

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

**APPLICATION OF RIDGEWAY ARIZONA OIL
CORPORATION FOR COMPULSORY POOLING,
ROOSEVELT COUNTY, NEW MEXICO**

Case No. 20507

**SELF-AFFIRMED STATEMENT OF
WILLIAM BOYD**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.
2. I am Ridgeway Arizona Oil Company's (Ridgeway's") Land and Regulatory Manager. I have personal knowledge about Ridgeway's development of the standard 240-acre horizontal spacing unit ("HSU") that is the subject of Ridgeway's application in this case.
3. Attached hereto as Exhibit A is the C-102 for the Morrison San Andres Unit #942H well. The HSU is comprised of the NE/4 NW/4 of Section 16, the E/2 W/2 of Section 9, and the SE/4 SW/4 of Section 4, Township 6 South, Range 34 East in Roosevelt County, New Mexico. Ridgeway seeks to pool the uncommitted mineral interests in the San Andres formation underlying the HSU.
4. The HSU will be dedicated to the Morrison San Andres Unit #942H well, which will be horizontally drilled from a surface location in Unit C in Section 16 to a bottom hole location in Lot 3 in Section 4, Township 6 South, Range 34 East.
5. There are no depth exceptions in the San Andres formation underlying the HSU.
6. The HSU is located within the Morrison San Andres State Exploratory Unit, (the Unit") which was formed and approved with 92.4% of the working interests in the unit's fee

Case No. 20507

**RIDGEWAY AZ
Exhibit #1**

acreage committed to the Unit. Ridgeway holds 100% of the working interest in the State of New Mexico acreage in the Unit. Because some of the working interests in the fee acreage have not committed to proposed well, Ridgeway seeks to pool those uncommitted interests.

7. In March 2019, Ridgeway sent a well proposal letter and AFE to all of the then-uncommitted interests in the HSU. Attached hereto as Exhibit B is a sample of the well proposal letter.

8. Subsequently, Ridgeway had follow-up communications with uncommitted interest owners, several of whom leased or assigned their interest to Ridgeway or committed to the proposed well.

9. In my opinion, Ridgeway has made a good faith effort to obtain the voluntary joinder of the uncommitted mineral interests.

10. Ridgeway has the right to pool the overriding royalty owners in the HSU.

11. Ridgeway's counsel provided notice of the application and the Division hearing to all of the remaining uncommitted mineral interests in the HSU by certified mail. Attached hereto as Exhibit C are a list of the uncommitted interests, a sample notice letter, and the green cards that have been returned.

12. Because some of the uncommitted interests are unlocatable, notice of the hearing was published in the Eastern New Mexico News on May 8, 2019. A copy of the newspaper's Affidavit of Legal Publication is attached hereto as Exhibit D.

13. Attached hereto as Exhibit E is the AFE for the proposed well. The estimated costs of the well are fair and reasonable, and are comparable to the costs of other wells of similar depth and length drilled in Roosevelt County.

14. Ridgeway requests overhead and administrative rates of \$6,000 per month while the well is being drilled and \$600 per month while the well is producing. These rates are fair, and are comparable to the rates charged by other operators in the vicinity. They are also the rates set forth in the Joint Operating Agreement for the well. Ridgeway further requests that the rates be adjusted periodically in accordance with the COPAS Accounting Procedure.

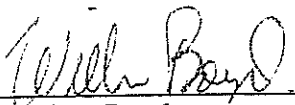
15. Ridgeway requests that it be designated the operator of the Morrison San Andres Unit #942H well.

16. Ridgeway also requests that a 200% risk charge be assessed against the remaining uncommitted interests if they are non-consenting working interest owners.

17. In my opinion, the granting of Ridgeway's application would serve the interests of conservation and the prevention of waste.

18. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

19. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 19 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.



William Boyd

6/24/2019
Date

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 893-6161 Fax: (575) 893-0720

DISTRICT II
811 S. First St., Artesia, NM 88210
Phone (575) 748-1815 Fax: (575) 748-0720

DISTRICT III
1000 Rio Pecos Rd., Aztec, NM 87410
Phone (505) 334-8178 Fax: (505) 334-8178

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3100 Fax: (505) 476-3100

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised August 1, 2011

Submit one copy to appropriate
District Office

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-041-20985	Pool Code 12080	Pool Name CHAYEROO, SAN ANDRES, NORTHEAST
Property Code 724922	Property Name MORRISON SAN ANDRES UNIT	Well Number 942H
OGRID No. 231429	Operator Name MANZANO LLC	Elevation 4354'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	16	6 S	34 E		1050	NORTH	1655	WEST	ROOSEVELT

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
LOT 3	4	6 S	34 E		25	NORTH	1590	WEST	ROOSEVELT

