee

B. Received by (Printed Name) *Plskidmore* C. Date of Delivery *6-11-18*

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

3. Service Type

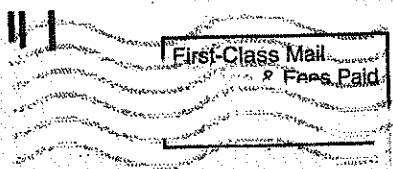
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise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

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 3705 7335 0181 27



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**Modrall Law Firm**  
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 Albuquerque, NM 87103

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7017 2400 0000 5766 7682

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 P \$ *7.41*

Sent 1 \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP+4™ \_\_\_\_\_

JAMES ADELSON AND  
 15 EAST 5TH ST STE 3300  
 TULSA OK, 74103  
 81363-0135 So.Comfort/JLB



**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:

LEVI OIL AND GAS LLC  
PO BOX 568  
ARTESIA NM, 88211  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0183 87

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7873

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
*John P. Hammott*  Addressee
- B. Received by (Printed Name)  Yes  
*John P. Hammott*  No
- C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0183 87

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USPS  
Permit No. G-10

United States  
Postal Service

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JUN 14 2018

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Albuquerque, NM 87103

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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 \$

JUN 15 2018  
Postmark Here

7017 2400 0000 5766 7873

LEVI OIL AND GAS LLC  
PO BOX 568  
ARTESIA NM, 88211  
81363-0135 So.Comfort/JLB

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

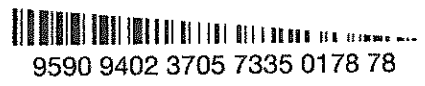
See Reverse for Instructions

**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:

LONG LLC  
 215 SOUTH STATE STREET STE 100  
 SALT LAKE CITY UT, 84111  
 81363-0135 So.Comfort/JLB




9590 9402 3705 7335 0178 78

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8139

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 6/11/18

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

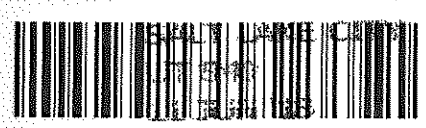
3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery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

Restricted Delivery

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

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0178 78

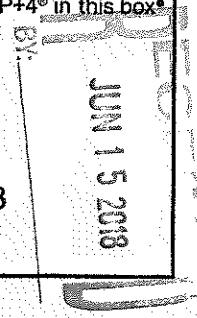
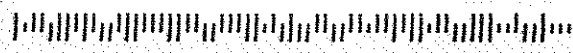
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 Modrall Law Firm  
 P.O. Box 2168  
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Certified Mail Fee \$ \_\_\_\_\_

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

- Return Receipt (hardcopy) \$ \_\_\_\_\_
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature \$ \_\_\_\_\_

Postmark Here



Postage \$ 7.41

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

LONG LLC  
 215 SOUTH STATE STREET STE 10  
 SALT LAKE CITY UT, 84111  
 81363-0135 So.Comfort/JLB

Sent To \_\_\_\_\_

Street \_\_\_\_\_



City, State, ZIP+4® \_\_\_\_\_

7017 2400 0000 5766 8139

<b>SENDER: COMPLETE THIS SECTION</b> <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>	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>S Sharon Seal</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Sharon Seal</i> C. Date of Delivery <i>2/15/10</i> <input type="checkbox"/> Yes <input type="checkbox"/> No D. Is delivery address different from item label? If YES, enter delivery address below: 
1. Article Addressed to:  REALTIMEZONE II LLC PO BOX 1834 ROSWELL, NM, 88202 81363-0135 So.Comfort/JLB  9590 9402 3705 7335 0196 05  2. Article Number (Transfer from service label) 7017 2400 0000 5766 9501	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"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

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

**USPS TRACKING #**

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 USPS  
 Permit No. G-10

9590 9402 3705 7335 0196 05

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Jennifer Bradford  
 Medical Law Firm  
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 Albuquerque, NM 87103

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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 \$ **7.41**

Per

Str

Cit

REALTIMEZONE II LLC  
 PO BOX 1834  
 ROSWELL, NM, 88202  
 81363-0135 So.Comfort/JLB

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:

BANE BIGBIE  
 PO BOX 998  
 ARDMORE, OK, 73402  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0198 58

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8405

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

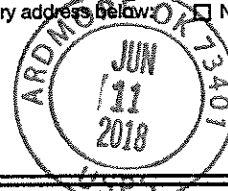
- Agent
- Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

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

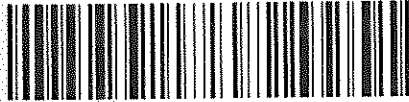


3. Service Type

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0198 58

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 15 2018  
 RECEIVED

**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

BANE BIGBIE  
 PO BOX 998  
 ARDMORE OK, 73402  
 81363-0135 So.Comfort/JLB

City, State, ZIP+4®

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

See Reverse for Instructions

7017 2400 0000 5766 8405

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  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            C. Date of Delivery</p>
<p>1. Article Addressed to:</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>

IRIS CAMILLE JACKSON-MENEFE  
 520 WEST MAIN ST  
 ARTESIA NM, 88210  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0184 31


2. Article Number (Transfer from service label)  
 7017 2400 0000 5766 7828

Service Type


<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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"/> Mail Restricted Delivery	

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

**USPS TRACKING #**



9590 9402 3705 7335 0184 31



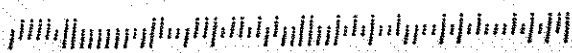
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box •

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 15 2018



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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		
\$ To	741	
\$ Se		
Sir		
City		

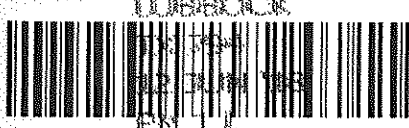
IRIS CAMILLE JACKSON-MENEFE  
 520 WEST MAIN ST  
 ARTESIA NM, 88210  
 81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 7828

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  <input checked="" type="checkbox"/> <i>Robin L Morgan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">ROBIN L MORGAN          135 W COTTONWOOD ROAD          ARTESIA NM, 88210          81363-0135 So.Comfort/JLB</p>	<p>B. Received by (Printed Name) <i>Robin Morgan</i> C. Date of Delivery <i>6/1/18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>9590 9402 3705 7335 0196 74</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Registered Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input checked="" type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>
<p>2. Article Number (Transfer from service label)          7017 2400 0000 5766 9433</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>

**USPS TRACKING#**



9590 9402 3705 7335 0196 74

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States Postal Service**

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**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 15 2018

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OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</li> <li><input type="checkbox"/> Return Receipt (electronic) \$ _____</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</li> <li><input type="checkbox"/> Adult Signature Required \$ _____</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</li> </ul> <p>Postage \$ _____</p>	<p>Postmark Here</p>
---	----------------------

7.41

ROBIN L MORGAN  
 135 W COTTONWOOD ROAD  
 ARTESIA NM, 88210  
 81363-0135 So.Comfort/JLB

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 2400 0000 5766 9433

**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:

MURPHY PETROLEUM CORPORATION  
 PO BOX 2485  
 ROSWELL, NM, 88202-2545  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0182 02

A. Signature  
 X *Cheri Kees*  Agent  Addressee

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

C. Date of Delivery  
 JUN 12 2018  
 USPS 88201

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

2. Article Number (Transfer from service label)  
 7017 2400 0000 5766 8047

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

**USPS TRACKING #**

9590 9402 3705 7335 0182 02

**United States Postal Service**

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

JUN 15 2018

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**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

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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

741

MURPHY PETROLEUM CORPORATION  
 PO BOX 2485  
 ROSWELL, NM, 88202-2545  
 81363-0135 So.Comfort/JLB

PS Form 3800, April 2015 PSN 7530-02-000-6047 | See Reverse for Instructions

7017 2400 0000 5766 8047

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Chen Poyes</u></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MARK B MURPHY TTE MARK B MURPHY PO BOX 2484 ROSWELL NM. 88202-2164 81363-0135 So.Comfort/JLB</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 checked="" 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 <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 5766 8108</p>	



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

**USPS TRACKING#**

9590 9402 3705 7335 0178 92

**United States Postal Service**

**First-Class Mail**  
Postage & Fees Paid  
USPS  
Permit No. G-10

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
P.O. Box 2168  
Albuquerque, NM 87103

JUN 15 2018

7103+2168

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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

7611

MARK B MURPHY TTE MARK B MUR  
PO BOX 2484  
ROSWELL NM, 88202-2164  
81363-0135 So.Comfort/JLB

PS Form 3800, April 2015 PSN 7530-02-000-6047 See Reverse for Instructions

7017 2400 0000 5766 8108



**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:

ROBIN K SHACKELFORD  
108 PARADISE CANYON  
RUIDOSO NM, 88201  
81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0196 67

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9440

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Dottie Edwards*  Agent  Addressee

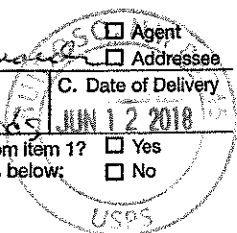
B. Received by (Printed Name)

*Dottie Edwards*

C. Date of Delivery

JUN 12 2018

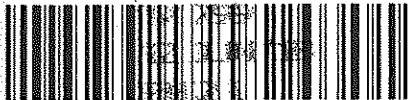
D. Is delivery address different from Item 1?  Yes  
If YES, enter delivery address below:  No



3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - 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

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 3705 7335 0196 67



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Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

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Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103

JUN 15 2018  
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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	\$

Postmark  
Here

Postage

\$

Total

\$

Service

\$

Postage

\$

Other

\$

Total

\$

7.41

ROBIN K SHACKELFORD  
108 PARADISE CANYON  
RUIDOSO NM, 88201  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 9440

**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 E DONNELLAN  
PO BOX 1433  
CHICKASHA OK, 73023  
81363 0135 So.Comfort/JLB

9590 9402 3700

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7927

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Gina L. Crosby*  Agent  
 Addressee

B. Received by (Printed Name)

*Gina L. Crosby*

C. Date of Delivery

*6-11-18*

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

*Return Receipt for Merchandise*

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:

JOHN E DONNELLAN  
PO BOX 1433  
CHICKASHA OK, 73023  
81363 0135 So.Comfort/JLB

9590 9402 3700

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7927

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Gina L. Crosby*  Agent  
 Addressee

B. Received by (Printed Name)

*Gina L. Crosby*

C. Date of Delivery

*6-11-18*

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

*Return Receipt for Merchandise*

Domestic Return 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

Pos

\$

Tot

\$

Se

\$

St

City, State, ZIP+4

JOHN E DONNELLAN  
PO BOX 1433  
CHICKASHA OK, 73023  
81363-0135 So.Comfort/JLB

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

7017 2400 0000 5766 7927

**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:

BB MANAGEMENT LLC  
PO BOX 80735  
PHOENIX AZ, 85060  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0198 65

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8399

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

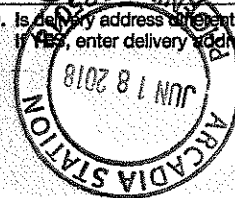
X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



3. Service Type

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

Mail Restricted Delivery (\$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0198 65

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

RECEIVED  
JUN 21 2018  
BY:

\* Sender: Please print your name, address, and ZIP+4® in this box\*

Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103

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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 Restricted Delivery \$ \_\_\_\_\_

Postmark  
Date

BB MANAGEMENT LLC  
PO BOX 80735  
PHOENIX AZ, 85060  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 8399

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-2047

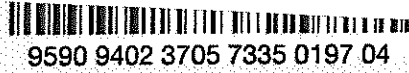
See Reverse for instructions

**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:

SAM L SHACKELFORD  
1096 MECHEM DRIVE SUITE G-16  
RUIDOSO NM, 88345  
81363-0135 So.Comfort/JLB



2. Article Number (Transfer from service label)

7017 2400 0000 5766 9402

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

**COMPLETE THIS SECTION ON DELIVERY**

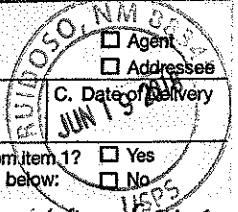
A. Signature

X

B. Received by (Printed Name)

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

SAM SHACKELFORD

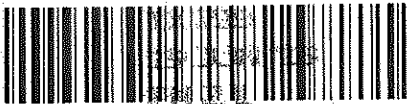


3. Service Type

- 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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0197 04

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

RECEIVED  
JUN 2 2018

• Sender: Please print your name, address, and ZIP+4® in this box•

Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103

**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 \$ \_\_\_\_\_

Postmark  
Here

Post

\$

Total

\$

Service

State

City

City

City

City

City

City

SAM L SHACKELFORD  
1096 MECHEM DRIVE SUITE G-16  
RUIDOSO NM, 88345  
81363-0135 So.Comfort/JLB

7.41

7017 2400 0000 5766 9402

**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:

FORTYNINER RIDGE LLC  
 12000 SANTA MONICA DR NE  
 ALBUQUERQUE NM, 87122  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0179 84

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7743

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

*Amythyst Williams*  Yes  
 No

C. Date of Delivery

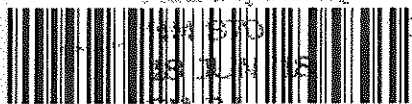
*6/18/18*

D. Is delivery address different from item 1?  Yes  No

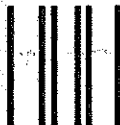
3. Service Type

- 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

USPS TRACKING#



9590 9402 3705 7335 0179 84

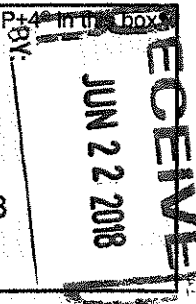


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 Permit No. G-10

United States Postal Service

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 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103



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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	\$	

*JUN 20 2018*  
 Postmark Here

Postage

\$ Tot

\$ Ser

\$ Str

\$ City

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FORTYNINER RIDGE LLC  
 12000 SANTA MONICA DR NE  
 ALBUQUERQUE NM, 87122  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 7743

**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:

GROSS FAMILY LIMITED PARTNERSHIP  
 PO BOX 358  
 ROSWELL NM, 88203  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0180 04

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7729

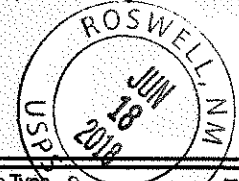
PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *D Coston*  Agent  Addressee

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

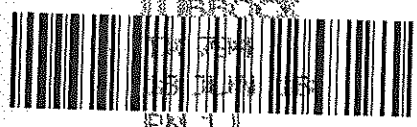
D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:



3. Service Type 88201
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Insured Mail
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0180 04

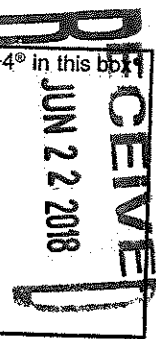


First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

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 Modrall Law Firm  
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 Albuquerque, NM 87103



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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	\$

Postmark Here



7017 2400 0000 5766 7729

Tot \$ **7.41**  
 Ser  
 Str  
 City

GROSS FAMILY LIMITED PARTNE  
 PO BOX 358  
 ROSWELL NM, 88203  
 81363-0135 So.Comfort/JLB

**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:

MARVIN C GROSS  
 210 SOUTH LEA  
 ROSWELL NM, 88202  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0181 72

2. Article Number (Transfer from service label)

7017 2400 0000 5766 8078

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

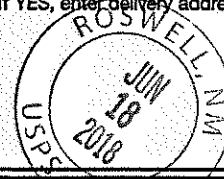
**X** *Diane Boston*  Agent  
 Addressee

B. Received by (Printed Name)

*D BOSTON*

C. Date of Delivery

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



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery (1)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

First-Class Mail  
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 Permit No. G-10



United States Postal Service

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 Albuquerque, NM 87103



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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 \$ 7.41

To: MARVIN C GROSS  
 210 SOUTH LEA  
 ROSWELL NM, 88202  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 8078

**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:

JIM WHITEHEAD OIL AND GAS LLC  
 P O BOX 80735  
 PHOENIX AZ, 85060  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0183 18

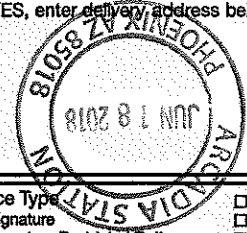
2. Article Number (Transfer from service label)

7017 2400 0000 5766 7934

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

**COMPLETE THIS SECTION ON DELIVERY**

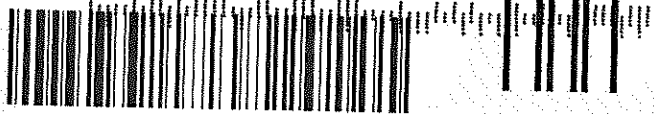
- A. Signature  Agent  
 Address
- B. Received by (Printed Name) JL
- C. Date of Delivery JUN 18 2018
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Mail Restricted Delivery (00)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0183 18

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**United States  
 Postal Service**

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 P.O. Box 2168  
 Albuquerque, NM 87103

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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 \$ \_\_\_\_\_

Postmark Here

Postage \$ 7.41

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

Sent To \_\_\_\_\_

Street and \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

JIM WHITEHEAD OIL AND GAS LL  
 P O BOX 80735  
 PHOENIX AZ, 85060  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 7934



**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:

JTD RESOURCES LLC  
 PO BOX 3422  
 MIDLAND TX, 79702-3422  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0183 32

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7583

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

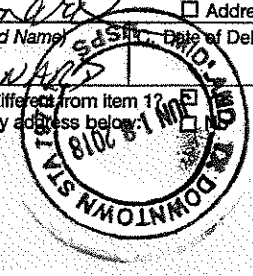
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jan Leonard*  Agent  
 Addressee

B. Received by (Printed Name) *DAN LEONARD* Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:



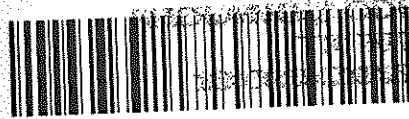
3. Service Type

- 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

USPS TRACKING #



9590 9402 3705 7335 0183 32

First-Class Mail  
 Postage & Fees Paid  
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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 \$ \_\_\_\_\_

Postmark Here

Postage

To \$ 7.41

JTD RESOURCES LLC  
 PO BOX 3422  
 MIDLAND TX, 79702-3422  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 7583

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  <input checked="" type="checkbox"/> <i>D. Coaton</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>D. Coaton</i></p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">THE GROSS LIMITED PARTNERSHIP          PO BOX 358          ROSWELL NM, 88203          81363-0135 So.Comfort/JLB</p> <p style="text-align: center;">9590 9402 3705 7335 0215 92</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 style="text-align: center;">USPS          JUN 18 2018          88201</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2400 0000 5767 0002</p>	<p>3. Service Type</p> <table border="0"> <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 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"/> Registered Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery</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 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"/> Registered Mail		<input type="checkbox"/> Registered Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input 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"/> Registered Mail																	
<input type="checkbox"/> Registered Mail Restricted Delivery																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>																	

**USPS TRACKING #**

9590 9402 3705 7335 0215 92

United States Postal Service

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**Modrall Law Firm**  
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 Albuquerque, NM 87103

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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 \$ <u>7.41</u>	
Sent To THE GROSS LIMITED PARTNERSHIP PO BOX 358 ROSWELL NM, 88203 81363-0135 So.Comfort/JLB	
Street and City, State,	

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

## Track Another Package +

**Tracking Number:** 70172400000057668429

Remove X

We apologize we are unable to attempt delivery of your item on June 18, 2018 in ALBUQUERQUE, NM 87122 due to an unforeseen operational issue. Your item will go out for delivery on the next delivery day.

