

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:

APPLICATION OF BURGUNDY OIL & GAS
OF NEW MEXICO, INC. FOR COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO

CASE NO. 14807

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of Burgundy Oil & Gas of New Mexico, Inc., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

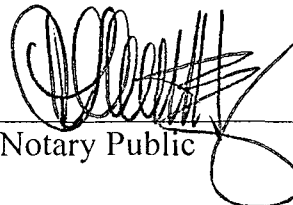


Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 25th day of April 2012 by Adam
G. Rankin.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15



Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 8
Submitted by:
BURGUNDY OIL & GAS, INC.
Hearing Date: April 26, 2012

EXHIBIT A
BURGUNDY OIL & GAS, INC.
HOMESTAKE NO. 1 WELL (AP 30-025-0543)

Ethel Armentrout
1475 Liberty Street
Keyser, WV 26726

Cathie Auvenshine
Aka Cathie Cone Mc-Kown
Post Office Box 658
Dripping Springs, TX 78620

Phyllis Beaver
1112 E. Derrick Road
Carlsbad, NM 88220

Marietta Berkhimer
220th Street
Humboldt, IA 50548

Wayne A. Bissett
Post Office Box 2101
Midland, TX 79702

Arthur Briston
713 E. Sahara Ave., Apt. 324
Las Vegas, NV 89104

R.W. Brown
RR4, Box 896
Sand Springs, OK 74063

Jennie Anderson Buck
1900 SE Fairmont
Salem, OR 97301

W.C. Caldwell
1306 SE Waywin Cir
Ankeny, IA 50021

Marilyn J. Cone
Post Office Box 64244
Lubbock, TX 79464

Clifford Cone
Post Office Drawer 1629
Lovington, NM 88260

Torn R. Cone
Post Office Box 400
Southwest City, MO 64863

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702

Glennys Croxton
Post Office Box 1722
Mason City, IA 50402

W.A. Drew
425 Western Skies Drive, SE
Albuquerque, NM 87123

Joy Evans
4941 Sandage Ave.
Ft. Worth, TX 76115

Joyce Anna Francis
306 North 6th
Wyoming, IL 61491

Freddie E. & Joyce L. Kemper
13104 North Calle Bonita
Hobbs, NM 88242

Douglas C. Koch
Post Office Box 540244
Houston, TX 77254

Arthur J. Miller
411 4th Street North
Humboldt, IA 50548

Leonard Arthur Miller
411 4th Street North
Humboldt, IA 50548

Gary E. Ogden
5309 NW 58th Terrace
Kansas City, MO 64151

Cheryl L. Ohden
1220 Dancer Ave.
Nora Springs, IA 50458

Norma Olson
1402 Elmhurst Ave.
Humboldt, IA 50548

Kenneth Schmitz
11096 Oakwood Street
Murray, IA 50174

Forrest Schmitz
531 13th Street SE
Mason City, IA 50401

R. Kent Standish
209 Byron
Waterloo, IA 50702

EXHIBIT A
BURGUNDY OIL & GAS, INC.
HOMESTAKE NO. 1 WELL (AP 30-025-0543)

June M. Thieman
RR 2
Newell, IA 50568

J.S. Thompson
25764 Pond Drive
Keene, CA 93931

John William Tiss
328 North Wilson Ave.
Tucson, AZ 85719

Mento Tjarks
1402 Elmhurst Ave.
Humboldt, IA 50548

Maxine Wendle
713 Zafiros
Green Valley, AZ 85614

Robert W. Woodburn
Post Office Box 309
Ridge, MD 20680

Jean Stone
119 Kent Circle, Apt. 311
Waterloo, IA 50701



February 28, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED**AFFECTED PARTIES**

Re: Application of Burgundy Oil & Gas of New Mexico, Inc. for compulsory pooling, Lea County, New Mexico.

This letter is to advise you that Burgundy Oil & Gas of New Mexico, Inc. ("Burgundy") has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 29, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Adam G. Rankin

ATTORNEY FOR
BURGUNDY OIL & GAS OF NEW MEXICO, INC.