Dedicated Acres 240	Joint or Infill	Consolidation Code	Order No.
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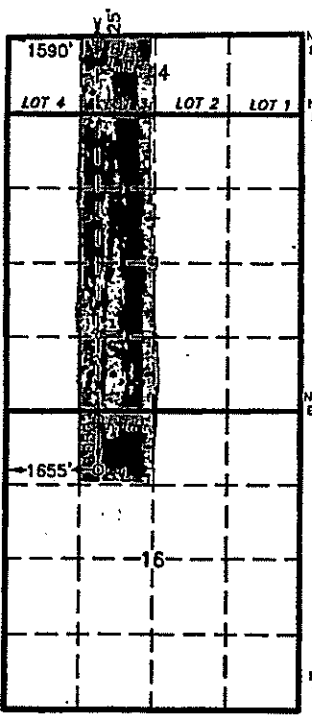
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

PROPOSED BOTTOM HOLE LOCATION
Lat - N 33.821121°
Long - W 103.473528°
NMSPCE- N 1027381.8
E 802468.3
(NAD-83)

LAST TAKE POINT
100 FNL & 1590 FWL
Lat - N 33.820915°
Long - W 103.473532°
NMSPCE- N 1027317.0
E 802468.1
(NAD-83)

FIRST TAKE POINT
150 FNL & 1650 FWL
Lat - N 33.802485°
Long - W 103.473308°
NMSPCE- N 1020603.6
E 802592.1
(NAD-83)

SURFACE LOCATION
Lat - N 33.799982°
Long - W 103.473302°
NMSPCE- N 1018704.0
E 802601.6
(NAD-83)



OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the Division.

Mike Hawagan 1/30/19
Signature Date

MIKE HAWAGAN
Printed Name

mike@manzanenergy.com
Email Address

SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

JANUARY 30, 2019
Date Surveyed

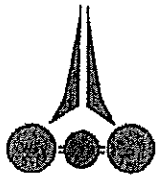
Mike Hawagan
Signature

Professional Surveyor
7977

Certified true copy of Survey 7977

0' 1500' 3000' 4500' 5000'
SCALE: 1" = 2000'
WO Num.: 34298

Exhibit
A



Ridgeway

Arizona Oil Corporation

March 4, 2019

Via Electronic Mail

Apache Corporation

Attn: Nick Laris

303 Veterans Airpark LN

Midland, TX 79705

RE: Well Proposal: Morrison San Andres Unit #942H

Section 16: NE/4 NW/4

Section 9: E/2 W/2

Section 4: SE/4 SW/4

SHL: 1050' FNL & 1655 FWL of Section 16-6S-34E

BHL: 25' FNL & 1590 FWL of Section 4-6S-34E

All in Township 6 South, Range 34 East, N.M.P.M.

Roosevelt County, New Mexico

Dear Mr. Laris:

Ridgeway Arizona Oil Corp ("RAO"), as Operator, hereby proposes to drill the Morrison San Andres Unit #942H as a horizontal well at the location referenced above, or at a legal location as approved by the governing regulatory agency, to a total vertical depth of approximately 4,050' TVD and a measured depth of 11,350' to test the San Andres Formation (hereinafter the "Operation"). The total cost of the Operation is estimated to be \$3,945,716 and a detailed description of the cost is set out in the enclosed Authorization for Expenditure ("AFE").

RAO is proposing to drill this well under the terms of the AAPL Form 610-1989 Operating Agreement. The Contract Area would include the above captioned lands and contain the following general provisions:

- 100%/300% Non-consent penalty
- \$6,000/\$600 Drilling and Producing rate
- Ridgeway Arizona Oil Corp named as Operator

Please indicate your participation election in the space provided below and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements in the event you wish to participate. In the event you do not wish to participate, RAO is providing an offer to acquire your interest under separate letter agreement.

Please contact the undersigned at 713.5747.7912 with any questions you may have.

Respectfully,

RIDGEWAY ARIZONA OIL CORP



Jody D. Crook
Consultant

_____ I/we hereby elect to participate in the Morrison San Andres Unit #942H.

_____ I/we hereby elect not to participate in the Morrison San Andres Unit #942H.

APACHE CORP:

By: _____

Name: _____

Title: _____

Date: _____

Township	Range	Survey	Sec	Tract	Unleased mailout in yellow	Returned	Lessor
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Jennifer Jai Baadsgaard (dau. JRB) 810 Avalon Court Cleburne, TX 76033
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Sharon Mincher 200 James Crt. #5 Mound House, NV 89706
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Robyn Metcalf P.O. Box 313 Byers CO 80103
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Everett Wayne Mincher P.O. Box 902 Denair CA 95316
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Nicole (Nikki) Mincher 4376 Buckhannon Pike Mount Clare, WV 26408
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Jonathan M Mincher-Davis 5530 Couth County Road 181 Byers CO 80103
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Kyle J. Carter 902 N. 4010 RD Boswell OK 74727
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Dalton W. Carter 902 N. 4010 RD Boswell OK 74727
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Marty L Carter 902 N. 4010 RD Boswell OK 74727
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		NOT FOUND	Marta Lorena Carrillo
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Timothy A. Metcalf is now 14 (Robyn Metcalf has adopted him) P.O. Box 313 Byers CO. 80103