### Alert

June 18, 2018  
Rescheduled to Next Delivery Day  
ALBUQUERQUE, NM 87122

Get Updates ▾

Text & Email Updates ▾

Tracking History ▾

Product Information ▾

7017 2400 0000 5766 8429

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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	\$

Postmark Here

7-41

A WAYNE DAVENPORT  
577 BLACK BEARD RD N E  
ALBUQUERQUE NM, 87122  
81363-0135 So.Comfort/JLB

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

See Less ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

## Track Another Package +

**Tracking Number:** 70172400000057668368

Remove X

Your item was delivered at 12:04 pm on June 25, 2018 in PHOENIX, AZ 85020.

 **Delivered**

June 25, 2018 at 12:04 pm  
Delivered  
PHOENIX, AZ 85020

Get Updates 

- **Text & Email Updates**

---
- **Tracking History**

---
- **Product Information**

---

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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 F	\$ _____
Sent to	_____
Street	_____
City, AZ	_____

Postmark Here

741

**BLUE RIDGE ENERGY LLC**  
PO BOX 26567  
PHOENIX AZ, 85068  
**81363-0135 So.Comfort/JLB**

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

- 
- 
- 
- 

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000113892249

Remove X

Your item was delivered at 2:24 pm on June 21, 2018 in PHOENIX, AZ 85018.

### ✓ Delivered

June 21, 2018 at 2:24 pm  
Delivered  
PHOENIX, AZ 85018

Get Updates ▼

<b>Text &amp; Email Updates</b>	7017 2400 0001 1389 2249	<b>U.S. Postal Service™ 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> ®.																
		OFFICIAL USE																
		<table border="1" style="width: 100%;"> <tr><td colspan="2">Certified Mail Fee</td></tr> <tr><td>\$</td><td></td></tr> <tr><td colspan="2">Extra Services &amp; Fees (check box, add fee as appropriate)</td></tr> <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>	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	\$
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$																	
<b>Tracking History</b>		<table border="1" style="width: 100%;"> <tr><td>Post</td><td></td></tr> <tr><td>\$</td><td>741</td></tr> <tr><td>Total</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>Sen</td><td></td></tr> <tr><td>Str</td><td></td></tr> <tr><td>City, State, ZIP</td><td></td></tr> </table>	Post		\$	741	Total		\$		Sen		Str		City, State, ZIP		CATALYST ENERGY LLC 3018 N 53RD PLACE PHOENIX AZ, 85018 81363-0135 So. Comfort/JLR	
Post																		
\$	741																	
Total																		
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Sen																		
Str																		
City, State, ZIP																		
<b>Product Information</b>																		

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)



FAQs > (<http://faq.usps.com/?articleId=220900>)

### Track Another Package +

Tracking Number: 70172400000057667750

Remove X

Your item was delivered at 10:52 am on June 19, 2018 in CASPER, WY 82609.

## ✓ Delivered

June 19, 2018 at 10:52 am  
Delivered  
CASPER, WY 82609

Get Updates ∨

Text & Email Updates

Tracking History

Product Information

7017 2400 0000 5766 7750

<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	\$ _____
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	\$ _____
7.41	ENERGY PROPERTIES LIMITED LI
	PO BOX 51408
	CASPER WY, 82605-1408
	81363-0135 So.Comfort/JLB
PS Form 3800, April 2015 PSN 7530-02-000-9037 See reverse for instructions	

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

Tracking Number: 70172400000057668436

Remove X

The item is currently in transit to the next facility as of June 11, 2018.

### In-Transit

June 11, 2018

In Transit to Next Facility

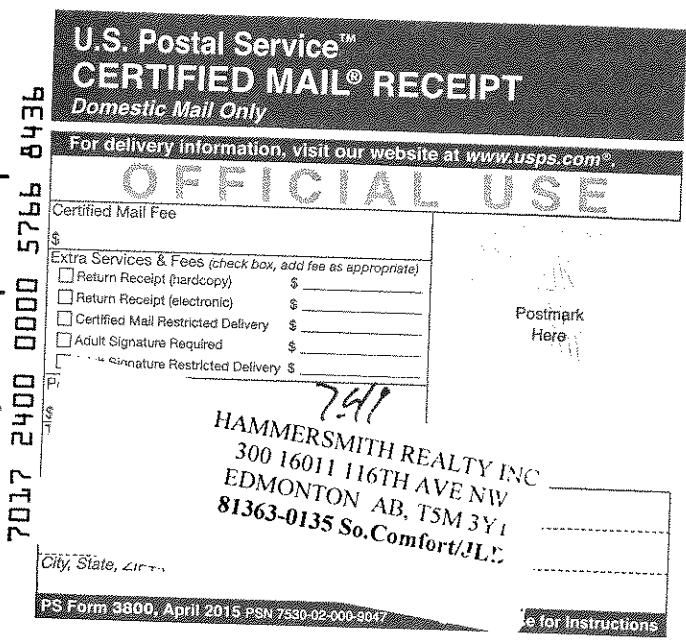
Get Updates v

- **Text & Email Updates**

---
- **Tracking History**

---
- **Product Information**

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- v

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- v

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- v

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## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)



FAQs > (<http://faq.usps.com/?articleId=220900>)

### Track Another Package +

**Tracking Number:** 70172400000057667798

Remove X

Your item was delivered at 10:08 am on June 21, 2018 in KERRVILLE, TX 78028.

## ✓ Delivered

June 21, 2018 at 10:08 am  
Delivered  
KERRVILLE, TX 78028

Get Updates ∨

<b>Text &amp; Email Updates</b>		∨
<b>Tracking History</b>		∨
<b>Product Information</b>		∨
		∨

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)



## Track Another Package +

**Tracking Number:** 70172400000057667804

Remove X

Your item arrived at the ROSWELL, NM 88202 post office at 10:38 am on June 20, 2018 and is ready for pickup.

### Available for Pickup

June 20, 2018 at 10:38 am  
Available for Pickup  
ROSWELL, NM 88202

Get Updates ✓

<b>Text &amp; Email Updates</b>	7017 2400 0000 5766 7804 U.S. Postal Service™ <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®. <b>OFFICIAL USE</b> 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 \$ <b>7.41</b> Jackie Midkiff 808 West 4th Street Roswell NM, 88201 81363-0135 So. Comfort/JLB PS Form 3800, April 2015 PSN 7530-02-000-9047	✓
<b>Tracking History</b>		Postmark Here
<b>Product Information</b>		✓
		Instructions

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000057668122

Remove X

This is a reminder to arrange for redelivery of your item before June 27, 2018 or your item will be returned on June 28, 2018. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

### Delivery Attempt: Action Needed

Reminder to Schedule Redelivery of your item before June 27, 2018

Schedule Redelivery v

<b>Text &amp; Email Updates</b>	7017 2400 0000 5766 8122	<b>U.S. Postal Service™ 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>	
<b>Schedule Redelivery</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) \$ _____		
<b>Tracking History</b>		<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
		<input type="checkbox"/> Adult Signature Required \$ _____	
		<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
<b>Product Information</b>		Pos: 741	
		\$ Tot: _____	
		\$ Se: _____	
		Str: _____	
		City, State, ZIP+4™ _____	
		LT CAPITAL LLC PO BOX 80375 PHOENIX AZ, 85060 81363-0135 So.Comfort/JLB	

### Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

## Track Another Package +

**Tracking Number:** 70172400000057668115

Remove X

Your item was delivered at 10:44 am on June 18, 2018 in BEND, OR 97703.

### ✓ Delivered

June 18, 2018 at 10:44 am  
Delivered  
BEND, OR 97703

Get Updates ∨

<b>Text &amp; Email Updates</b>		∨
<b>Tracking History</b>		∨
<b>Product Information</b>		∨

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000057669570

Remove X

The item is currently in transit to the next facility as of June 14, 2018.

### In-Transit

June 14, 2018  
In Transit to Next Facility

Get Updates v

<b>Text &amp; Email Updates</b>	7017 2400 0000 5766 9570 U.S. Postal Service™ <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 \$ _____ 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"/> Signature Restricted Delivery \$ _____ Po 741 \$ _____ To OXY USA INC P O BOX 841803 DALLAS TX, 75284 \$ _____ \$c 81363-0135 So.Comfort/JLB \$i _____ City, State, ZIP+4® _____ PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	▼
<b>Tracking History</b>		▼
<b>Product Information</b>		▼
		▼

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

# USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000057669532

Remove X

The item is currently in transit to the next facility as of June 26, 2018.

### In-Transit

June 26, 2018  
In Transit to Next Facility

Get Updates v

<b>Text &amp; Email Update</b>	7017 2400 0000 5766 9532 2E56	<b>U.S. Postal Service™          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 \$ _____ 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 Po \$ <u>7.41</u> Sent To _____ Street Address _____ City, State, ZIP+4® _____ PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	Postmark Here _____ _____ _____
<b>Tracking History</b>			
<b>Product Information</b>			

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

# USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000057669457


Remove X

Your item was delivered to an individual at the address at 10:46 am on June 11, 2018 in SCOTTSDALE, AZ 85255.

### Delivered

June 11, 2018 at 10:46 am  
Delivered, Left with Individual  
SCOTTSDALE, AZ 85255

Get Updates v

<b>Text &amp; Email Updates</b>	 <p><b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®.</p> <p><b>OFFICIAL USE</b></p> <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>Postmark Here</p> <p>RJ FORTUNE INVESTMENTS LLC 9290 E THOMPSON PEAK PKWY UNIT SCOTTSDALE AZ, 85255 81363-0135 So.Comfort/JLB</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	v
<b>Tracking History</b>		v
<b>Product Information</b>		v

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000057663691




Remove X

Your item was delivered to an individual at the address at 2:18 pm on June 11, 2018 in TULSA, OK 74103.

### **Delivered**

June 11, 2018 at 2:18 pm  
Delivered, Left with Individual  
TULSA, OK 74103

Get Updates 

<b>Text &amp; Email Updates</b>	<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>																						
<b>Tracking History</b>	For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®. <b>OFFICIAL USE</b>																						
<b>Product Information</b>	<table border="1"> <tr> <td>Certified Mail Fee</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="3">Extra Services &amp; Fees (check box, add fee as appropriate)</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$</td> <td></td> </tr> </table> <p>Postmark Here</p> <p>7017 2400 0000 5766 3691</p> <p>7.41</p> <p>ZUNIS ENERGY LLC 15 E 5TH STREET SUITE 3300 TULSA OK, 74103-4340</p>	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	\$		
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	\$																						

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000057667859

Remove X

Your item was delivered at 2:08 pm on June 21, 2018 in BOULDER, CO 80305.

### Delivered

June 21, 2018 at 2:08 pm  
Delivered  
BOULDER, CO 80305

Get Updates 

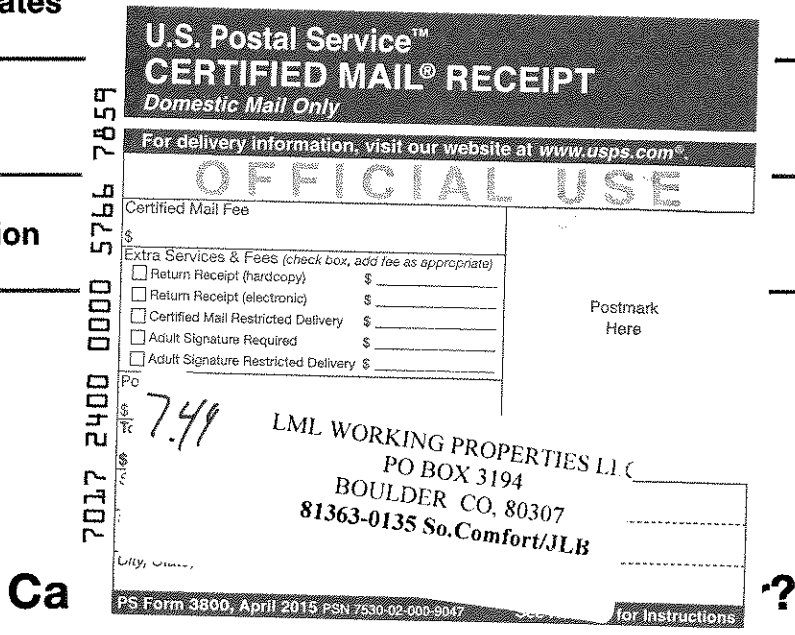
- [Text & Email Updates](#) 

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- [Tracking History](#) 

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- [Product Information](#) 



Go to our FAQs section to find answers to your tracking questions.

**FAQs (<http://faq.usps.com/?articleId=220900>)**



773 CE 1 7206/21/18

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

87103216868 2091M172164-00161

KITCHEL ESTATE  
EXEMPT TRUST  
5519 WARD N ADKINS JR  
HOUSTON TX, 77056

Rozell Harris & Sisk, P.A.

RECEIVED

JUN 25 2018

CXIN

38

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

**CERTIFIED MAIL**

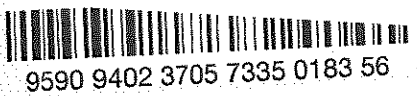
7017 2400 0000 5766 7903

**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:

KITCHEL ESTATE EXEMPT TRUST  
5519 WARD N ADKINS JR  
HOUSTON TX, 77056  
81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0183 56

Article Number (Transfer from service label)  
7017 2400 0000 5766 7903  
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. k  
H

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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 \$

Postmark  
Here

Postage \$  
Total \$  
Sent \$  
Street

KITCHEL ESTATE EXEMPT TRUST  
5519 WARD N ADKINS JR  
HOUSTON TX, 77056  
81363-0135 So.Comfort/JLB

**U.S. Postal Service™**  
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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	\$ _____

Postmark Here

Postage

7.41

PERMIAN BASIN INVESTMENT COI  
 648 PETROLEUM BUILDING  
 ROSWELL NM, 88201  
 81363-0135 So.Comfort/JLB

RECEIVED  
 JUN 19 2018


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

9556 9925 0000 5766 2400 0000 7017

PLACE STICKER AT TOP OF ENVELOPE TO  
 OF THE RETURN ADDRESS, FOLD AT BOTTOM

**CERTIFIED MAIL®**

7017 2400 0000 5766 9556



**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:

PERMIAN BASIN INVESTMENT CORP  
 648 PETROLEUM BUILDING  
 ROSWELL NM, 88201  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0195 51

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9556

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 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

- |  |   |
|--|---|
| <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 checked="" 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"/> Registered Mail                               |   |
| <input type="checkbox"/> Registered Mail Restricted Delivery (r \$500) |   |

Domestic Return Receipt

NEOPOST  
 06/08/2018  
**US POSTAGE \$007.41**  
 FIRST-CLASS MAIL  
 ZIP 87102  
 041NH1283401



**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 \$ \_\_\_\_\_

Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

6146 9925 0000 2017 2420 0000 5766 9419

7.41

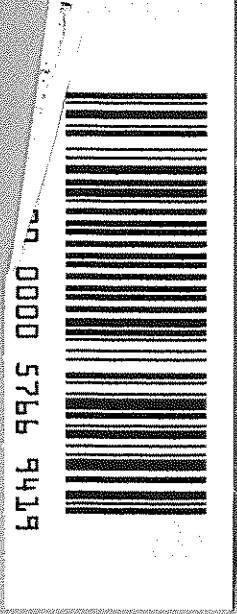
ROGER BELLAH  
 4403 THOMASON RD  
 CARLSBAD NM, 88220  
 81363-0135 So.Comfort/JLB

RECEIVED  
 JUN 19 2018

City, State, ZIP+4®

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

RD  
 8220



**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:

ROGER BELLAH  
 4403 THOMASON RD  
 CARLSBAD NM, 88220  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0196 98

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9419

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 \_\_\_\_\_  Address

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

ed Mail  Signature Confirmation Restricted Delivery

ed Mail Restricted Delivery (\$500)

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

Domestic Return Receipt



ZIP 87102  
 0410011283401

NEOPOST  
 06/06/2018  
**US POSTAGE \$007.41**  
 FIRST-CLASS MAIL

**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 \$ \_\_\_\_\_

Postmark  
 Here

Postage \$ \_\_\_\_\_

Total \$ **7.41**

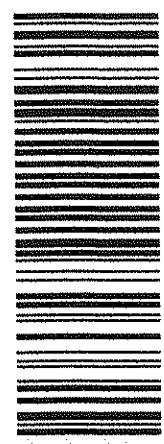
James K and Martha M Lusk Tr.  
 2217 Onate Dr  
 Roswell NM, 88201  
 81363-0135 So.Comfort/JLB

**RECEIVED**  
 19 2018

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

5792 9925 0000 0042 2102

7017 2400 0000 5766 7675



**CERTIFIED MAIL**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT DOTTED LINE

**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 K AND MARTHA M LUSK TRUST  
 2217 ONATE DR  
 ROSWELL NM, 88201  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 7675

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  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

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

Domestic Return Receipt

ZIP 87102  
 041M1283401

NEOPOST  
 06/08/2018  
**US POSTAGE \$007.41**  
 FIRST-CLASS MAIL



**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**

1592 9925 0000 0042 CLU

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 \$ \_\_\_\_\_

Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here

741

JENNIFER ANN SCOTT  
 200 W 1ST ST SUITE 648  
 ROSWELL NM, 88203-4677  
 81363-0135 So.Comfort/JLB

13/18

RECEIVED  
 JUN 19 2018


City, State, ZIP+4®

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

OTT  
 E 648  
 203-4677

K.P.A.  
 ING

7017 2400 0000 5766 7651



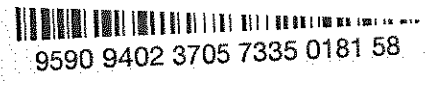
CERTIFIED MAIL

**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:

JENNIFER ANN SCOTT  
 200 W 1ST ST SUITE 648  
 ROSWELL, NM, 88203-4677  
 81363-0135 So.Comfort/JLB



2. Article Number (Transfer from service label)  
 7017 2400 0000 5766 7651

**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

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

NEOPOST  
 06/08/2018  
 USPS POSTAGE \$007.41  
 FIRST-CLASS MAIL

ZIP 87102  
 04 NM1 1283401

POSTAGE WILL BE PAID BY ADDRESSEE  
 7017 2400 0000 5766 9471

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

06/15/13

7017 2400 0000 5766 9471

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

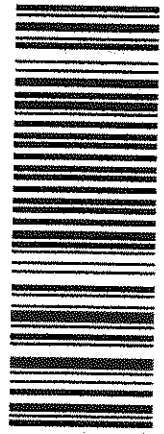
Postage  
 \$ Total  
 \$ Sent  
 \$ Siree  
 City, t

7.41

REALTIMEZONE INC  
 513 N KY  
 ROSWELL NM, 88201  
 81363-0135 So.Comfort/JLB

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for instructions

7017 2400 0000 5766 9471



CERTIFIED MAIL®

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:

REALTIMEZONE INC  
 513 N KY  
 ROSWELL NM, 88201  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0196 36

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9471

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X  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

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

Domestic Return Receipt



ZIP 87102  
 04/01/1283401

NEOPOST  
 06/09/2013  
 US POSTAGE \$007.41  
 FIRST CLASS MAIL



**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**

6/15/18

5066 9925 0000 0047 7017 2400 0000 5766 3905

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

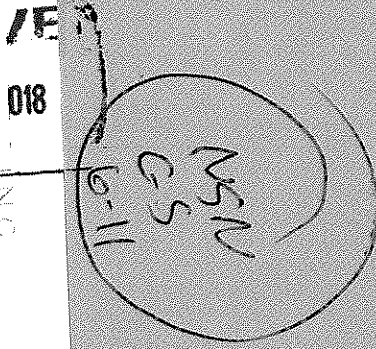
Total Postage \$ **7.41**

SCOTT INVESTMENT CORP  
 513 N KY  
 ROSWELL NM, 88201  
 81363-0135 So.Comfort/JLB

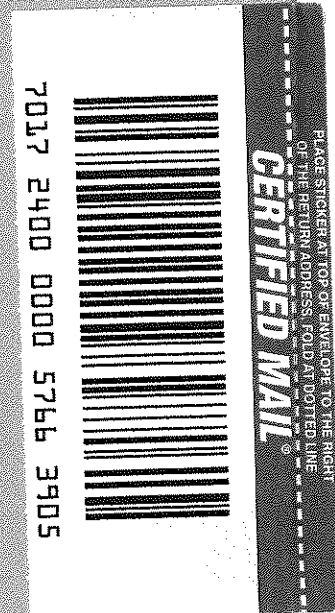
Sent To  
 Street and A  
 City, State, Z

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

BY: \_\_\_\_\_  
 K.P.A. \_\_\_\_\_  
 N.C. \_\_\_\_\_



88201  
 SCOTT INVESTMENT CORP

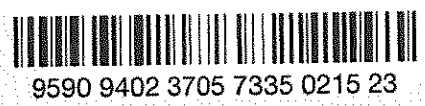


**SENDER: COMPLETE THIS SECTION**

- 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:

SCOTT INVESTMENT CORP  
 513 N KY  
 ROSWELL NM, 88201  
 81363-0135 So.Comfort/JLB



2. Article Number (Transfer from service label)  
**7017 2400 0000 5766 3905**

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 \_\_\_\_\_

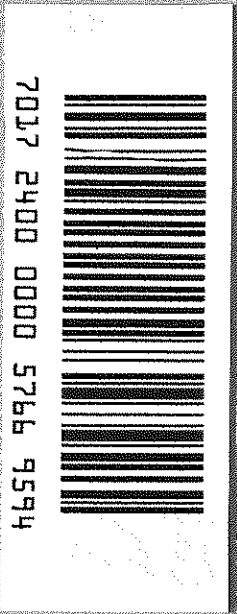
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- 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

Domestic Return Receipt

NEOPOST  
 06/08/2018  
**US POSTAGE \$007.41**  
 ZIP 87102  
 041M11283401

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**



7017 2400 0000 5766 9594

NEOPOST FIRST-CLASS MAIL  
06/08/2018  
US POSTAGE \$007.41  
ZIP 07102  
041M11283401

MODRALL SPT

Rosahl Spentling Rosahl Harris & Sisk, P.A.

1000 Poplar Hill  
Cockeysville, MD 21031-0008

RECEIVED  
JUN 19 2018  
BY: \_\_\_\_\_

OCCIDENTAL PERMIAN LTD  
PO BOX 100725  
ATLANTA GA, 30384-0725



CLOSED Return  
to Sender

100725

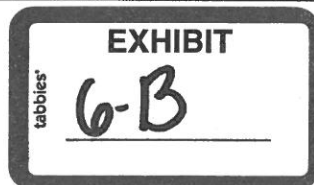
CLOSED Occidental  
Permian Ltd.

USPS  
70172400000057669594  
NBK1DG4 6/12/2018 7:28:45 AM



**Southern Comfort TB 6H - List of Offsets**  
**Application**  
**Mailed 06/08/18**

OFFSET PARTIES	CERTIFIED NO.
AAR LP P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-3684 6/14/18
Ardmore, OK 73402 OXY USA WTP LP P.O. Box 4294 Houston, TX 77210	7017-2400-0000-5766-3677 6/19/18
B.F. Albritton, LLC P.O. Box 266 Graham, TX 76450	7017-2400-0000-5766-3660 6/18/18
Bane Bigbie Inc. P.O. Box 998 Ardmore, OK 73402	7017-2400-0000-5766-8405 6/15/18
Bettis Brothers Inc. & HNG Oil Co. P.O. Box 1240 Graham, TX 76540	7017-2400-0000-5766-4025 6/18/18
Betty R. Young 1311 W. 3rd St. Roswell, NM 88201	7017-2400-0000-5766-4018 6/14/18
Burlington Resources Oil & Gas Co. LP 717 Texas Avenue, Suite 2100 Houston, TX 77002	7017-2400-0000-5766-4001 Returned to Sender 6/18/18
Carolyn Beall 1414 Country Club Dr. Midland, TX 79701	7017-2400-0000-5766-3998 6/14/18
Centennial LLC P.O. Box 1837 Roswell, NM 88202	7017-2400-0000-5766-7781 6/14/18
Chevron U.S.A Inc. 6001 Bollinger Canyon Rd., San Ramon, CA 94583	7017-2400-0000-5766-3981 06/22/18
Chevron USA Inc. 6301 Deauville, Midland, TX 79706	7017-2400-0000-5766-3967 In Transit 06/14/18
Chisolm Energy Agent Inc. 801 Cherry St., Suite 1200, Unit 20 Fort Worth, TX 76102	7017-2400-0000-5766-3974 6/19/18
CL&F Resources LP 450 Gears Rd., Suite 700 Houston, TX 77067	7017-2400-0000-5766-3950 Returned to Sender 6/19/18
CLM Production Co. P.O. Box 881 Roswell, NM 88202	7017-2400-0000-5766-3943 6/15/18



**Southern Comfort TB 6H - List of Offsets**  
**Application**  
**Mailed 06/08/18**

COG Production, LLC 600 W Illinois Ave. Midland, TX 79701	7017-2400-0000-5766-3936 6/15/18
Devon Energy Production CO. LP 333 W. Sheridan Ave. Oklahoma City, OK 73102	7017-2400-0000-5766-3653 6/15/18
Diamond Star Production Co. LLC P.O. Box 638 Ardmore, OK 73402	7017-2400-0000-5766-3646 6/18/18
Duadav Resources LLC P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-3639 6/14/18
Eau Rouge LLC P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-3622 6/14/18
Eleven Sands Exploration, Inc. 2300 N. Lincoln Blvd. Oklahoma City, OK 73105	7017-2400-0000-5766-3615 6/15/18
Emily J. Sharp P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-3608 6/14/18
Endeavor Energy Resources LP 110 N. Marienfeld, #200 Midland, TX 79701	7017-2400-0000-5766-3592 6/15/18
EOG M Resources, Inc. P.O. Box 840 Artesia, NM 88211	7017-2400-0000-5766-3585 6/14/18
EOG Resources Inc. P.O. Box 2267 Midland, TX 79702	7017-2400-0000-5766-3578 06/21/18
EOG Resources Inc. P.O. Box 4362 Houston, TX 77210	7017-2400-0000-5766-3561 6/19/18
Ernie Grodi 3211 Rosemeade Dr., #1312 Fort Worth, TX 76116	7017-2400-0000-5766-3516 6/19/18
Estate of Timothy T. Leonard P.O. Box 2625 Eagle Pass, TX 78853	7017-2400-0000-5766-3509 6/18/18
Fasken Land & Minerals LTD 6101 Holiday Hill Rd. Midland, TX 79707	7017-2400-0000-5766-3486 6/15/18
Foran Oil Co. 8340 Meadow Rd. #158 Dallas, TX 75231	7017-2400-0000-5766-3479 Alert – Unable to Deliver 06/11/18

**Southern Comfort TB 6H - List of Offsets  
Application  
Mailed 06/08/18**

G. E. Rogers, LLC P.O. Box 1424 Graham, TX 76450	7017-2400-0000-5766-3462 6/18/18
Gretchen B. Nearburg P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-3455 6/14/18
Holsum Incorp. P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-3776 6/14/18
IAT Resources Inc. 11281 Richmond Ave. Houston, TX 77082	7017-2400-0000-5766-3769 Return to Sender / Unable to Forward 06/25/18
James R. Guinn Family Trust A P.O. Box 1298 Graham, TX 76450	7017-2400-0000-5766-7712 6/18/18
James R. Guinn Family Trust M P.O. Box 1298 Graham, TX 76450	7017-2400-0000-5766-7712 6/18/18
JB III Partners LP P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4520 6/14/18
JMW Enterprise LLC P.O. Box 10400 Albuquerque, NM 87184	7017-2400-0000-5766-4513 6/18/18
JTD Resources LLC 415 W. Wall, #1620 Midland, TX 79701	7017-2400-0000-5766-4278 Returned to Sender 6/19/18
LDH Hodlings LLC P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4261 6/14/18
LIS Resources LLC P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4254 6/14/18
Lucie Investments LP P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4247 6/14/18
Magnum Hunter Production Inc. 202 S. Cheyenne Ave., Suite 1000 Tulsa, OK 74103	7017-2400-0000-5766-4230 6/15/18
Menpart Associates P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4223 6/14/18
Mewbourne Oil Co. P.O. Box 5270 Hobbs, NM 88241	7017-2400-0000-5766-3448 6/18/18

**Southern Comfort TB 6H - List of Offsets  
Application  
Mailed 06/08/18**

Mewbourne Oil Company P.O. Box 7698 Tyler, TX 75711	7017-2400-0000-5766-3431 6/19/18
Murchison Oil & Gas Inc. 7250 Dallas Pkwy., Suite 140 Plano, TX 75024	7017-2400-0000-5766-3424 6/18/18
Nearburg Exploration Co. LLC 3300 N. A St., #120 Midland, TX 9705	7017-2400-0000-5766-3417 In Transit 06/26/18
Novo Oil & Gas Northern Delaware LLC 105 N. Hudson Ave., Suite 50, Oklahoma City, OK 73102	7017-2400-0000-5766-3837 6/15/18
Oxy USA Inc. 110 W 7th St. Tulsa, OK 74119	7017-2400-0000-5766-3820 6/15/18
OXY USA Inc. 5 Greenway Plaza, #110 Houston, TX 77046	7017-2400-0000-5766-3813 6/19/18
Riverhill Energy Co. P.O. Box 2726 Midland, TX 79702	7017-2400-0000-5766-3806 Return to Sender / Unable to Deliver 06/21/18
Riverhill Energy Corporation P.O. Box 5705 Midland, TX 79704	7017-2400-0000-5766-3790 Returned to Sender 6/18/18
RKC Inc. 1527 Hillside Rd. Fairfield, CT 06490	7017-2400-0000-5766-3783 06/21/18
Robert H. Watson 3905 Futura Dr. Roswell, NM 88201	7017-2400-0000-5766-4216 6/14/18
Roy G. Niederhoffer P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4209 6/14/18
Scot Exploration Inc. 214 W. 3rd St. Roswell, NM 88201	7017-2400-0000-5766-4193 Returned to Sender 6/29/18
Scott Branson and Valerie Branson, H&W P.O. Box 1502 Carlsbad, NM 88220	7017-2400-0000-5766-4186 6/15/18
Sealy Hutchings Cavin Inc. 504 N. Wyoming Ave. Roswell, NM 88201	7017-2400-0000-5766-4506 06/22/18
Siete Oil & Gas Corp. P.O. Box 2523 Rowell, NM 88202	7017-2400-0000-5766-4490 Return to Sender / Address Unknown 06/21/18

**Southern Comfort TB 6H - List of Offsets  
Application  
Mailed 06/08/18**

SM Energy Co. 1775 Sherman St., Suite 1200 Denver, CO 80203	7017-2400-0000-5766-4483 06/22/18
Sonic Oil & Gas, L.P. P.O. Box 1240 Graham, TX 76450	7017-2400-0000-5766-4476 6/18/18
G.E. Rogers, LLC P.O. Box 1424 Graham, TX 76450	7017-2400-0000-5766-4469 06/22/18
St. Mary Land & Exploration 1776 Lincoln St., #1100 Denver, CO 80203	7017-2400-0000-5766-4452 Alert – Unable to Deliver 06/11/18
Stacie M. Sexe P.O. Box 8156 Roswell, NM 88202	7017-2400-0000-5766-4445 6/14/18
T C Energy, LLC P.O. Box 1461 Graham, TX 76450	7017-2400-0000-5766-4438 6/18/18
Talus Inc. P.O. Box 1210 Graham, TX 76450	7017-2400-0000-5766-4421 6/18/18
TC Energy, LLC P.O. Box 1461 Graham, TX 76450	7017-2400-0000-5766-4414 6/18/18
The Allar Co. P.O. Box 1567 Graham, TX 76450	7017-2400-0000-5766-8412 6/18/18
The Allar Company 735 Elm St. Graham, TX 76450	7017-2400-0000-5766-4407 6/18/18
The R-N LP P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4391 6/14/18
Timothy D. Green P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4384 06/11/18
Twin Montana Inc. P.O. Box 1210, Graham, TX 76450	7017-2400-0000-5766-4377 6/18/18
Warren Associates Box 7250 Albuquerque, NM 87194	7017-2400-0000-5766-4360 Returned to Sender 6/18/18
William G. Elton P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4353 6/14/18

**Southern Comfort TB 6H - List of Offsets**  
**Application**  
**Mailed 06/08/18**

William V. Palmer 1907 W. Jefferson Lovington, NM 88260	7017-2400-0000-5766-4162 Returned to Sender 6/19/18
Worrall Investment Corp. 200 W. 1st St., #648 Roswell, NM 88201	7017-2400-0000-5766-4155 Returned to Sender 6/19/18
Worrall Investment Corp. 215 W. Third St. Roswell, NM 88201	7017-2400-0000-5766-4148 In Transit 06/26/18
Wright Family Living Trust P.O. Box 823085 Dallas, TX 75382	7017-2400-0000-5766-4131 6/14/18
XTO Energy Inc., as Agent for Exxon Mobil Corporation 810 Houston Street Fort Worth, TX 76102	7017-2400-0000-5766-4124 In Transit 06/15/18