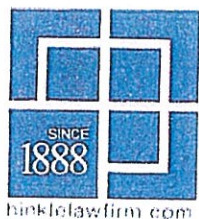


6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		UND	Mary Katherine (Mincher) Andres, SSP 212 E. 3rd St. Wewoka OK 74884
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Richard Douglas (Doug) Mincher LEBANON CORRECTIONAL INSTITUTION 3791 OH-36 LEBANON, OH 45036 INMATE # A666296
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Robert Dale Mincher 512 ROCKFORD DRIVE HAMILTON, OHIO 45013
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Randall David Mincher 223 BOND AVE. HAMILTON, OHIO 45011
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Ronnie Carl Carter P.O. Box 90 Stafford, OK 74872
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Melvin W. Carter 908 NW 10th Street Andrews, TX 79714
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Bobbie Nicole Goodwin 602 SW Ave H Andrews, Texas 79714
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Lena G. Carter White Address: 1570 SE 101 Andrews, Texas 79714
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Joshua Brian Davidson Address: 2164 Bonham Street Midland, Texas 79705
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	James Barry (Jamie) Davidson Jr. 433053 E 1617 Rd Tuskahoma, Ok 74574
6S	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		NOT FOUND	MARY A OCHOA from 1st marriage to OCHAO (DAUGHTER GIVEN UP FOR ADOPTION)

65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Bill H. Weinmaster 1420 Melrose Ave Modesto, CA 95350-4531
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Amber Nicole (Weinmaster) Newman 1521 Prim Rose Lane Modesta, CA 95355
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			Murrell Edwin Redding, Jr. IN 1/2 WAY HOUSE PENDING SENTENCING FOR PRISON, LAS VEGAS, NV
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Annie Lee Redding 327 E 9th Street Wewoka, OK 74884-3704
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4	UND		Marilyn Kay Calvert 214 E Monroe St. Maud, OK 74854
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4	✓		Lynette Campbell 1211 S. O'Cheese Wewoka, OK 74884
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4	UND		Tammy Darlene (Diane) Porter 800885 S Highway 99 Stroud, OK 74079-4826
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4	✓		Terry DeWayne Wolfe P.O. Box 335 Washington, OK 73093
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4	✓		Ed Allen Wolfe 7738 Jackson Road Krum, TX 76249
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4	✓		Trisha Lynn Rouse P.O. Box 423 Gordonville, TX 76245
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4	✓		Robin Lynn Redding 2872 Hwy 93 Sunset, LA 70584-5729

65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		NOT FOUND	Unknown Heirs or Devises of Cecil Redding, Deceased Intestate, NO CHILDREN OR ISSUE HAVE FOUND THAT THERE MAY BE CHILDREN.....4/23/19-DG
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Mitchell K. Cargill 128 E 2nd Street Sasakwa, OK 74867
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		UND	Mary Lou Shepard, SSP P.O. Box 534 Okemah, OK 74859
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			Stuart Michael Chisholm, SSP Fasanvagen 7 17564 JARFALL, Sweden
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	DEBBIE ONETA KERR 15701 Claremont Blvd Edmond, OK 73013
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		UND	Janette Walker 2951 Branciforte Dr Santa Cruz, CA 95065
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	James Mince 2389 Langholm Dr Colorado Springs, CO 80920
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Madeline Dilbeck Lambert 2806 E Lansing Ave Broken Arrow, OK 74014-1845
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Paul B. Sparks 1562 Free Road McCaulester, OK 74501
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Ricky Don Sparks 1014 E. 146th St. Glenpool, OK 74033

65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Timothy Keith Sparks 120998 Jones Road Eufaula, OK 74432
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Derin W. Dilbeck 12517 S. 3rd Jenks, OK 74037
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		UND	A. (Ahmed) Mike Moganam (sp) 1734 Haystack Rd. Castle Rock, CO 80104
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4		✓	Theresa Jean Luing 1734 Haystack Rd. Castle Rock, CO 80104
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			ROY LYNN SWIM 1/3 X 1/6 PO BOX 303 SUNDOWN, TX 79372
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			RONALD SWIM 1/3 X 1/6 PO BOX 303 SUNDOWN, TX 79372
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			PERRY SWIM 1/3 X 1/6 121 ORIOLE DR. ARLINGTON, TX 76010
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			ALLICE KATHRYN WORTHAM 1/12 5620 HILL RD BOISE, IDAHO 83703
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			DONALD L MARTINDALE 1/12 118 NORTH EMBERWOOD ROBINSON, TX 76706
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			SUSAN BULLOCK 1/12 1605 OAK HILL ROSEBERG, OR 97470
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			SANDRA CHERRY 1/12 1704 WOODMERE LOOP MONTGOMERY, AL 36117
65	34E	N.M.P.M.	9	NE/4, N/2NW/4, SE/4NW/4			IRMA LEE PEPPER 1/6 PO BOX 156 ESTELLINE, TEXAS 79233



HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87501

505-982-4554 (FAX) 505-982-8623

WRITER

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

May 7, 2019

VIA CERTIFIED MAIL

Apache Corporation
Attn: Maggie Hegenbart
303 Veterans Airpark Ln
Midland, TX 79705

Re: Ridgeway Arizona Oil Corporation NMOCD Application

Dear Ms. Hegenbart:

Enclosed is a copy of an application for compulsory pooling that Ridgeway Arizona Oil Corporation ("Ridgeway") has filed with the New Mexico Oil Conservation Division ("the Division"). Ridgeway seeks to pool all uncommitted mineral interests in the San Andres formation in a standard 240-acre horizontal spacing unit comprised of the NE/4 NW/4 of Section 16, the E/2 W/2 of Section 9, and the SE/4 SW/4 of Section 4, Township 6 South, Range 34 East, N.M.P.M., in Roosevelt County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 13, 2019 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Apache Corporation ("Apache") is not required to attend this hearing, but as an owner of an interest that may be affected by Ridgeway's application, it may appear at the hearing and present testimony. If Apache does not appear at that time and become a party of record, it will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, June 6, 2019. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson

GWL:sm
Enclosure

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 1720
ARTESIA, NEW MEXICO 88211
575-622-6510
(FAX) 575-746-6316

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

7601 JEFFERSON ST NE - SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320
(FAX) 505-858-8321

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

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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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<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 and Fees
 \$

Sent To
 Street and Apt. No., or PO Box No. P.O. Box 423
 City, State, ZIP+4® Gordonville, TX 76245

Postmark Here

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

7018 2290 0000 3423 5617

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

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

OFFICIAL USE

Certified Mail Fee
 \$

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

<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 and Fees
 \$

Sent To
 Street and Apt. No., or PO Box No. 118 North Emberwood
 City, State, ZIP+4® Robinson, TX 76706

Postmark Here

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

7018 2290 0000 3431 1618

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

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

OFFICIAL USE

Certified Mail Fee
 \$

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

<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 and Fees
 \$

Sent To
 Street and Apt. No., or PO Box No. 4376 Buckhannon Pike
 City, State, ZIP+4® Mount Clare, WV 26408

Postmark Here

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

7018 2290 0000 3423 5631

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

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

OFFICIAL USE

Certified Mail Fee
 \$

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

<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 and Fees
 \$

Sent To
 Street and Apt. No., or PO Box No. P.O. Box 902
 City, State, ZIP+4® Denver, CA 95316

Postmark Here

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

7018 2290 0000 3423 5570

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

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

OFFICIAL USE

Certified Mail Fee
 \$

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

<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 and Fees
 \$

Sent To
 Street and Apt. No., or PO Box No. 602 SW Avenue H
 City, State, ZIP+4® Andrews, TX 79714

Postmark Here

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Debbie Oneta Kerr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Debbie Oneta Kerr 15701 Claremont Blvd Edmond, OK 73013		B. Received by (Printed Name) <i>Debbie Oneta Kerr</i>	C. Date of Delivery MAY 23 2019 EDMOND, OK 73013
2. Article Number (Transfer from service label) 7018 2290 0000 3423 5594		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Mitchell K. Cargill</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mitchell K. Cargill 128 E. 2 nd Street Sasakwa, OK 74867		B. Received by (Printed Name) <i>Mitchell K. Cargill</i>	C. Date of Delivery 5-20-19
2. Article Number (Transfer from service label) 7018 2290 0000 3431 1601		D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No Po Box 300 Sasakwa, OK 74867	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Shelley Wolfe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Ed Allen Wolfe 7738 Jackson Road Krum, TX 76249		B. Received by (Printed Name) <i>Shelley Wolfe</i>	C. Date of Delivery 5-11-19
2. Article Number (Transfer from service label) 7018 2290 0000 3423 5624		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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:

Timothy Keith Sparks
120998 Jones Road
Eufaula, OK 74432



9590 9402 3453 7275 3852 73

2. Article Number (Transfer from service label)

7018 2290 0000 3423 9844

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)

Tim Sparks

C. Date of Delivery

5-17-19

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

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

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

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Theresa Jean Luing
1734 Haystack Road
Castle Rock, CO 80104



9590 9402 3453 7275 3852 97

2. Article Number (Transfer from service label)

7018 2290 0000 3431 1786

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)

Theresa Luing

C. Date of Delivery

05/19

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

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

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jonathan M. Mincher-Davis
5530 Couth County Road 181
Byers, CO 80103



9590 9402 3453 7275 3855 56

2. Article Number (Transfer from service label)

7018 2290 0000 3423 5686

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)

Robyn Moter

C. Date of Delivery

5-16-19

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

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

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jennifer Jai Baadsgaard
810 Avalon Court
Cleburne, TX 76033



9590 9402 3453 7275 3851 05

2. Article Number (Transfer from service label)

7018 2290 0000 3423 5679

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jennifer Baadsgaard

C. Date of Delivery

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

MAY 16 2019

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

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:

Ronnie Carl Carter
P.O. Box 90
Stafford, OK 74872



9590 9402 3453 7275 3853 65

2. Article Number (Transfer from service label)

7018 2290 0000 3431 1717

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Ronnie Carter

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

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:

Ronald Swim
P.O. Box 303
Sundown, TX 79372



9590 9402 3453 7275 3853 72

2. Article Number (Transfer from service label)

7018 2290 0000 3431 1700

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Dessie Swim

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p>Robin Lynn Redding 2872 Hwy 93 Sunset, LA 70584</p>		<p>A. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) pcomeau</p> <p>C. Date of Delivery 5/11/19</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) 7018 2290 0000 3431 1687</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 <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p>Susan Bullock 1605 Oak Hill 1065 Roseberg, OR 97470</p>		<p>A. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) SUSAN BULLOCK</p> <p>C. Date of Delivery 5/13/19</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) 7018 2290 0000 3431 1755</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 <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	


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


Domestic Return Receipt


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p>Roy Lynn Swim P.O. Box 303 Sundown, TX 79372</p>		<p>A. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Dessie Swim</p> <p>C. Date of Delivery 5-13-19</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) 7018 2290 0000 3431 1724</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 <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	


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

Domestic Return Receipt


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Sharon Mincher</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Sharon Mincher 200 James Court, #5 Mound House, NV 89706		B. Received by (Printed Name) <i>Sharon Mincher</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
 9590 9402 3453 7275 3853 34		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail	
2. Article Number (Transfer from service label) 7018 2290 0000 3431 1748		Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Madeline Lambert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Madeline Dilbeck Lambert 2806 E. Lansing Avenue Broken Arrow, OK 74014		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
 9590 9402 3453 7275 3855 01		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail	
2. Article Number (Transfer from service label) 7018 2290 0000 3423 5730		Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Chris Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Richard Douglas Mincher Lebanon Correctional Institution 3791 OH-36 Lebanon, OH 45036 Inmate #A666296		B. Received by (Printed Name) <i>Chris Smith</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
 9590 9402 3453 7275 3854 26		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail	
2. Article Number (Transfer from service label) 7018 2290 0000 3431 1656		Restricted Delivery	
(over \$500)			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Terry DeWayne Wolfe P.O. Box 335 Washington, OK 73093</p>	<p>A. Signature X <u>Paula Wolfe</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Paula Wolfe</u> C. Date of Delivery <u>5-14-19</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 style="text-align: center;"> 9590 9402 3453 7275 3853 03</p> <p>2. Article Number (Transfer from service label) <u>7018 2290 0000 3431 1779</u></p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> <p style="text-align: right;">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 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 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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Apache Corporation Attn: Maggie Hegenbart 303 Veterans Airpark Ln Midland, TX 79705</p>	<p>A. Signature X <u>J. Bury</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J. Bury</u> C. Date of Delivery <u>5-13-19</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 style="text-align: center;"> 9590 9402 3453 7275 3852 28</p> <p>2. Article Number (Transfer from service label) <u>7018 2290 0000 3423 5556</u></p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> <p style="text-align: right;">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 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
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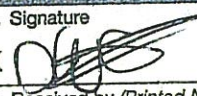
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p style="text-align: center;"> 9590 9402 3453 7275 3854 95</p> <p>2. Article Number (Transfer from service label) <u>7018 2290 0000 3431 1588</u></p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> <p style="text-align: right;">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 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
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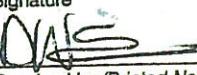
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<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3423 5716</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> 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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Restricted Delivery</p>

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<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3431 1694</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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Restricted Delivery</p>

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<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3431 1793</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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Restricted Delivery</p>


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

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<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Melvin W. Carter 908 NW 10th Street Andrews, TX 79714</p>  <p>9590 9402 3453 7275 3854 88</p> <p>2. Article Number (Transfer from service label) 7018 2290 0000 3431 1595</p>	<p>A. Signature X <i>Melvin W. Carter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</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>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 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>II 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 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 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															

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<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>1. Article Addressed to:</p> <p>Lynette Campbell 1211 N. O'Cheese Wewoka, OK. 74884</p>		<p>A. Signature <i>Lynette Campbell</i></p> <p>B. Received by (Printed Name) <i>Lynette Campbell</i></p> <p>C. Date of Delivery <i>5-10-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3423 5723</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"/> Delivery Restricted Delivery</p> <p><input type="checkbox"/> Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	