**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:

Mewbourne Oil Company  
 P.O. Box 7698  
 Tyler, TX 75711  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3431

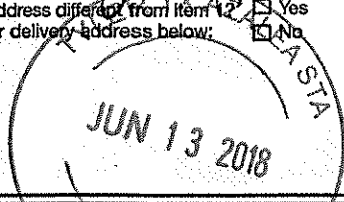
PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Gonzalo Argote* C. Date of Delivery *6/13/18*

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



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

**USPS TRACKING#**

9590 9402 3705 7335 0197 80

**United States Postal Service**

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

TYLER, TX 75701  
 JUN 13 2018

RECEIVED  
 JUN 19 2018

• Sender: Please print your name, address, and ZIP+4® in this box

**Jennifer L. Bradfute**  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87108

7017 2400 0000 5766 3431

**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 \$ 7.41

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 \$ \_\_\_\_\_

Postmark Here

Mewbourne Oil Company  
 P.O. Box 7698  
 Tyler, TX 75711  
 81363-0135 So.Comfort/JLB

PS Form 3800, April 2015 PSN 7530-02-000-8047 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:

OXY USA WTP LP  
P.O. Box 4294  
Houston, TX 77210

81363-0135 So.Comfort/JLB  
9590 9402 3705 7335 0201 44

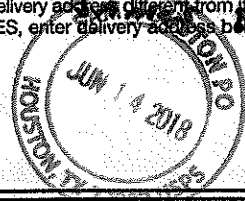
2. Article Number (Transfer from service label)  
7017 2400 0000 5766 3677

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

B. Received by (Printed Name) **James E Beard** C. Date of Delivery **06-14**

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



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

**USPS TRACKING #**



9590 9402 3705 7335 0201 44



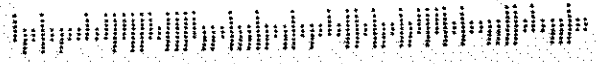
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103**

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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 \$ \_\_\_\_\_



Po: \_\_\_\_\_

Tot \$ \_\_\_\_\_

Sev \$ \_\_\_\_\_

Str \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

OXY USA WTP LP  
P.O. Box 4294  
Houston, TX 77210  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 3677



**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:

OXY USA Inc.  
5 Greenway Plaza, #110  
Houston, TX 77046  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0211 58

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3813

A. Signature  Agent  
 Addressee  
**X**


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

*James E Beard*  
**JAMES BEARD**

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

**USPS TRACKING #**



9590 9402 3705 7335 0211 58

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P.O. Box 2168  
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Certified Mail Fee	\$ 7.41
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	\$ _____

Post: \_\_\_\_\_

Total: \_\_\_\_\_

Sen: \_\_\_\_\_

Str: \_\_\_\_\_

City: \_\_\_\_\_

OXY USA Inc.  
5 Greenway Plaza, #110  
Houston, TX 77046  
81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 3813

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:

Ernie Grodi  
 3211 Rosemeade Dr., #1312  
 Fort Worth, TX 76116  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0200 21

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3516

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date]*

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
- Registered Mail
- Registered Mail Restricted Delivery (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

USPS TRACKING#



9590 9402 3705 7335 0200 21

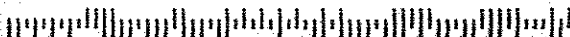
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

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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 \$

7.51

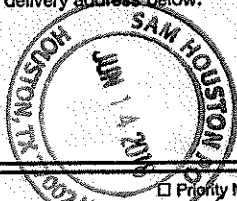
Ernie Grodi  
 3211 Rosemeade Dr., #1312  
 Fort Worth, TX 76116  
 81363-0135 So.Comfort/JLB



City, State, ZIP+4®

7017 2400 0000 5766 3516

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MCMiles</i></p> <p>C. Date of Delivery <i>6-14-18</i></p>
<p>1. Article Addressed to:</p> <p><i>EOG Resources Inc. P.O. Box 4362 Houston, TX 77210 81363-0135 So.Comfort/JLB</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Addit 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 checked="" 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"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7017 2400 0000 5766 3561</i></p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>



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9590 9402 3705 7335 0200 38

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Restricted Delivery \$

Postmark Here *JUN 8 2018*

*7.41*

**EOG Resources Inc.  
P.O. Box 4362  
Houston, TX 77210  
81363-0135 So.Comfort/JLB**

Street

City, State, ZIP+4®

PS Form 3860, 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:

Chisolm Energy Agent Inc.  
801 Cherry St., Suite 1200,  
Unit 20  
Fort Worth, TX 76102  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0214 62

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3974

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jennifer L. Bradfute*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/13/18

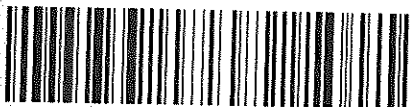
D. Is delivery address different from Item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0214 62

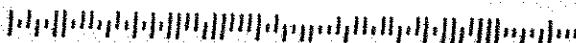
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Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

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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 \$ \_\_\_\_\_

Postmark  
Here

466 925 000 000 2400 7017

Chisolm Energy Agent Inc.  
801 Cherry St., Suite 1200,  
Unit 20  
Fort Worth, TX 76102  
81363-0135 So.Comfort/JLB

City, State, ZIP+4®

**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:

TC Energy, LLC  
 P.O. Box 1461  
 Graham, TX 76450  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0213 25

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4414

Restricted Delivery

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Jennifer L. Bradfute*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/18/18

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

3. Service Type

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

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0213 25



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United States  
 Postal Service

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 Albuquerque, NM 87103

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Certified Mail Fee \$ 7.41

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  
 7/18

Pos \$ \_\_\_\_\_

Totl \$ \_\_\_\_\_

Ser \$ \_\_\_\_\_

Stre \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

TC Energy, LLC  
 P.O. Box 1461  
 Graham, TX 76450  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 4414

**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 Allar Company  
735 Elm St.  
Graham, TX 76450  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4407

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Renne Unkart*  Agent  Addressee

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

C. Date of Delivery  
*6/12/18*

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
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0213 32



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Certified Mail Fee  
\$ 7.41

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	\$ _____

Postmark  
Here

Pc  
7c  
St  
St

The Allar Company  
735 Elm St.  
Graham, TX 76450  
81363-0135 So.Comfort/JLB

City, State, ZIP+4®

7017 2400 0000 5766 4407

**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:

Twin Montana Inc.  
P.O. Box 1210,  
Graham, TX 76450  
81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0213 63

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4377

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Jennifer L. Bradfute*

- 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

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

Domestic Return Receipt

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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 \$ \_\_\_\_\_

Postmark  
Here



Postage

\$ Total: **7.41**

Twin Montana Inc.  
P.O. Box 1210,  
Graham, TX 76450  
81363-0135 So.Comfort/JLB

Street

City, State

7017 2400 0000 5766 4377

**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:

Talus Inc.  
P.O. Box 1210  
Graham, TX 76450  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0213 18

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4421

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)

*Talun Doyle*

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

Domestic Return Receipt

**USPS TRACKING#**  
9590 9402 3705 7335 0213 18



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
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Albuquerque, NM 87103

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**OFFICIAL USE**

Certified Mail Fee	\$ 7.41
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  
\$ \_\_\_\_\_  
Sent  
\$ \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State

Talus Inc.  
P.O. Box 1210  
Graham, TX 76450  
81363-0135 So.Comfort/JLB

Postmark Here

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



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- 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:

T C Energy, LLC  
 P.O. Box 1461  
 Graham, TX 76450  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0213 01

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4438

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

**COMPLETE THIS SECTION ON DELIVERY**

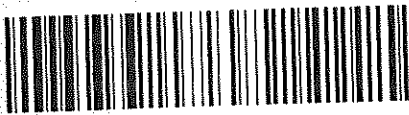
- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 6/12/18
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

all Restricted Delivery )

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0213 01



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United States Postal Service

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OFFICIAL USE

Certified Mail Fee \$ 7.41

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 \$ \_\_\_\_\_

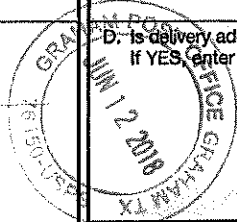
Postmark Here

Postage

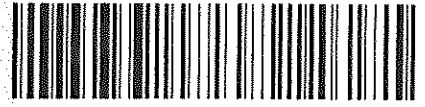
T C Energy, LLC  
 P.O. Box 1461  
 Graham, TX 76450  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 4438

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   <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sonic Oil &amp; Gas. L.P.  P.O. Box 1240  Graham, TX 76450  81363-0135 So.Comfort/JLB</p> <p>9590 9402 3705 7335 0212 64</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <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 checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" 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> </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 checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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"/> 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 checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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												
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2400 0000 5766 4476</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>												



**USPS TRACKING #**



9590 9402 3705 7335 0212 64

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
P.O. Box 2168  
Albuquerque, NM 87103

JUN 13 2013

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OFFICIAL USE

Certified Mail Fee	\$ 7.91
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: \$ \_\_\_\_\_

Service: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Sonic Oil & Gas. L.P.  
P.O. Box 1240  
Graham, TX 76450  
81363-0135 So.Comfort/JLB



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

7017 2400 0000 5766 4476

**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:

Murchison Oil & Gas Inc.  
7250 Dallas Pkwy., Suite 140  
Plano, TX 75024  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3424

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Elaine Reveto*  Agent  
 Addressee
- B. Received by (Printed Name) *Elaine Reveto* C. Date of Delivery *6/12/18*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

*STB #1400*

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

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0197 97



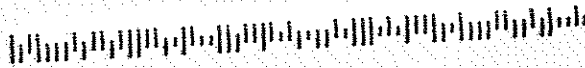
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87105**

**RECEIVED**  
JUN 13 2018



**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

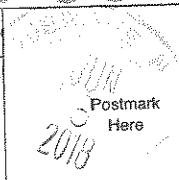
Domestic Mail Only

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

**OFFICIAL USE**

7017 2400 0000 5766 3424

- Certified Mail Fee \$ *7.41*
- 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 \$ \_\_\_\_\_  
 Sen \$ \_\_\_\_\_  
 Str \$ \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

Murchison Oil & Gas Inc.  
7250 Dallas Pkwy., Suite 140  
Plano, TX 75024  
81363-0135 So.Comfort/JLB

**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:

Mewbourne Oil Co.  
P.O. Box 5270  
Hobbs, NM 88241  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3448

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jackie Lathan*

Agent

Addressee

B. Received by (Printed Name)

*Jackie Lathan*

C. Date of Delivery

*6-13-18*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

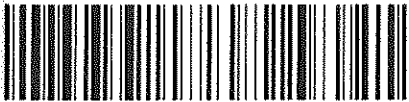
Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0197 73



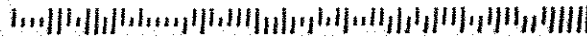
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103

RECEIVED  
JUN 13 2018



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OFFICIAL USE

Certified Mail Fee

\$ 7.41

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

Mewbourne Oil Co.  
P.O. Box 5270  
Hobbs, NM 88241  
81363-0135 So.Comfort/JLB

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

See Reverse for Instructions

7017 2400 0000 5766 3448

**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:

JMW Enterprise LLC  
 P.O. Box 10400  
 Albuquerque, NM 87184  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0212 26

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4513

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*John M. Warren*

B. Received by (Printed Name) *John M. Warren*

C. Date of Delivery *6/11/18*

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
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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"/> Mail Restricted Delivery	

Domestic Return Receipt



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 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box.\*

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 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

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03-216868

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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	\$

Postmark Here

Postage

\$ 7.41

Total

\$

Sent

Street

City, State

JMW Enterprise LLC  
 P.O. Box 10400  
 Albuquerque, NM 87184  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 4513

**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:

G. E. Rogers, LLC  
 P.O. Box 1424  
 Graham, TX 76450  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0197 59

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3462

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/13/18

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

3. Service Type

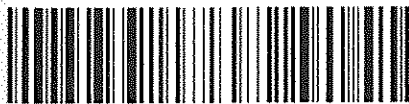
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

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

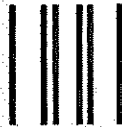
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0197 59



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 Postage & Fees Paid  
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 Permit No. G-10

United States Postal Service

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Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

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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

To \$ 7.91

\$

Sc

St

Cit

G. E. Rogers, LLC  
 P.O. Box 1424  
 Graham, TX 76450  
 81363-0135 So.Comfort/JLB

RECEIVED  
 JUN 13 2018  
 Postmark Here

7017 2400 0000 5766 3462

**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 Timothy T. Leonard  
 P.O. Box 2625  
 Eagle Pass, TX 78853  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)  
 7017 2400 0000 5766 3509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Lupita Perez*  Agent  Addressee

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

C. Date of Delivery

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

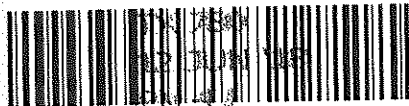
3. Service Type

<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 Restricted Delivery	

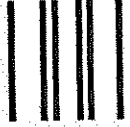
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0200 14



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States  
 Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box.\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

RECEIVED JUN 13 2018

109-216668

7017 2400 0000 5766 3509

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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	\$

Postmark Here: *JUN 8 2018*

For \$ *7.41*


Estate of Timothy T. Leonard  
 P.O. Box 2625  
 Eagle Pass, TX 78853  
 81363-0135 So.Comfort/JLB

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 <input type="checkbox"/> Agent <input type="checkbox"/> Arrive</p> <p>B. Received by (Printed Name) _____</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Diamond Star Production Co. LLC P.O. Box 638 Ardmore, OK 73402 81363-0135 So.Comfort/JLB</p> <p style="text-align: center;">9590 9402 3705 7335 0201 13</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="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>ARDMORE OK 73401</p> <p>JUN 11 2018</p> <p>USPS</p> </div>														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2400 0000 5766 3646</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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"/> Mail Restricted Delivery</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 checked="" 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"/> Mail Restricted Delivery	
<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 checked="" 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"/> Mail Restricted Delivery															


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

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0201 13



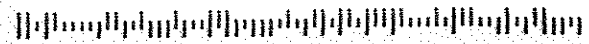
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box \*

Jennifer L. Bradfute  
MODRALL SPERLING LAW FIRM  
P.O. Box 2168  
Albuquerque, NM 87103

JUN 13 2018



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OFFICIAL USE

Certified Mail Fee	7.41
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	\$ _____

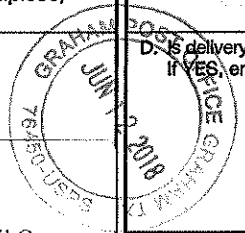
Postmark Here

Diamond Star Production Co. LLC  
P.O. Box 638  
Ardmore, OK 73402  
81363-0135 So.Comfort/JLB

947E 9765 0000 0040 7017



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  <i>Car Lowder</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>														
<p>1. Article Addressed to:</p> <p>Bettis Brothers Inc. &amp; HNG Oil Co.  P.O. Box 1240  Graham, TX 76540  81363-0135 So.Comfort/JLB</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below: _____</p>														
<p>2. Article Number (Transfer from service label)  7017 2400 0000 5766 4025</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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"/> Mail Restricted Delivery</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 checked="" 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"/> Mail Restricted Delivery	
<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 checked="" 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"/> Mail Restricted Delivery															



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

**USPS TRACKING #**

9590 9402 3705 7335 0214 00

**United States Postal Service**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

**Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103**

RECEIVED JUN 13 2018

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

**OFFICIAL USE**

Certified Mail Fee \$ 7.41

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	\$ _____

Postmark \_\_\_\_\_

Bettis Brothers Inc. & HNG Oil Co.  
P.O. Box 1240  
Graham, TX 76540  
81363-0135 So.Comfort/JLB

City, State, ZIP+4® \_\_\_\_\_

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

7017 2400 0000 5766 4025

**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:

B.F. Albritton, LLC  
 P.O. Box 266  
 Graham, TX 76450  
 81363-0135 So.Comfort/JLB  
 9590 9402 3705 7335 0201 37

2. Article Number (transfer from service label)

7017 2400 0000 5766 3660

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

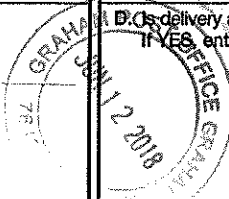
*Jennifer L. Bradfute*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



3. Service Type

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

Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0201 37



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box\*

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 13 2018

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OFFICIAL USE

Certified Mail Fee	\$ 7.41
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	\$ _____

Postmark  
 Here

B.F. Albritton, LLC  
 P.O. Box 266  
 Graham, TX 76450  
 81363-0135 So.Comfort/JLB

099E 9425 0000 0442 2102

**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:

LIS Resources LLC  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6-11*

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



9590 9402 3705 7335 0203 42

2. Article Number (Transfer from service label)  
7017 2400 0000 5766 4254

Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail 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

**USPS TRACKING #**

9590 9402 3705 7335 0203 42



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box

**Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103**

**RECEIVED**  
**JUN 14 2018**

7017 2400 0000 5766 4254

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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 \$ **7.41**  
Sent  
Street  
City, State, ZIP+4

LIS Resources LLC  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

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>	A. Signature <b>X</b> <i>[Signature]</i>	
	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>6-11</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

Timothy D. Green  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0213 56

2. Article Number (Transfer from service label)  
7017 2400 0000 5766 4384

Service Type		<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
		<input type="checkbox"/> Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**USPS TRACKING #**

9590 9402 3705 7335 0213 56

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box.