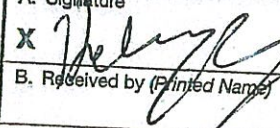
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<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>1. Article Addressed to:</p> <p>Amber Nicole Newman 1521 Prim Rose Lane Modesta, CA 95355</p>		<p>A. Signature <i>Amber Nicole Newman</i></p> <p>B. Received by (Printed Name) <i>Amber Nicole Newman</i></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>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3423 5532</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"/> 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 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


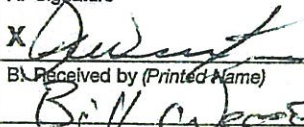
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>James Barry Davidson, Jr. 433053 E. 1617 Rd Tuskahoma, OK 74574</p>		<p>A. Signature <i>James Barry Davidson, Jr.</i></p> <p>B. Received by (Printed Name) <i>James Barry Davidson, Jr.</i></p> <p>C. Date of Delivery <i>5/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3423 5655</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"/> Restricted Mail</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

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<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Tammy Diane Perkins-Walkup 1009 S. High School Street Ada, OK 74820</p> <p></p> <p>9590 9402 3453 7275 3853 10</p> <p>2. Article Number (Transfer from service label) 7018 2290 0000 3431 1762</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 5-10-19</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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>


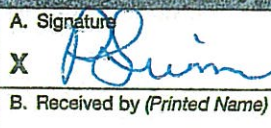
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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


Domestic Return Receipt


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

Domestic Return Receipt

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1. Article Addressed to: Paul B. Sparks 1562 Free Road McCalester, OK 74501	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label) 7018 2290 0000 3431 1625	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 3453 7275 3854 57	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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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1. Article Addressed to: Annie Lee Redding 327 E. 9 th Street Wewoka, OK 74884	B. Received by (Printed Name) C. Date of Delivery <i>ANNA REDDING 5/10/19</i>
2. Article Number (Transfer from service label) 7018 2290 0000 3423 5549	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 3453 7275 3852 35	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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
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1. Article Addressed to: Alice Kathryn Wortham 5620 Hill Road Boise, ID 83703	B. Received by (Printed Name) C. Date of Delivery <i>5/10</i>
2. Article Number (Transfer from service label) 7018 2290 0000 3423 5525	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 3453 7275 3852 59	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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
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- ☐ 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 Mince
2389 Langholm Drive
Colorado Springs, CO 80920



9590 9402 3453 7275 3851 12

2. Article Number (Transfer from service label)

7018 2290 0000 3423 5662

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- ☐ Agent
- ☒ Addressee

B. Received by (Printed Name)

Chantra Phan

C. Date of Delivery

5/14/19

D. Is delivery address different from item 1?
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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Priority Mail Express®

Domestic Return Receipt

AFFIDAVIT OF LEGAL PUBLICATION

LEGAL #8116

STATE OF NEW MEXICO
COUNTIES OF CURRY
AND ROOSEVELT:

The undersigned, being dully sworn, says:
That she is a Legal Clerk of
The Eastern New Mexico News
Newspaper of general circulation,
Published in English at Clovis and Portales,
said counties and state, and that the
hereto attached

Publication Notice
Legal #8116

was published in The Eastern New Mexico News
a daily newspaper duly qualified for that purpose
within the meaning of Chapter 167 of the 1937
Session Laws of the State of New Mexico for
2 Days/weeks on the same days as follows:

First Publication: May 8, 2019

Second Publication

Third Publication:

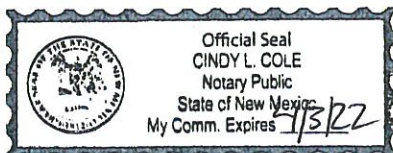
Fourth Publication

Tammy Newby
Legal Clerk

Subscribed and sworn to before me,
May 8, 2019

Cindy L. Cole
Notary Public

My commission expires on April 3, 2022



Legal 8116
May 8, 2019

PUBLICATION NOTICE

This is to notify all interested parties, including the New Mexico State Land Office, Jennifer Jai Baadsgaard, Sharon Mincher, Robyn Metcalf, Everett Wayne Mincher, Nicole Mincher, Jonathan M. Mincher-Davis, Kyle J. Carter, Dalton W. Carter, Marty L. Carter, Timothy A. Metcalf, Richard Douglas Mincher, Robert Dale Micher, Randall David Mincher, Ronnie Carl Carter, Melvin W. Carter, Bobbie Nicole Goodwin, Lena G. Carter White, Joshua Brian Davidson, James Barry Davidson, Jr., Bill H. Weinmaster, Amber Nicole Newman, Murrell Edwin Redding, Jr., Annie Lee Redding, Lynette Campbell, Terry DeWayne Wolfe, Ed Allen Wolfe, Trisha Lynn Rouse, Robin Lynn Redding, Mitchell K. Cargill, Stuart Michael Chisholm, Debbie Oneta Kerr, James Mince, Madeline Dilbeck

Lambert, Paul B. Sparks, Ricky Don Sparks, Timothy Keith Sparks, Derin W. Dilbeck, Theresa Jean Luing, Roy Lynn Swim, Ronald Swim, Perry Swim, Alice Kathryn Wortham, Donald L. Martindale, Susan Bullock, Sandra Cherry, Irma Lee Pepper and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Ridgeway Arizona Oil Corporation ("Ridgeway") at 8:15 a.m. on June 13, 2019 in Porter Hall at 1220 South St. Francis Drive, Santa Fe, New Mexico. Ridgeway seeks an order pooling all uncommitted mineral interests in the San Andres formation in a standard 240-acre horizontal spacing unit comprised of the NE/4 NW/4 of Section 16, the E/2 W/2 of Section 9, and the SE/4 SW/4 of Section 4, Township 6 South, Range 34 East, N.M.P.M., in Roosevelt County, New Mexico. The completed interval for the well will be orthodoxy. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Ridgeway as the operator of the well, and a 200% charge for the risk of drilling and completing the well. The horizontal spacing unit is located approximately eight (8) miles southwest of Dora, New Mexico.

Exhibit
D

Authorization for Expenditure

OPERATOR: Ridgeway Arizona Oil Corp
WELL NAME: Morrison Unit #942H
AFE TITLE: Drill & Complete
AFE NUMBER: 041901
FIELD: Chaveroo NE
LAT/LONG SHL:
FORMATION: San Andres

DATE: 1/19/2019
TD: 11350
TVD: 4050
COUNTY, STATE: Roosevelt, NM
API #: 30-041-20985
WI%:
NRI%:



Ridgeway
Arizona Oil Corporation

SCOPE OF WORK:

AFE to drill & complete the Morrison Unit 942H to a total depth of 11,350' MD. Target formation is the Chaveroo Northeast San Andres reservoir located at 4,050' TVD.

INTANGIBLE DRILLING EXPENSES				
ACCOUNT	DESCRIPTION	NOTES	COSTS	TOTAL
5101	Environmental And Safety		\$99,468	\$99,468
5102	Land Service & Exp			\$0
5103	Legal Fees & Exp			\$0
5104	Ins - Control Of Well			\$0
5105	Ins - GI & Umbrella			\$0
5106	Overhead			\$0
5107	Permits, Survey, Regulatory		\$2,750	\$2,750
5108	Location, Damages & Clean Up		\$113,600	\$113,600
5109	Rig - Mob/Demob		\$116,860	\$116,860
5110	Rig - Daywork		\$240,550	\$240,550
5111	Rig - Footage			\$0
5112	Rig - Turnkey			\$0
5113	Coiled Tbg, Snubbing, Nitro			\$0
5114	Fuel, Power, Water		\$163,500	\$163,500
5115	Communications		\$11,490	\$11,490
5116	Transportation		\$18,500	\$18,500
5117	Consulting Service/Supervision		\$97,150	\$97,150
5118	Contract Labor & Services		\$22,000	\$22,000
5119	Geosteering			\$0
5120	Rentals - Downhole		\$46,310	\$46,310
5121	Rentals - Surface		\$65,000	\$65,000
5122	Bits		\$56,300	\$56,300
5123	Casing Crew & Equipment		\$36,400	\$36,400
5124	Cementing Services		\$101,600	\$101,600
5125	Directional Tools & Services		\$253,000	\$253,000
5126	Fishing Tools & Service			\$0
5127	Mud, Chemicals, Fluids		\$44,550	\$44,550
5128	Mud Logging			\$0
5129	Openhole Logging, FT, SWC			\$0
5130	Electric/Wireline & Perf Service			\$0
5131	Drill Stem Testing, Coring			\$0
5132	Tubular Testing & Inspection			\$0
5137	Cuttings & Fluid Disposal			\$0
5138	Seismic Acquisition			\$0
5150	P and A Costs			\$0
5154	Materials And Supplies		\$950	\$950
5160	Misc & Contingencies			\$0
5161	Contingencies			\$0
5170	Non-Op Drilling - Intang			\$0
5188	Accrued IDC			\$0
5195	Allow For IDC Impairment			\$0
5196	Transfer IDC To Proved Prop			\$0
5199	IDC - Purchase Price Adjust			\$0
TOTAL DRILLING INTANGIBLES:				\$1,489,978