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
P.O. Box 2168  
Albuquerque, NM 87103

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USPS  
Permit No. G-10

JUN 14 2018

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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 *7.91*

Timothy D. Green  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 4384

**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:

Lucie Investments LP  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0203 59

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4247

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-11

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

Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Mail

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

USPS TRACKING#



9590 9402 3705 7335 0203 59

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

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JUN 14

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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

\$

Tot

7.41

\$

Ser

Str

City

Lucie Investments LP  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

Postmark Here

7017 2400 0000 5766 4247

**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:

Menpart Associates  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4223

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 6-11

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 checked="" 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"/> Mail Restricted Delivery	

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0203 73

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

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 JUN 14 2018

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OFFICIAL USE

Certified Mail Fee \$ 7.41

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	\$ _____

Postmark  
 Here

Menpart Associates  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

City, State, ZIP+4® \_\_\_\_\_

7017 2400 0000 5766 4223

**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:

Wright Family Living Trust  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0204 65

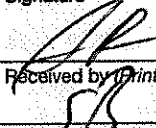
2. Article Number (Transfer from service label)

7017 2400 0000 5766 4131

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

- Agent
- Addressee

B. Received by (Printed Name)

JLB

C. Date of Delivery

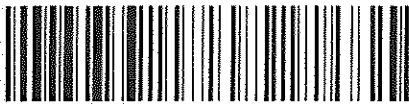
6-11

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

- |  |   |
|--|---|
| <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 checked="" 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"/> All Restricted Delivery                 |   |

Domestic Return Receipt

**USPS TRACKING #**



9590 9402 3705 7335 0204 65

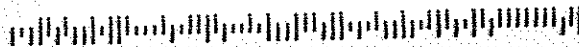
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

Sender: Please print your name, address, and ZIP+4® in this box\*

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 Modrall Law Firm  
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 Albuquerque, NM 87103



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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"/> Signature Confirmation Restricted Delivery	\$

Postmark  
 Here

7017 2400 0000 5766 4131



Po 741  
 Wright Family Living Trust  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

City, State, ZIP+4®

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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-11</u></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AAR LP  P.O. Box 823085  Dallas, TX 75382  81363-0135 So.Comfort/JLB</p> <p style="text-align: center;">9590 9402 3705 7335 0201 51</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2400 0000 5766 3684</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> </ul> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

**USPS TRACKING #**

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10


9590 9402 3705 7335 0201 51

United States  
 Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 14 2015

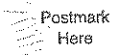


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OFFICIAL USE

Certified Mail Fee	\$ <u>7.41</u>
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	\$ _____



Pos: \_\_\_\_\_

\$ \_\_\_\_\_

Tot: \_\_\_\_\_

\$ \_\_\_\_\_

Sen: \_\_\_\_\_

Str: \_\_\_\_\_

City: \_\_\_\_\_

AAR LP  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 3684



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  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">JB III Partners LP  P.O. Box 823085  Dallas, TX 75382  81363-0135 So.Comfort/JLB</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2400 0000 5766 4520</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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 (D)</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 checked="" 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 (D)	
<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 checked="" 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 (D)																	

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

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  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">JB III Partners LP  P.O. Box 823085  Dallas, TX 75382  81363-0135 So.Comfort/JLB</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2400 0000 5766 4520</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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 (D)</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 checked="" 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 (D)	
<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 checked="" 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 (D)																	

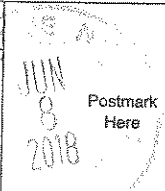
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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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	\$ <u>7.41</u>
To	
<p>JB III Partners LP  P.O. Box 823085  Dallas, TX 75382  81363-0135 So.Comfort/JLB</p>	

Postmark Here  


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

7017 2400 0000 5766 4520

**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:

LDH Holdings LLC  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4261

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X** *AB*

B. Received by (Printed Name) *JB* C. Date of Delivery *6-11*

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

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

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

Domestic Return Receipt

**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:

LDH Holdings LLC  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4261

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X** *AB*

B. Received by (Printed Name) *JB* C. Date of Delivery *6-11*

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

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

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

Domestic Return Receipt

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**OFFICIAL USE**

7017 2400 0000 5766 4261

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 \$ *7.41*

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

Sent \_\_\_\_\_

Street \_\_\_\_\_


City, State, ZIP+4® \_\_\_\_\_

LDH Holdings LLC  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

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  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Gretchen B. Nearburg  P.O. Box 823085  Dallas, TX 75382  81363-0135 So.Comfort/JLB</p>	<p>B. Received by (Printed Name) <i>JLB</i></p> <p>C. Date of Delivery <i>6-11</i></p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 3705 7335 0197 66</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><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</p>	<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

**USPS TRACKING #**



9590 9402 3705 7335 0197 66

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

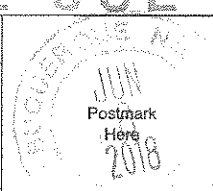
RECEIVED  
JUN 14 2018

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
P.O. Box 2168  
Albuquerque, NM 87103

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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>Postmark Here 2018</p>
--	---

Postage \$ *2.41*

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

City, State, ZIP+4- Gretchen B. Nearburg  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

**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:

Holsum Incorp.  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0211 96

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

JLB

C. Date of Delivery

6-11

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

2. Article Identification Number (over \$500)  
7017 2400 0000 5766 3776

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

Domestic Return Receipt

USPS TRACKING#



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

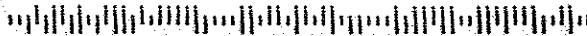
9590 9402 3705 7335 0211 96

United States Postal Service

Sender: Please print your name, address, and ZIP+4® in this box®

JUN 14 2018  
 RECEIVED

Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103



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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 \$ \_\_\_\_\_

Postmark  
Here

JUN 13 2018

Post \$ 7.41  
Tot \$ \_\_\_\_\_  
Se \$ \_\_\_\_\_  
Sfr \$ \_\_\_\_\_  
Cit \$ \_\_\_\_\_

Holsum Incorp.  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

7017 2400 0000 5766 3776

**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:

William G. Elton  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4353

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

*Cost*

C. Date of Delivery

6-11

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0202 43



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

JUN 14 2018

• Sender: Please print your name, address, and ZIP+4® in this box\*

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

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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 \$ \_\_\_\_\_

Postmark  
 Here

7017 2400 0000 5766 4353

Post Office  
 \$ To 7-41  
 \$  
 \$  
 \$  
 City, State, ZIP+4®

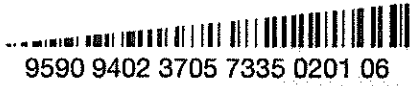
William G. Elton  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

**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:

Duadav Resources LLC  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB



9590 9402 3705 7335 0201 06

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3639

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jennifer L. Bradfute*

- Agent
- Addressee

B. Received by (Printed Name)

*JLB*

C. Date of Delivery

6-11

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

all Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0201 06

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

JUN 14 2015

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103



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OFFICIAL USE

Certified Mail Fee	\$ 7.41
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	\$ _____

Postmark  
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Postage

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 To  
 \$  
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 \$fr  
 Ctl

Duadav Resources LLC  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB


7017 2400 0000 5766 3639

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  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed name) <i>[Signature]</i> C. Date of Delivery <i>6-11</i></p>
<p>1. Article Addressed to:</p> <p>Emily J. Sharp  P.O. Box 823085  Dallas, TX 75382  81363-0135 So.Comfort/JLB</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 5766 3608</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 checked="" 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</p> <p>Restricted Delivery</p>

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

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0200 76

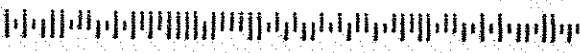
**First-Class Mail**  
**Postage & Fees Paid**  
**USPS**  
**Permit No. G-10**

**United States Postal Service**

RECEIVED JUN 14 2018

Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87103**



**U.S. Postal Service™**  
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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 \$ **7.41**

Total \$

Emily J. Sharp  
P.O. Box 823085  
Dallas, TX 75382  
81363-0135 So.Comfort/JLB

ALBUQUERQUE, NM JUN 8 2018

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

7017 2400 0000 5766 3608

or 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:

Eau Rouge LLC  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0200 90

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3622

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jennifer L. Bradfute*  Agent  Addressee

B. Receiver by (Printed Name) *Jennifer L. Bradfute* C. Date of Delivery *6-11*

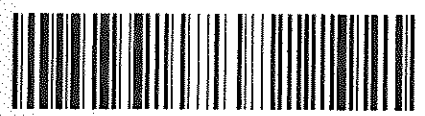
D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. 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

**USPS TRACKING #**



9590 9402 3705 7335 0200 90

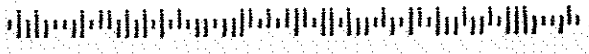
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87103**

JUN 14 2018



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

**OFFICIAL USE**

Certified Mail Fee \$ 7.41

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  
 2018

Postage \$

Total \$

Sent \$

Street

City, State

Eau Rouge LLC  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 3622



**RECIPIENT: 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:  
 Eleven Sands Exploration, Inc.  
 2300 N. Lincoln Blvd.  
 Oklahoma City, OK 73105  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0200 83

2. Article Number (Transfer from service label)  
 7017 2400 0000 5766 3615

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  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

**RECEIVED**  
 JUN 11 2018  
 OKLAHOMA SECRETARY  
 OF STATE

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  
 Registered Mail Restricted Delivery (\$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



9590 9402 3705 7335 0200 83

First-Class  
 Postage & Fees Paid  
 USPS  
 Permit No. G-1

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 15 2018

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**OFFICIAL USE**

Certified Mail Fee \$ 7.41  
 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

Eleven Sands Exploration, Inc.  
 2300 N. Lincoln Blvd.  
 Oklahoma City, OK 73105  
 81363-0135 So.Comfort/JLB

City, State, ZIP+4®

7017 2400 0000 5766 3615

**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:

Endeavor Energy Resources LP  
 110 N. Marienfeld, #200  
 Midland, TX 79701  
 81363-0135 So.Comfort/JLB

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) Bayle Stopp C. Date of Delivery 6-11-18
- 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

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3592

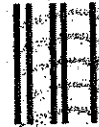
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0200 69



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 15 2018

RECEIVED

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OFFICIAL USE

7017 2400 0000 0042 7017

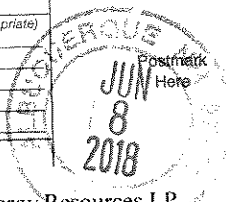
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total \$  
 Ser \$  
 Str \$  
 City

7.41

Endeavor Energy Resources LP  
 110 N. Marienfeld, #200  
 Midland, TX 79701  
 81363-0135 So.Comfort/JLB



**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:

EOG M Resources, Inc.  
P.O. Box 840  
Artesia, NM 88211  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3585

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

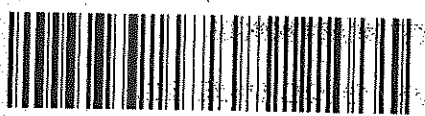
B. Received by (Printed Name) *Anna Novak* C. Date of Delivery

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

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 checked="" 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 |

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

**USPS TRACKING#**



9590 9402 3705 7335 0200 52

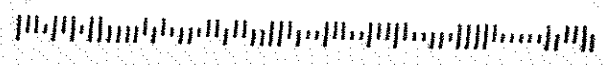
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 14 2018



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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	\$ _____

Postmark Here: JUN 8 2018

Postage \$ 7.41

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


City, State, ZIP+4®: EOG M Resources, Inc., P.O. Box 840, Artesia, NM 88211, 81363-0135 So.Comfort/JLB

PS Form 3800, April 2015 PSN 7530-02-000-3047 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  <input checked="" type="checkbox"/> <i>Carolyn Beall</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Carolyn Beall  1414 Country Club Dr.  Midland, TX 79701  81363-0135 So.Comfort/JLB  9590 9402 3705 7335 0214 31</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label)  7017 2400 0000 5766 3998</p>	<p>3. Service Type</p> <table border="0"> <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 checked="" 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> </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 checked="" 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"/> 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 checked="" 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												

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

**USPS TRACKING#**



9590 9402 3705 7335 0214 31

First-Class Mail  
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 Permit No. G-10

**United States Postal Service**

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**Jennifer L. Bradfute**  
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**P.O. Box 2168**  
**Albuquerque, NM 87103**

JUN 15 2013

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Certified Mail Fee \$ <u>7.41</u>	
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 \$ _____	

Postmark Here *2013*

Post \$ _____	
Total \$ _____	
Sent \$ _____	

Street \_\_\_\_\_  
City \_\_\_\_\_

Carolyn Beall  
1414 Country Club Dr.  
Midland, TX 79701  
81363-0135 So.Comfort/JLB

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

9590 9402 3705 7335 0214 31

**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:

COG Production, LLC  
 600 W Illinois Ave.  
 Midland, TX 79701  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0214 93

2. Article Number (Transfer from service label)  
 7017 2400 0000 5766 3936

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

**COMPLETE THIS SECTION OF DELIVERY**

A. Signature  
 [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_  
 C. Date of Delivery 6/11/18

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

3. Service Type

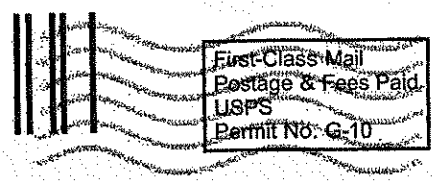
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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

Mail Restricted Delivery (M)

Domestic Return Receipt



9590 9402 3705 7335 0214 93



United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box®

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

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 JUN 15 2018

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**OFFICIAL USE**

Certified Mail Fee \$ 7.41

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 \_\_\_\_\_



7017 2400 0000 5766 3936

COG Production, LLC  
 600 W Illinois Ave.  
 Midland, TX 79701  
 81363-0135 So.Comfort/JLB

**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:

CLM Production Co.  
P.O. Box 881  
Roswell, NM 88202  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0214 86

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3943

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* Date of Delivery *[Signature]*


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

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

**USPS TRACKING#**



9590 9402 3705 7335 0214 86

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87103**

JUN 15 2015

7017 2400 0000 5766 3943

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OFFICIAL USE

Certified Mail Fee	\$ 7.41
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"/> A	\$ _____
Postage	\$ _____
Total	\$ _____
Sent	\$ _____
Street	_____
City, State, ZIP+4®	_____

CLM Production Co.  
P.O. Box 881  
Roswell, NM 88202  
81363-0135 So.Comfort/JLB

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

**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 *David Carnello*  Agent  Addressee

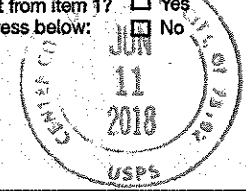
B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

1. Article Addressed to:

Devon Energy Production CO. LP  
 333 W. Sheridan Ave.  
 Oklahoma City, OK 73102  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0201 20

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



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 checked="" 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"/> all Restricted Delivery	

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3653

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

**USPS TRACKING#**



9590 9402 3705 7335 0201 20

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87103**

JUN 15 2018

9590 9402 3705 7335 0201 20

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**OFFICIAL USE**

Certified Mail Fee \$ 7.41

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 \$ \_\_\_\_\_

Postmark Here *2018*

Devon Energy Production CO. LP  
 333 W. Sheridan Ave.  
 Oklahoma City, OK 73102  
 81363-0135 So.Comfort/JLB

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

7017 2400 0000 5766 3653

**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:

Fasken Land & Minerals LTD  
 6101 Holiday Hill Rd.  
 Midland, TX 79707  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0197 42

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Cynthia Morne*

B. Received by (Printed Name) *CYNTHIA MORNE* C. Date of Delivery *6/11/18*

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

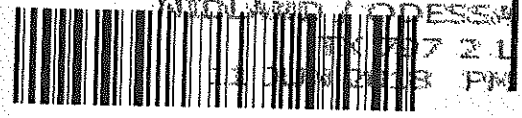
3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt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

7017 2400 0000 5766 3486

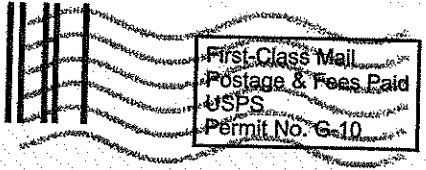
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0197 42



United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 15 2018



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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	\$	

JUN 8 2018  
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7.41

Fasken Land & Minerals LTD  
 6101 Holiday Hill Rd.  
 Midland, TX 79707  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 3486



**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:

Magnu e Hunter Production Inc.  
 202 S. Cheyenne Ave., Suite 1000  
 Tulsa, OK 74103  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0203 66

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4230

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature: Justin Wallace]  
 Received by (Printed Name) JUSTIN WALLACE  
 Date of Delivery 6-11-18

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

Domestic Return Receipt

**USPS TRACKING #**

9590 9402 3705 7335 0203 66

First-Class Mail  
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 USPS  
 Permit No. G-10

**United States Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

JUN 15 2018

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7017 2400 0000 5766 4230

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"/> Collect on Delivery	\$

Postmark Here

JUN 15 2018

To: 7411

Magnum Hunter Production Inc.  
 202 S. Cheyenne Ave., Suite 1000  
 Tulsa, OK 74103  
 81363-0135 So.Comfort/JLB

City, State, ZIP+4®

**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:

Novo Oil & Gas Northern Delaware L.L.C  
 105 N. Hudson Ave., Suite 50.  
 Oklahoma City, OK 73102  
 81363-0135 So.Comfort/JLB

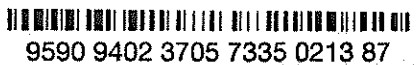
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *Jennifer L. Bradfute*  Agent  Addressee

B. Received by (Printed Name)  
*Jennifer L. Bradfute*

C. Date of Delivery  
 6/11/18

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



9590 9402 3705 7335 0213 87

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

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3837

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

Domestic Return Receipt

**USPS TRACKING#**

OKLAHOMA CITY

9590 9402 3705 7335 0213 87



First-Class Mail  
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 USPS  
 Permit No. G-10

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**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

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9590 9402 3705 7335 0213 87

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Certified Mail Fee  
 \$ 7.41

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 \$ \_\_\_\_\_



7017 2400 0000 5766 3837

Novo Oil & Gas Northern Delaware LI  
 105 N. Hudson Ave., Suite 50,  
 Oklahoma City, OK 73102  
 81363-0135 So.Comfort/JLB

**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:

Oxy USA Inc.  
110 W 7th St.  
Tulsa, OK 74119  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3820

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Karen McMurkin

C. Date of Delivery

6-11-18

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

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 0213 94



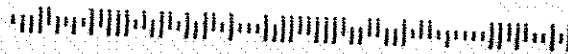
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

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Certified Mail Fee

\$ 7.41

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

Per

\$

To

\$

Se

St

City,

Oxy USA Inc.  
110 W 7th St.  
Tulsa, OK 74119  
81363-0135 So.Comfort/JLB

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

See Reverse for Instructions

7017 2400 0000 5766 3820

**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. Niederhoffer  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0203 97

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4209

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

*[Signature]* 6-11

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

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0203 97

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**OFFICIAL USE**

Certified Mail Fee	\$ 7.41
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	\$

Postmark  
 Here

2018

Postage

Total

Sent

Street

City

Roy G. Niederhoffer  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 4209

**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:

Robert H. Watson  
 3905 Futura Dr.  
 Roswell, NM 88201  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0203 80

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4216

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Robert H. Watson*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

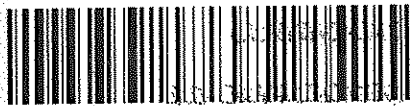
If YES, enter delivery address below:  No

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

Domestic Return Receipt

USPS TRACKING#



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7017 2400 0000 5766 4216

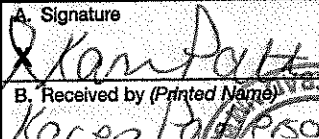
Certified Mail Fee

- \$ 7.41
- 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 \$

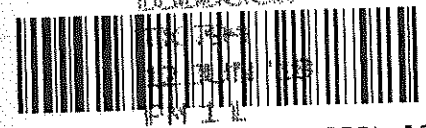
Postmark Here

JUN 8 2018

Robert H. Watson  
 3905 Futura Dr.  
 Roswell, NM 88201  
 81363-0135 So.Comfort/JLB

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>B. Received by (Printed Name) <u>Karen J. Branson</u> Date of Delivery _____</p> <p>C. <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>														
<p>1. Article Addressed to:</p> <p>Scott Branson and Valerie Branson, H&amp;W  P.O. Box 1502  Carlsbad, NM 88220  81363-0135 So.Comfort/JLB</p> <p>9590 9402 3705 7335 0204 10</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No  If YES, enter delivery address below:</p> <p>3. Service Type</p> <table border="0"> <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 checked="" 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"/> all Restricted Delivery</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 checked="" 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"/> all Restricted Delivery	
<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 checked="" 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"/> all Restricted Delivery															
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 5766 4186</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>														

**USPS TRACKING#**



9590 9402 3705 7335 0204 10

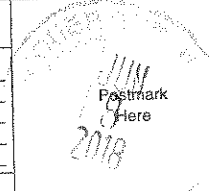
**United States Postal Service**

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**Jennifer L. Bradfute**  
**Modrall Law Firm**  
P.O. Box 2168  
Albuquerque, NM 87103

JUN 15 2018

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USPS  
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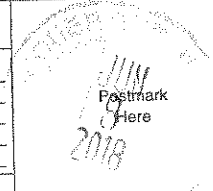


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Certified Mail Fee	\$ 7.41
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark Here  


Scott Branson and Valerie Branson, H&  
P.O. Box 1502  
Carlsbad, NM 88220  
81363-0135 So.Comfort/JLB

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.

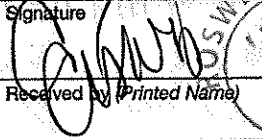
1. Article Addressed to:

Stacie M. Sexe  
P.O. Box 8156  
Roswell, NM 88202  
81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0212 95

2. Article Number (Transfer from service label)  
7017 2400 0000 5766 4445

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ 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

**USPS TRACKING #**



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Postage & Fees Paid  
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Permit No. G-10

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**Modrall Law Firm**  
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Certified Mail Fee	\$ 7.41
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	\$ _____

Postmark Here



7017 2400 0000 5766 4445

Postage \$ \_\_\_\_\_

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

Seni \$ \_\_\_\_\_

Stree \_\_\_\_\_

City \_\_\_\_\_

Stacie M. Sexe  
P.O. Box 8156  
Roswell, NM 88202  
81363-0135 So.Comfort/JLB

**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 R-N LP  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0213 49

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4391

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-11

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 (\$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 0213 49



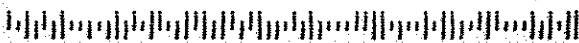
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

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Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103



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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 \$

Pos

\$

Tot

\$

Ser

Strk

City, State, ZIP+4®

The R-N LP  
 P.O. Box 823085  
 Dallas, TX 75382  
 81363-0135 So.Comfort/JLB

Postmark Here

JUN 14 2018

7017 2400 0000 5766 4391



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:

RKC Inc.  
 1527 Hillside Rd.  
 Fairfield, CT 06490  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

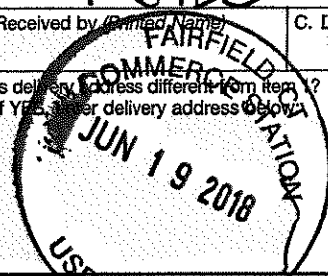
7017 2400 0000 5766 3783

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *R. L. J.*  Agent  Addressee

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

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



3. Service Type **06825**
- 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

USPS TRACKING#



9590 9402 3705 7335 0211 89

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
**P.O. Box 2168**  
**Albuquerque, NM 87109**

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

RECEIVED  
 JUN 21 2018

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 \$ **7.41**

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

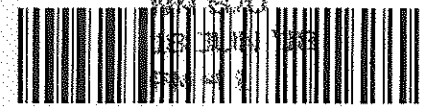
RKC Inc.  
 1527 Hillside Rd.  
 Fairfield, CT 06490  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 3783

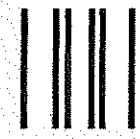
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">SM Energy Co.            1775 Sherman St., Suite 1200            Denver, CO 80203            81363-0135 So.Comfort/JLB</p> <p style="text-align: center;">9590 9402 3705 7335 0212 57</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6/2/18</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Description: _____</p> <p style="text-align: center;">7017 2400 0000 5766 4483</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 checked="" 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>

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

**USPS TRACKING#**



9590 9402 3705 7335 0212 57



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**United States  
Postal Service**


\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute  
 Modrall Law Firm  
 P.O. Box 2168  
 Albuquerque, NM 87103**

**RECEIVED**

JUN 2 2 2018

03-216868



7017 2400 0000 5766 4483

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OFFICIAL USE

Certified Mail Fee	\$ <u>7.41</u>
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	\$ _____

SM Energy Co.  
 1775 Sherman St., Suite 1200  
 Denver, CO 80203  
 81363-0135 So.Comfort/JLB

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:

Chevron U.S.A Inc.  
6001 Bollinger Canyon Rd.,  
San Ramon, CA 94583  
81363-0135 So.Comfort/JLB  
9590 9402 3705 7335 0214 48

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3981

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*Ryan Penning* 6-11-18

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        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input checked="" 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"/> Mail Restricted Delivery                |   |

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3705 7335 0214 48



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box.

**Jennifer L. Bradfute  
Modrall Law Firm  
P.O. Box 2168  
Albuquerque, NM 87199**

**RECEIVED  
JUN 22 2018**

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**OFFICIAL USE**

Certified Mail Fee \$ 7.41  
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  
*[Handwritten mark]*

7017 2400 0000 5766 3981

Chevron U.S.A Inc.  
6001 Bollinger Canyon Rd.,  
San Ramon, CA 94583  
81363-0135 So.Comfort/JLB

**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:

EOG Resources Inc.  
 P.O. Box 2267  
 Midland, TX 79702  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3578

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *J. Bradfute*  Agent  Addressee

B. Received by (Printed Name) *J. Bradfute* C. Date of Delivery *6-12-08*

D. Is delivery address different from item 1?  Yes  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



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**RECEIVED**  
 JUN 21 2008  
 BY: \_\_\_\_\_

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**Jennifer L. Bradfute**  
**Modrall Law Firm**  
 P.O. Box 2168  
 Albuquerque, NM 87103

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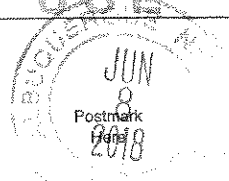
For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**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 \$ **7.41**

\$ Tot

\$ Ser.

Stre.

City,

EOG Resources Inc.  
 P.O. Box 2267  
 Midland, TX 79702  
 81363-0135 So.Comfort/JLB

7017 2400 0000 5766 3578

# USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

Tracking Number: 70172400000057664506

Remove X

Your item was delivered at 3:16 pm on June 22, 2018 in ROSWELL, NM 88201.

### ✓ Delivered

June 22, 2018 at 3:16 pm  
Delivered  
ROSWELL, NM 88201

Get Updates ∨

<b>Text &amp; Email Updates</b>		∨
<b>Tracking History</b>		∨
<b>Product Information</b>		∨

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<http://faq.usps.com/?articleId=220900>)



FAQs > (<http://faq.usps.com/?articleId=220900>)

### Track Another Package +

Tracking Number: 70172400000057664469

Remove X

Your item was delivered at 11:07 am on June 22, 2018 in GRAHAM, TX 76450.

## ✓ Delivered

June 22, 2018 at 11:07 am  
Delivered  
GRAHAM, TX 76450

Get Updates ∨

Text & Email Updates		∨
Tracking History		∨
Product Information		∨

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs (<http://faq.usps.com/?articleId=220900>)**

## Track Another Package +

**Tracking Number:** 70172400000057664452

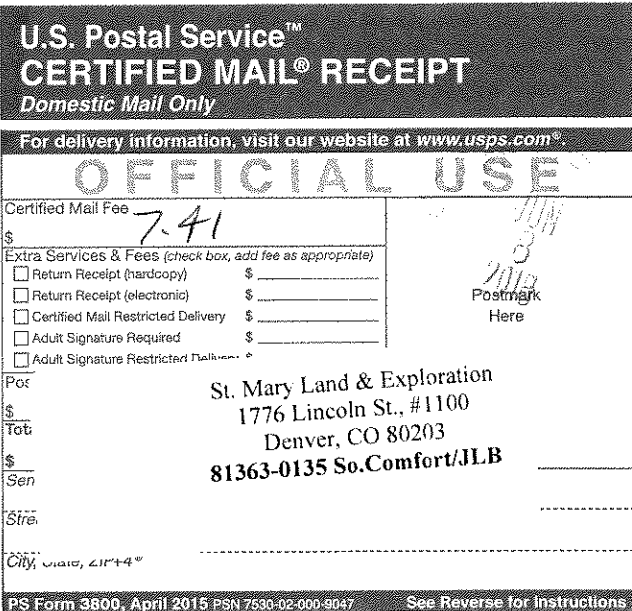
Remove X

USPS was unable to deliver your item as of 6:24 pm on June 11, 2018 in DENVER, CO 80203. The address may be incorrect, incomplete, or illegible.

### Alert

June 11, 2018 at 6:24 pm  
Unable to deliver item, problem with address  
DENVER, CO 80203

Get Updates ✓

Text & Email Updates	7017 2400 0000 5766 4452		▼
Tracking History		▼	
Product Information		▼	

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000057664148

Remove X

Your item departed our USPS facility in LUBBOCK TX DISTRIBUTION CENTER on June 26, 2018 at 5:01 pm. The item is currently in transit to the destination.

### In-Transit

June 26, 2018 at 5:01 pm  
Departed USPS Regional Facility  
LUBBOCK TX DISTRIBUTION CENTER

Get Updates ✓

<b>Text &amp; Email Updates</b>		▼
<b>Tracking History</b>		▼
<b>Product Information</b>		▼

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)



## Track Another Package +

Tracking Number: 70172400000057664124



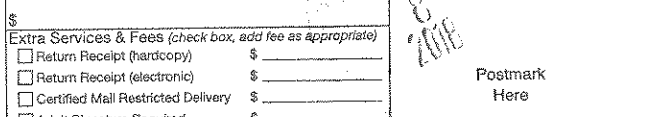
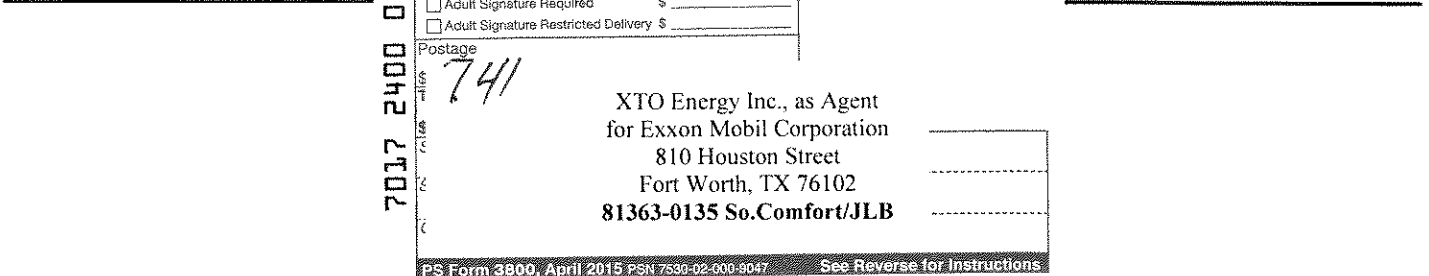
Remove X

The item is currently in transit to the next facility as of June 15, 2018.

### In-Transit

June 15, 2018  
In Transit to Next Facility

Get Updates ∨

<b>Text &amp; Email Updates</b>		∨
<b>Tracking History</b>		∨
<b>Product Information</b>		∨
		

### Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 70172400000057663967

Remove X



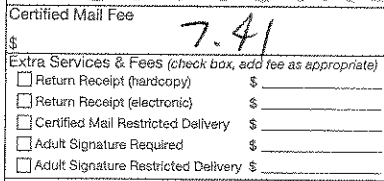
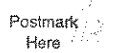
The item is currently in transit to the next facility as of June 14, 2018.

### In-Transit

June 14, 2018

In Transit to Next Facility

Get Updates v

<b>Text &amp; Email Updates</b>		v
<b>Tracking History</b>		v
<b>Product Information</b>		v
		
<p>7017 2400 0000 5766 3967</p> <p>Chevron USA Inc. 6301 Deauville, Midland, TX 79706 81363-0135 So.Comfort/JLB</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>		

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)

## Track Another Package +

**Tracking Number:** 7017240000057663479

Remove X

USPS was unable to deliver your item as of 6:05 pm on June 11, 2018 in DALLAS, TX 75231. The address may be incorrect, incomplete, or illegible.

### Alert

June 11, 2018 at 6:05 pm  
Unable to deliver item, problem with address  
DALLAS, TX 75231

Get Updates ▾

- **Text & Email Updates**

---
- **Tracking History**


---
- **Product Information**

---

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<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>Postmark Here</p>
<p>Postage \$ <b>7.41</b></p> <p>To: _____</p> <p>Se: _____</p> <p>St: _____</p> <p>City: _____</p>	<p>Foran Oil Co. 8340 Meadow Rd. #158 Dallas, TX 75231 81363-0135 So.Comfort/JLB</p>

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

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<http://faq.usps.com/?articleId=220900>)



FAQs > (<http://faq.usps.com/?articleId=220900>)

### Track Another Package +

Tracking Number: 70172400000057663417

Remove X

The item is currently in transit to the next facility as of June 26, 2018.