TANGIBLE DRILLING EXPENSES				
ACCOUNT	DESCRIPTION	NOTES	COSTS	TOTAL
5201	Drive Pipe, Conductor		\$27,700	\$27,700
5202	Casing - Surface		\$55,200	\$55,200
5203	Casing - Intermediate			\$0
5204	Casing - Liner, Tieback			\$0
5205	Hanger, Csg. Accessory		\$2,600	\$2,600
5206	Wellhead Equipment		\$3,100	\$3,100
5220	Misc & Contingencies			\$0
5221	Contingencies			\$0
5270	Non-Op Drilling - Tang			\$0
5288	Accrued TDC			\$0
5295	Allow For TDC Impairment			\$0
5296	Transfer TDC To Proved Pr			\$0
5299	TDC Purchase Price Adjustment			\$0
TOTAL DRILLING TANGIBLES:				\$88,600

INTANGIBLE COMPLETION EXPENSES				
ACCOUNT	DESCRIPTION	NOTES	COSTS	TOTAL
5301	Environmental & Safety		\$17,550	\$17,550
5302	Legal Fees & Exp			\$0
5303	Ins - Control Of Well			\$0
5304	Ins - GI & Umbrella			\$0

Exhibit
E

5305	Overhead			\$0
5306	Permits, Survey, Regulatory		\$19,000	\$19,000
5307	Location, Damages, Clean Up			\$0
5309	Rig - Daywork			\$0
5312	Rig-Completion/Workover		\$74,600	\$74,600
5313	Coiled Tbg, Snubbing, Nitrogen		\$86,000	\$86,000
5314	Fuel, Power, Water		\$6,000	\$6,000
5315	Communications			\$0
5316	Transportation		\$6,500	\$6,500
5317	Consulting Serv/Supervision		\$74,000	\$74,000
5318	Contract Labor & Services		\$29,208	\$29,208
5320	Rentals - Downhole			\$0
5321	Rentals - Surface		\$121,000	\$121,000
5322	Bits			\$0
5323	Casing Crew & Equipment			\$0
5324	Cementing Services			\$0
5326	Fishing Tools & Service			\$0
5327	Mud, Chemicals, Fluids		\$90,000	\$90,000
5330	Electric/Wireline & Perf Service		\$284,250	\$284,250
5332	Tubular Testing & Inspection			\$0
5333	Gravel Packing			\$0
5334	Frac & Stimulation		\$1,080,000	\$1,080,000
5336	Swabbing & Well Testing			\$0
5337	Cuttings & Fluid Disposal		\$8,000	\$8,000
5338	Flowback Services		\$12,000	\$12,000
5350	P and A Costs			\$0
5360	Misc & Contingencies			\$0
5361	Contingencies			\$0
5370	Non-Op-Intangible Compl			\$0
5388	Accrued ICC			\$0
5395	Allow For ICC Impairment			\$0
5396	Transfer ICC To Proved Prop			\$0
5399	ICC - Purchase Price Adjust			\$0
TOTAL COMPLETION INTANGIBLES:				\$1,908,108
TANGIBLE COMPLETION EXPENSES				
ACCOUNT	DESCRIPTION	NOTES	COSTS	TOTAL
5403	Casing - Production	6800' 7" 32# L-80 /4400' 5-1/2" 20# L-80 / XO	\$275,630	\$275,630
5404	Casing - Liner, Tieback			\$0
5405	Hanger, Csg Accessory	Prod Csg Acc. / Toe Sleeve	\$33,100	\$33,100
5406	Production Tubing		\$27,300	\$27,300
5408	Tubinghead & Tree		\$18,000	\$18,000
5409	Packers, Subsurface Equip			\$0
5410	RODS, PUMPS, ANCHORS, ETC	ESP Consumables	\$101,000	\$101,000
5411	Artificial Lift-Surface Equipment			\$0
5412	Pumping Units-Surface Equipment			\$0
5413	Valves, Fitting, Misc Equipment	Valves, gauges	\$4,000	\$4,000
5414	Separator, Heat Treater, Dehyd			\$0
5415	Gun BBI, Tanks & Related Equipment			\$0
5416	Compressor & Related Equipment			\$0
5417	Meters, Lact Unit			\$0
5418	SWD Pumps & Equipment			\$0
5419	Pipelines, Tie-Ins			\$0
5420	Prod Facility-Fab & Install			\$0
5440	Misc & Contingencies			\$0
5441	Contingencies			\$0
5470	Non-Op Tangible Compl			\$0
5488	Accrued TCC			\$0
5495	Allow For TCC Impairment			\$0
5496	Transfer TCC To Proved Prop			\$0
5499	TCC Purchase Price Adjustment			\$0
TOTAL COMPLETION TANGIBLES:				\$459,030
			TOTAL DRILLING:	\$1,578,578
			TOTAL COMPLETION:	\$2,367,138
			TOTAL WELL COST:	\$3,945,716
PREPARED BY: _____ VP APPROVAL: _____				
Kevin Goebel		Date	Clayton Riddle	Date
PRES. APPROVAL: _____				
Doug Schick		Date		
Non Operator Approval				
By: _____		Title: _____		
Name: _____		Date: _____		