## In-Transit

June 26, 2018  
In Transit to Next Facility

Get Updates v

Text & Email Updates	<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	v
Tracking History	For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	v
Product Information	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OFFICIAL USE</p> <p>Certified Mail Fee \$ <u>7.41</u></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"/> Additional Certified Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total \$ _____</p> <p>Sent _____</p> <p>Street _____</p> <p>City, State, ZIP+4® _____</p> </div> <div style="margin-top: 10px;"> <p style="text-align: right;">Nearburg Exploration Co. LLC          3300 N. A St., #120          Midland, TX 9705          81363-0135 So.Comfort/JLB</p> </div> <p style="font-size: 0.8em;">PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	v

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<http://faq.usps.com/?articleId=220900>)

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**OFFICIAL USE**

909E 9925 0000 0042 2T02

Certified Mail Fee \$ 7.41

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  
JUN 21 2018

Postage

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

Sent \$ \_\_\_\_\_

Street \_\_\_\_\_

City, S \_\_\_\_\_

Riverhill Energy Co.  
P.O. Box 2726  
Midland, TX 79702  
81363-0135 So.Comfort/JLB

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

- Moved, Left No Address
- Riverhill Energy Co.
- P.O. Box 2726
- Midland, TX 79702
- Addressed, Not Known
- No Such Street
- No Such Number
- No Receipt
- Deceased
- Vacant

7017 2400 0000 5766 3806



CERTIFIED MAIL

**RECEIVED**  
JUN 21 2018  
BY:

**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:

Riverhill Energy Co.  
P.O. Box 2726  
Midland, TX 79702  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

9590 9402 3705 7335 0211 65

7017 2400 0000 5766 3806

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X**

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

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

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

Insured Mail®  Restricted Delivery

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

Domestic Return Receipt

NEOPOST  
06/08/2018  
US POSTAGE \$007.41  
FIRST-CLASS MAIL

2726

ZIP 87102  
04411283401

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**OFFICIAL USE**

Certified Mail Fee **7.41**  
\$

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	\$ _____



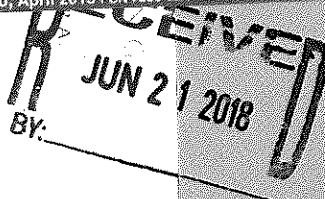
Post \$  
Total \$  
Ser \$  
Str \$

Siete Oil & Gas Corp.  
P.O. Box 2523  
Rowell, NM 88202  
81363-0135 So.Comfort/JLB

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

0644 9925 0000 0042 2102

Siete Oil & Gas Corp.  
P.O. Box 2523  
Rowell, NM 88202



**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:

Siete Oil & Gas Corp.  
P.O. Box 2523  
Rowell, NM 88202  
81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4490

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  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

<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 checked="" 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"/> Mail	
<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> 00	

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

Domestic Return Receipt

NEOPOST  
06/08/2018  
US POSTAGE \$007.41  
FIRST-CLASS MAIL  
ZIP 87102  
041M1283401



NIXIE 773 CE 1 7206/23/18

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

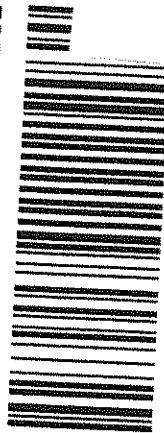
BC: 871033216858 2091N174180-01550

IAT Resources Inc.  
11281 Richmond Ave.  
Houston, TX 77082

PHI HARRIS & SISK, P.A.  
7100 7108

SPRING

7017 2400 0000 5766 3769



CERTIFIED MAIL

HA

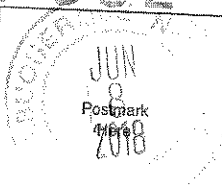
RECEIVED  
JUN 25 2018

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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	\$



For \$ 7.41

IAT Resources Inc.  
11281 Richmond Ave.  
Houston, TX 77082  
81363-0135 So.Comfort/JLB

692E 9925 0000 0042 2T02

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



ZIP 87102  
041M11283401

NEOPOST  
06/08/2018  
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FIRST-CLASS MAIL

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**OFFICIAL USE**

Certified Mail Fee \$ 7.41

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

Burlington Resources Oil & Gas Co. I  
 717 Texas Avenue, Suite 2100  
 Houston, TX 77002  
**81363-0135 So.Comfort/JLB**

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

7004 9925 0000 0042 2702

NIXIE 773  
 RETU  
 NOT DELIVI  
 UNAB

BC: 87103216

Burlington Resources Oil & Gas Co. LP  
 717 Texas Avenue, Suite 2100  
 Houston, TX 77002

*[Handwritten Signature]*

Geoff Harris & Sisk, P.A.

SPRING

RECEIVED  
 JUN 18 2018  
 BY: \_\_\_\_\_

7017 2400 0000 5766 4001



**CERTIFIED MAIL**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD FASTERS FIRM.

**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:

Burlington Resources Oil & Gas Co. LP  
 717 Texas Avenue, Suite 2100  
 Houston, TX 77002

**81363-0135 So.Comfort/JLB**

9590 9402 3705 7335 0214 24

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4001

**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  No  
 If YES, enter delivery address below: \_\_\_\_\_

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

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

NEOPOST

06/08/2018

US POSTAGE

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7017 2400 0000 5766 4001

ZIP 87102



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7017 2400 0000 5766 4360

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  
 JUN 18 2018

Post \$ 741

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

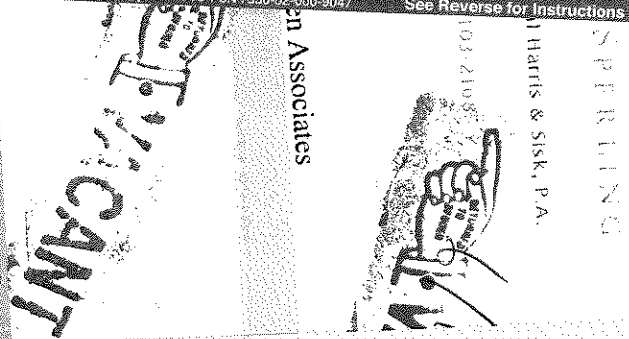
Serial \$ \_\_\_\_\_

Street \_\_\_\_\_

City, State \_\_\_\_\_

Warren Associates  
 Box 7250  
 Albuquerque, NM 87194  
 81363-0135 So.Comfort/JLB

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



**RECEIVED**  
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 BY: \_\_\_\_\_



7017 2400 0000 5766 4360

**CERTIFIED MAIL**

**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:

Warren Associates  
 Box 7250  
 Albuquerque, NM 87194  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4360

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X**

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

Mail Restricted Delivery (00)

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

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 06/08/2018  
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87102  
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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 \$ \_\_\_\_\_

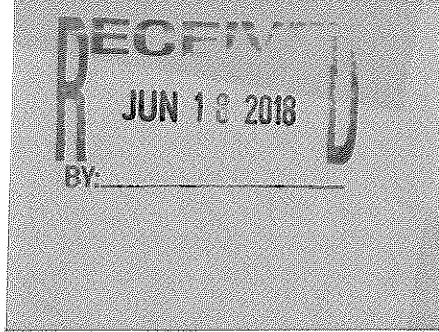
Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here  
 7015

Postage

Riverhill Energy Corporation  
 P.O. Box 5705  
 Midland, TX 79704  
 81363-0135 So.Comfort/JLB

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



CERTIFIED MAIL

731 FZ 1  
 UNABLE TO FORWARD

BC: 79704570505 DUN

Riverhill Energy Corporation  
 P.O. Box 5705  
 Midland, TX 79704

NOT DELIVERED AS ADDRESS UNABLE TO FORWARD

100 0000 5766 3790

**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:

Riverhill Energy Corporation  
 P.O. Box 5705  
 Midland, TX 79704  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from carrier label)  
 7017 2400 0000 5766 3790

**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

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

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

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7102  
 283401

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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 \$ \_\_\_\_\_

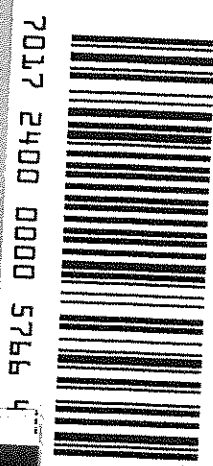
13/18  
 JUN 19 2018  
 Postmark Here  
 1735

To  
 \$  
 \$  
 \$  
 \$  
 \$  
 City, State, ZIP+4®  
 Worrall Investment Corp.  
 200 W. 1st St., #648  
 Roswell, NM 88201  
 81363-0135 So.Comfort/JLB

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

Worrall Investment Corp.  
 #648  
 88201

RECEIVED  
 JUN 19 2018  
 BY: \_\_\_\_\_



PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**

**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:  
 Worrall Investment Corp.  
 200 W. 1st St., #648  
 Roswell, NM 88201  
 81363-0135 So.Comfort/JLB

2. Article Number (Transfer from service label)  
 9590 9402 3705 7335 0204 41  
 7017 2400 0000 5766 4155

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

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

Domestic Return Receipt

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 06/08/2018  
**US POSTAGE \$007.41**  
 FIRST-CLASS MAIL

7102  
 283401



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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 \$ 7.91

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

Sen \$ \_\_\_\_\_

Str. \$ \_\_\_\_\_

City \$ \_\_\_\_\_

William V. Palmer  
1907 W. Jefferson  
Lovington, NM 88260  
81363-0135 So.Comfort/JLB

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

/12/18

ED

-02322

**RECEIVED**  
JUN 19 2018

7017 2400 0000 5766 4162



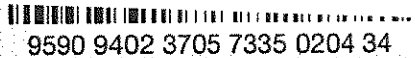
CERTIFIED MAIL

**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:

William V. Palmer  
1907 W. Jefferson  
Lovington, NM 88260  
81363-0135 So.Comfort/JLB



2. Article Number (Transfer from service label)

7017 2400 0000 5766 4162

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  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

Restricted Delivery

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

Domestic Return Receipt

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04:1M11283401

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Certified Mail Fee \$ 7.41

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 \$ \_\_\_\_\_

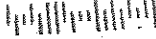
Postmark  
Here

Scot Exploration Inc.  
 214 W. 3rd St.  
 Roswell, NM 88201  
 81363-0135 So.Comfort/JLB

0006/13/18

RD

54172-01718



**RECEIVED**  
 JUN 19 2018

BY: \_\_\_\_\_

7017 2400 0000



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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:**

Scot Exploration Inc.  
 214 W. 3rd St.  
 Roswell, NM 88201  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0204 03

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

7017 2400 0000 5766 4193

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**  Agent  
 **X** 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

Certified Mail Restricted Delivery

Signature Confirmation Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt



ZIP 87102  
 041M11263401

**AGE \$007.41**

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Handwritten notes: MSN, 6/19/18

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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 \$ **7.41**

Total \$

Sent

Street

City

JTD Resources LLC  
 415 W. Wall, #1620  
 Midland, TX 79701  
 81363-0135 So.Comfort/JLB

Postmark Here  
 JUN 8 2018

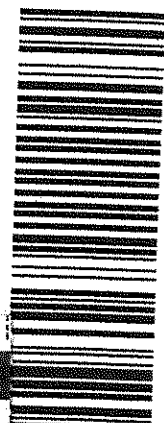
RECEIVED  
 JUN 19 2018

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

See Reverse for Instructions

9701  
 1620  
 LLC

7017 2400 0000 57



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**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JTD Resources LLC  
 415 W. Wall, #1620  
 Midland, TX 79701  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 U2U3 20

2. Article Number (Transfer from service label)

7017 2400 0000 5766 4278

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

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

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

Domestic Return Receipt

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 041M11283401

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Certified Mail Fee \$ 7.41

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

15/25/18

Postage

CL&F Resources LP  
 450 Gears Rd., Suite 700  
 Houston, TX 77067  
 81363-0135 So.Comfort/JLB

3-01126

**RECEIVED**  
 JUN 19 2018

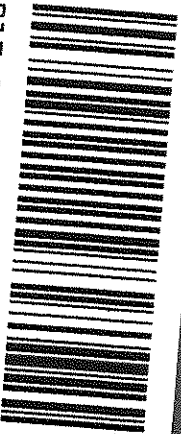
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CL&F Resources LP  
 Rd., Suite 700  
 TX 77067

Sisk, P.A.

BY: \_\_\_\_\_

7017 2400 0000 5766 39



**CERTIFIED MAIL**  
 KEEP AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

**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:

CL&F Resources LP  
 450 Gears Rd., Suite 700  
 Houston, TX 77067  
 81363-0135 So.Comfort/JLB

9590 9402 3705 7335 0214 79

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3950

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X**

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery \_\_\_\_\_

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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 06/08/2018  
**US POSTAGE \$007.41**  
 FIRST-CLASS MAIL

ZIP 87102  
 041M11283401

CARLSBAD  
**CURRENT-ARGUS**

**AFFIDAVIT OF PUBLICATION**

**Ad No.**  
**0001250870**

MODRALL SPERLING  
PO BOX 2168

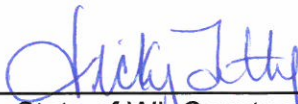
ALBUQUERQUE NM 87103

I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

06/14/18

  
Legal Clerk

Subscribed and sworn before me this  
14th of June 2018.

  
State of WJ, County of Brown  
NOTARY PUBLIC

9-19-21

My Commission Expires

CASE No. 16214: Notice to all affected parties, as well as the heirs and devisees of A WAYNE DAVENPORT; ALLAR CO; BANE BIGBIE; BB MANAGEMENT LLC; BF ENERGY LLC; BILLIE J MICHAUD TRUSTEE; BLUE RIDGE ENERGY LLC; CANDICE AND DEAN DELLENEY; CARL AND GWENETTA MORGAN; CATALYST ENERGY LLC; CENTENNIAL LLC; CROSSWIND RESOURCES LLC; DAVID WINGO; ENERGY PROPERTIES LIMITED LP; FORTYNINER RIDGE LLC; GEO-FINANCE INC; GROSS FAMILY LIMITED PARTNERSHIP; GUINN FAMILY PROPERTIES LTD; H M BETTIS INC; HAMMERSMITH REALTY INC; HUTCHINGS OIL COMPANY; INNOVENTIONS INC; IRIS CAMILLE JACKSON-MENEFEE; J AND J ENERGY LLC; JACKIE MIDKIFF; JACKS PEAK LLC; JAMES ADELSON AND; JAMES K AND MARTHA M LUSK TRUST; JARVIS J SLADE AND WIFE; JENNIFER ANN SCOTT; JIM WHITEHEAD OIL AND GAS LLC; JOHN E DONNELLAN; JTD RESOURCES LLC; KIP PURCELL; KITCHEL ESTATE EXEMPT TRUST; LANELL JOY HONEYMAN TTE; LAURENCE A AND RHONDA Q SMITH TTE; LEVI OIL AND GAS LLC; LHAH PROPERTIES LLC; LML WORKING PROPERTIES LLC; LONG LLC ; LT CAPITAL LLC; MAGIC MERLIN ENERGY INVESTMENTS LLC; MARK B MURPHY TTE MARK B MURPHY; MARK L SHIDLER; MARKS OIL INC; MARVIN C GROSS; MITCHELL EXPLORATION INC; MONARCH OIL AND GAS INC; MURPHY PETROLEUM CORPORATION; OCCIDENTAL PERMIAN LTD; OGI INC; OXY USA INC; PAISANO PARTNERS; PERMIAN BASIN INVESTMENT CORP; PETER BALOG TRUSTEE OF THE BALOG; PETROLUX INC; PJ GUY FAMILY TRUST; RCB INVESTMENTS ; REALTIMEZONE II LLC; REALTIMEZONE INC; RICHARDSON MINERAL AND ROYALTY LLC; RJ FORTUNE INVESTMENTS LLC; ROBIN K SHACKELFORD; ROBIN L





MORGAN; ROEC INC;  
ROGER BELLAH; SAM L  
SHACKELFORD; SCOTT  
EXPLORATION; SCOTT IN-  
VESTMENT CORP; SLASH  
FOUR ENTERPRISES INC;  
STANDPIPE MOUNTAIN  
LTD; STOVALL ENERGY  
LTD; STRATA PRODUC-  
TION; SUSAN S MURPHY  
TTE SUSAN S MURPHY;  
TAP ROCK RESOURCES  
LLC; THE GROSS LIMITED  
PARTNERSHIP; THOMAS  
FAMILY LIMITED PART-  
NERS; VALORIE F WALK-  
ER; WILLIAM N HEISS  
PROFIT SHARING PLAN;  
WORRALL INVESTMENT  
CORPORATION; WT BOY-  
LE AND COMPANY; ZEUS  
PETROLEUM INC; ZUNIS  
ENERGY LLC; AAR LP; OXY  
USA WTP LP; B.F.  
ALBRITTON, LLC; BANE  
BIGBIE INC.; BETTIS  
BROTHERS INC. & HNG  
OIL CO.; BETTY R. YOUNG;  
BURLINGTON RESOURCES  
OIL & GAS CO. LP; CARO-  
LYN BEALL; CHEVRON  
U.S.A INC.; CHISOLM EN-  
ERGY AGENT INC.; CL&F  
RESOURCES LP; CLM  
PRODUCTION CO.; COG  
PRODUCTION, LLC; DEV-  
ON ENERGY PRODUCTION  
CO. LP; DIAMOND STAR  
PRODUCTION CO. LLC;  
DUADAV RESOURCES  
LLC; EAU ROUGE LLC;  
ELEVEN SANDS EXPLORA-  
TION, INC.; EMILY J.  
SHARP; ENDEAVOR ENER-  
GY RESOURCES LP; EOG  
M RESOURCES, INC.; ER-  
NIE GRODI; ESTATE OF  
TIMOTHY T. LEONARD;  
FASKEN LAND & MINER-  
ALS LTD; FORAN OIL CO.;  
G. E. ROGERS, LLC;  
GRETCHEN B. NEARBURG;  
HOLSUM INCORP.; IAT RE-  
SOURCES INC.; JAMES R.  
GUINN FAMILY TRUST A;  
JAMES R. GUINN FAMILY  
TRUST M; JB III PART-  
NERS LP; JMW ENTER-  
PRISE LLC; JTD RESOUR-  
CES LLC; LDH HODLINGS  
LLC; LIS RESOURCES LLC;  
LUCIE INVESTMENTS LP;  
MAGNUM HUNTER PRO-  
DUCTION INC.; MENPART  
A S S O C I A T E S ;  
MEWBOURNE OIL CO.;  
MURCHISON OIL & GAS  
INC.; NEARBURG EXPLOR-  
ATION CO. LLC; NOVO  
OIL & GAS NORTHERN  
DELAWARE LLC;  
RIVERHILL ENERGY CO.;  
RKC INC.; ROBERT H.  
WATSON; ROY G.  
NIEDERHOFFERL SCOT  
EXPLORATION INC.;  
SCOTT BRANSON AND  
VALERIE BRANSON, H&W;  
SEALY HUTCHINGS CAVIN  
INC.; SIETE OIL & GAS  
CORP.; SM ENERGY CO.;  
SONIC OIL & GAS, L.P.;

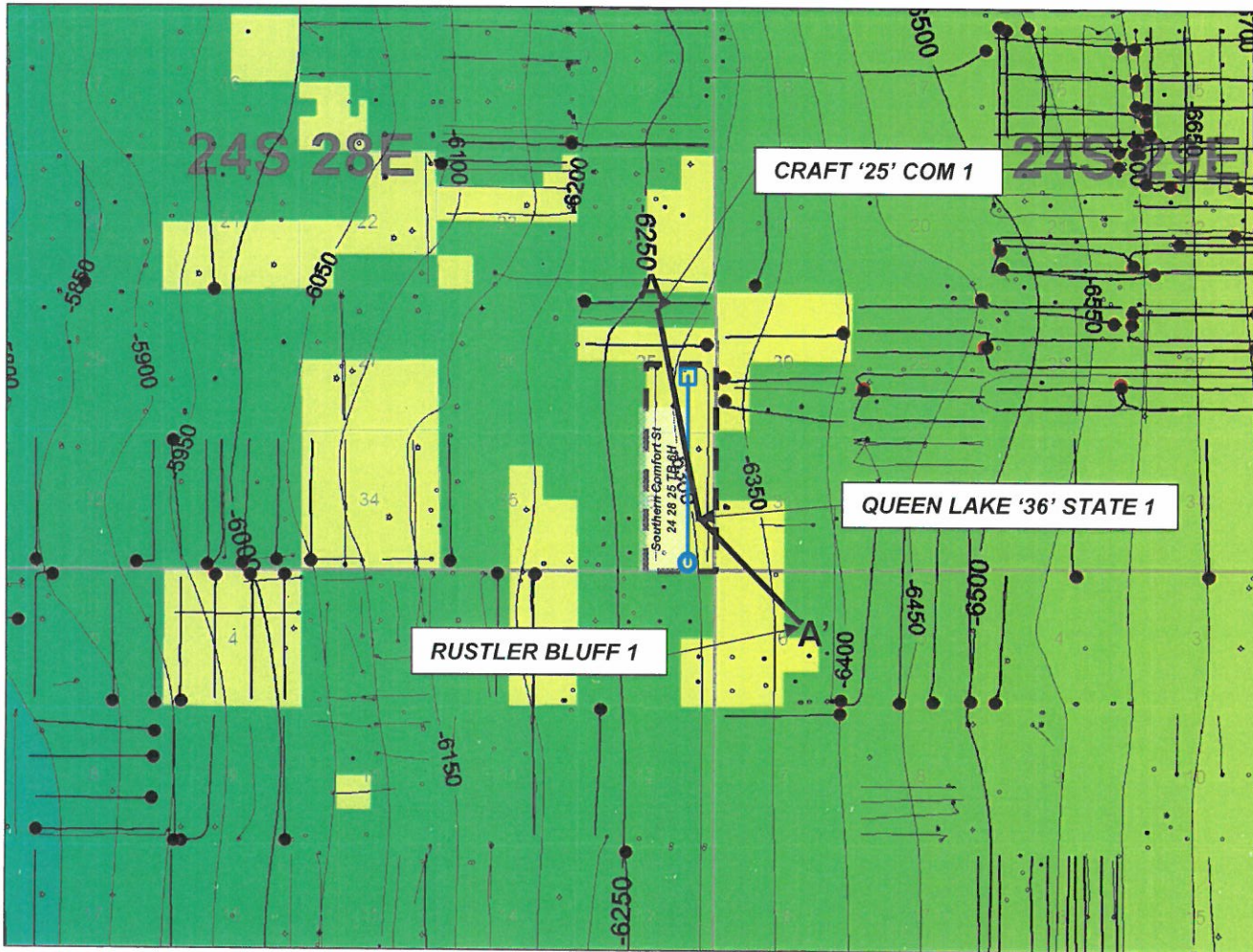
G.E. ROGERS, LLC; ST. MARY LAND & EXPLORATION; STACIE M. SEXE; T C ENERGY, LLC; TALUS INC.; THE ALLAR CO.; THE R-N LP; TIMOTHY D. GREEN; TWIN MONTANA INC.; WARREN ASSOCIATES; WILLIAM G. ELTON; WILLIAM V. PALMER; WORRALL INVESTMENT CORP.; WORRALL INVESTMENT CORP.; WRIGHT FAMILY LIVING TRUST; XTO ENERGY INC., AS AGENT FOR EXXON MOBIL CORPORATION of Marathon Oil Permian LLC's application for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. The State of New Mexico, through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on June 28, 2018, to consider this application. Applicant seeks an order from the Division: (1) creating a non-standard 240-acre, more or less, spacing and proration unit in the Bone Spring formation, comprised of the E/2 E/2 of Section 36 and the E/2 SE/4 of Section 25, Township 24 South, Range 28 East, NMPM, Eddy County, New Mexico; and, (2) pooling all mineral interests in the Bone Spring formation underlying this proposed non-standard spacing and proration unit. This proposed non-standard spacing and proration unit will be the project area for the Southern Comfort State 24-28-25 TB 6H well, to be horizontally drilled. The producing area for this well will be orthodox. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Marathon as operator of the well, and a 200% charge for risk involved in drilling said well. Said area is located approximately 3 miles south of Malaga, New Mexico.

Pub#1250870

Run: June 15, 2018

# SOUTHERN COMFORT STATE 24 28 25 TB 6H

Structure Map – Top of 3<sup>rd</sup> Bone Spring Sand Subsea



## Map Legend



MRO – Horizontal Location



Bone Spring Producer



MRO Acreage



Project Area

C.I. = 50'



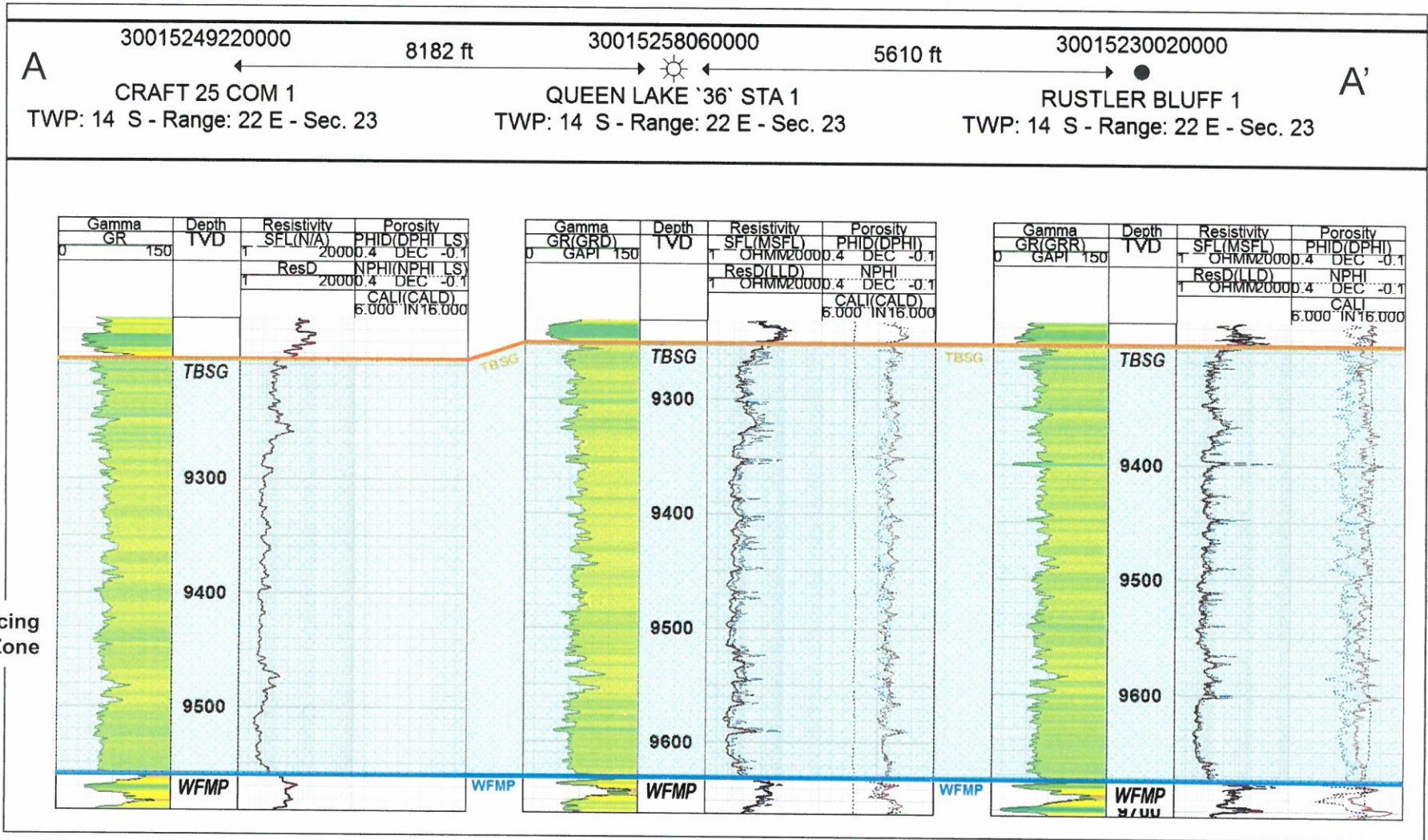
1 mile





# SOUTHERN COMFORT STATE 24 28 25 TB 6H

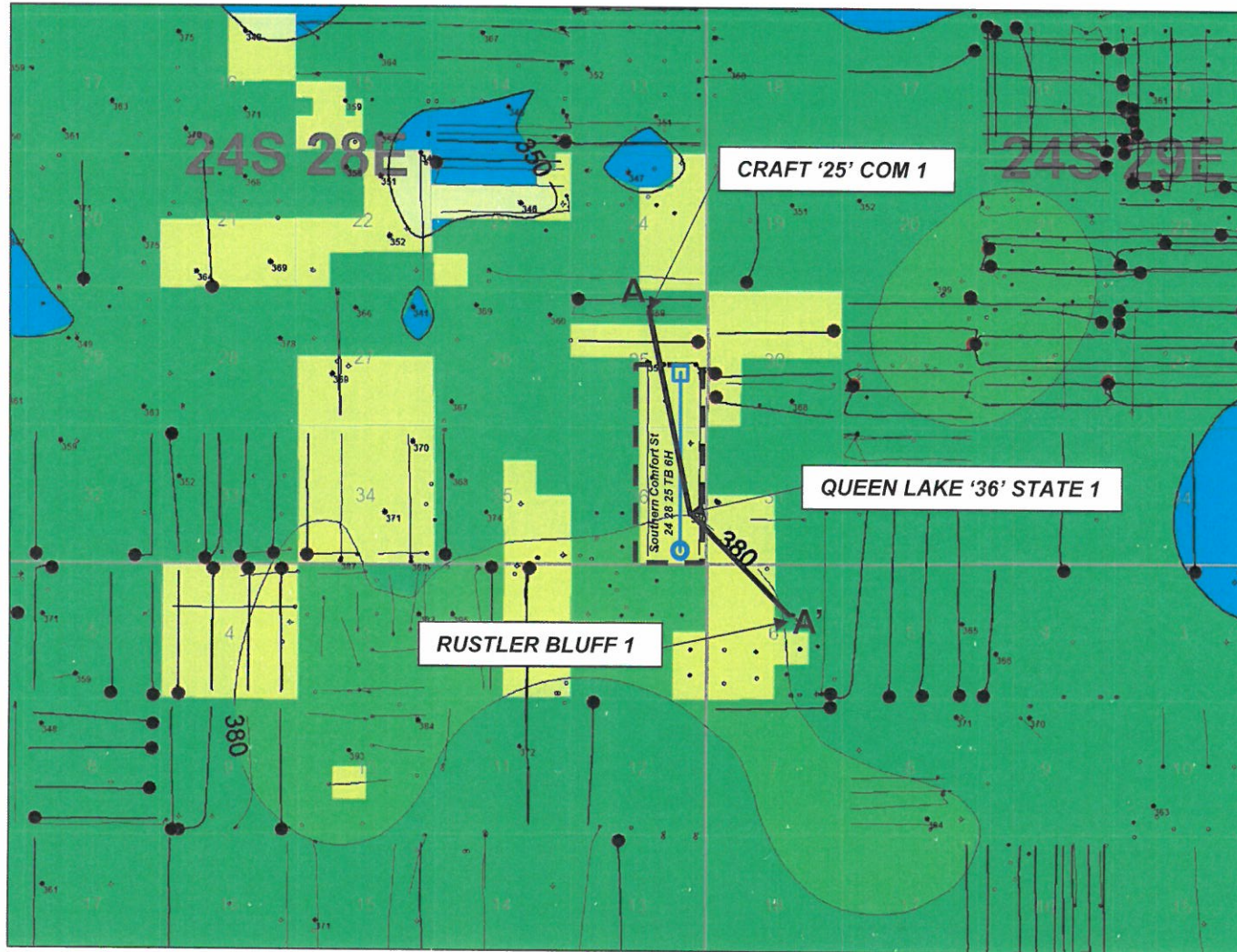
Stratigraphic Cross Section (Top Wolfcamp Datum)





# SOUTHERN COMFORT STATE 24 28 25 TB 6H

Isopach – 3<sup>rd</sup> Bone Spring Sand



## Map Legend



MRO – Horizontal Location



Bone Spring Producer



MRO Acreage

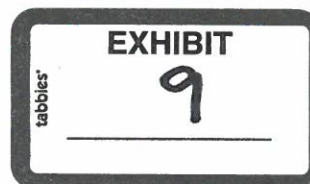


Project Area

C.I. = 30'



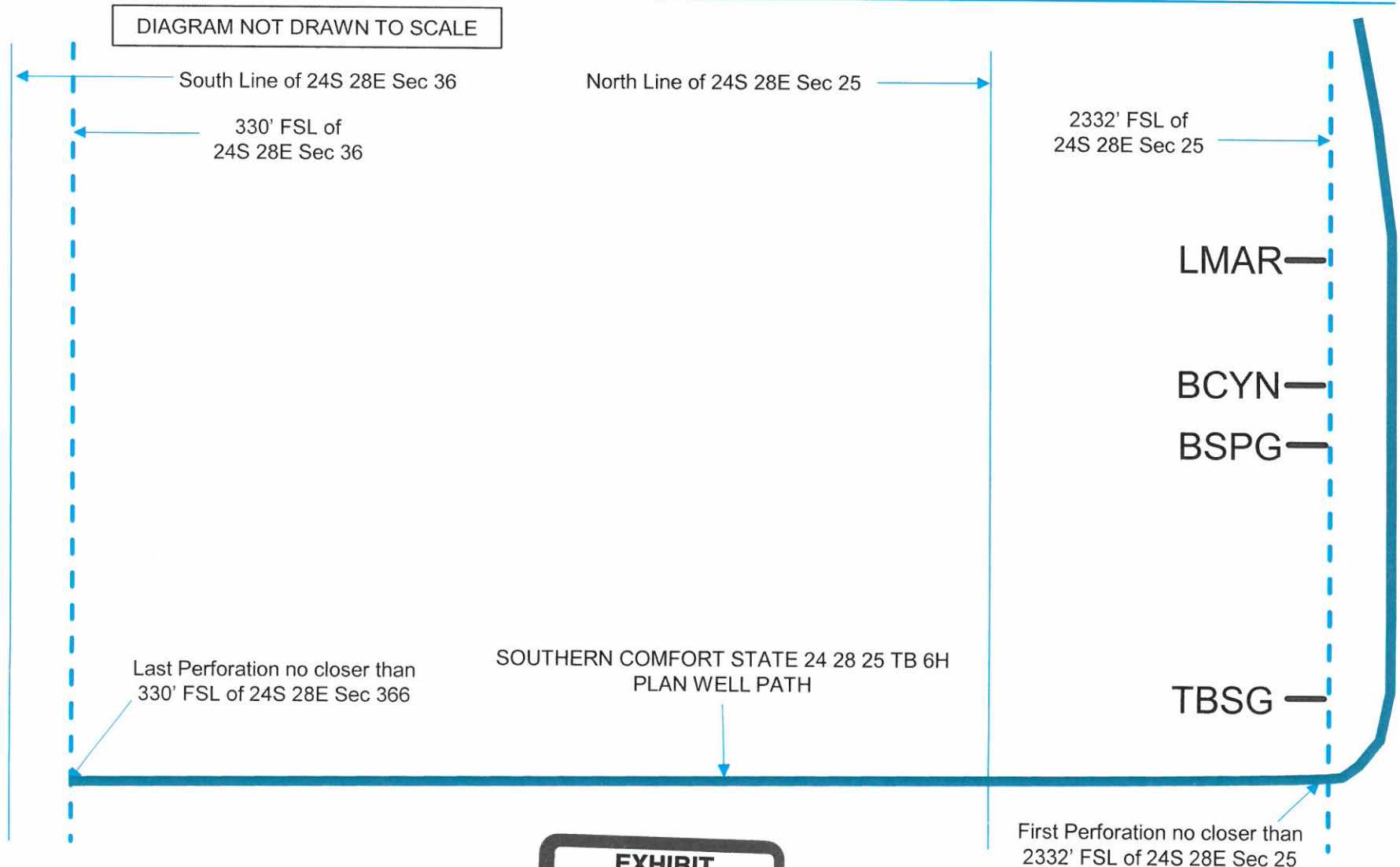
1 mile



# SOUTHERN COMFORT STATE 24 28 25 TB 6H

WBD

SURFACE HOLE 2424' FSL, 1777' FEL OF SEC 25-24S-28E



BOTTOM HOLE 330' FSL, 995' FEL OF SEC 36-24S-28E