Enclosures

7006 2760 0001 6380 1447

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: MAR - 2 2012

Sent To: Ethel Armentrout
 Street, or PO: 1475 Liberty Street
 City, S: Keyser, WV 26726

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ethel Armentrout
 1475 Liberty Street
 Keyser, WV 26726

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1447

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ethel Armentrout* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Ethel Armentrout* C. Date of Delivery: *3/6/12*

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

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6380 1430

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: MAR - 2 2012

Sent To: Cathie Auvenshine
 Street, or PO: Aka Cathie Cone Mc-Kown
 City, S: Post Office Box 658
 Dripping Springs, TX 78620

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Cathie Auvenshine
 Aka Cathie Cone Mc-Kown
 Post Office Box 658
 Dripping Springs, TX 78620

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1430

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cathie M. Kown* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Cathie Mc Kown* C. Date of Delivery: *3/8*

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

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6380 1423

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**

OFFIC

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: MAR - 9 2012

Sent To: Phyllis Beaver
 Street, Apt or PO Box: 1112 E. Derrick Road
 City, State: Carlsbad, NM 88220

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Phyllis Beaver
 1112 E. Derrick Road
 Carlsbad, NM 88220

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1423

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Donald E. Rollins* ☐ Agent ☐ Addressee

B. Received by (Printed Name): Donald E. Rollins

C. Date of Delivery: Mar 9, 2012

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

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6380 1416

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**

OFFIC

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: MAR - 9 2012

Sent To: Marietta Berkheimer
 Street, Apt or PO Box: 220th Street
 City, State: Humboldt, IA 50548

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Marietta Berkheimer
 220th Street
 Humboldt, IA 50548

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1416

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John P. Berkheimer* ☐ Agent ☐ Addressee

B. Received by (Printed Name): John P. Berkheimer

C. Date of Delivery: 3-5-12

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

1925 220th St
 Humboldt, IA 50548

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6380 1409

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL AGR/BURGUNDY	
Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To Wayne A. Bissett Post Office Box 2101 Midland, TX 79702	

Postmark: MAR 12 2012
SANTA FE, NM 87501
SANTA FE MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) _____ Date of Delivery _____	
Wayne A. Bissett Post Office Box 2101 Midland, TX 79702		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7006 2760 0001 6380 1409		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6380 1398

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL AGR/BURGUNDY	
Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To Arthur Briston 713 E. Sahara Ave., Apt. 324 Las Vegas, NV 89104	

Postmark: MAR 12 2012
SANTA FE, NM 87501
SANTA FE MAIN POST OFFICE

7006 2760 0001 6380 1386

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
 Here 2 2012

Sent To
 R.W. Brown
 RR4, Box 896
 Sand Springs, OK 74063

PS Form 3800

Returned

7006 2760 0001 6380 1379

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark
 Here 2012

Sent To
 Jennie Anderson Buck
 1900 SE Fairmont
 Salem, OR 97301

PS Form 3800

Returned

7006 2760 0001 6380 1362

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit OFFIC AGR/BURGUNDY	
Postage \$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To: W.C. Caldwell	
Street, Apt. or PO Box: 1306 SE Waywin Cir	
City, State: Ankeny, IA 50021	

PS Form 3800

Returned

5561 0861 0001 6380 1355

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit OFFIC AGR/BURGUNDY	
Postage \$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To: Marilyn J. Cone	
Street, Apt. No. or PO Box No: Post Office Box 64244	
City, State, ZIP: Lubbock, TX 79464	

PS Form 3800

Returned

7006 2760 0001 6380 1348

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC AGR/BURGUNDY**

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here
MAR - 2 2012

Sent To
 Street, Apt. N
 or PO Box No
 City, State, Zi
 Clifford Cone
 Post Office Drawer 1629
 Lovington, NM 88260

PS Form 380

Returned

7006 2760 0001 6380 1331

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC AGR/BURGUNDY**

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here
MAR - 2 2012

Sent To
 Street, Apt.
 or PO Box
 City, State,
 Torn R. Cone
 Post Office Box 400
 Southwest City, MO 64863

PS Form 380

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Torn R. Cone
 Post Office Box 400
 Southwest City, MO 64863

2. Article Number
 (Transfer from service label) 7006 2760 0001 6380 1331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 JUE KAY

C. Date of Delivery
 3/6/12

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6380 1324

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit us at usps.com	
OFFICE AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To: Kenneth G. Cone	
Street, Apt. No., or PO Box: Post Office Box 11310	
City, State, ZIP+4: Midland, TX 79702	



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702

2. Article Number

(Transfer from service label)

7006 2760 0001 6380 1324

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Shapira

☐ Agent☐ Addressee

B. Received by (Printed Name)

SHAPIRA

C. Date of Delivery

3/6/12

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

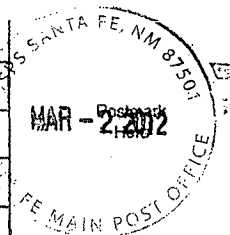
☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6380 1317

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit us at usps.com	
OFFICE AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To: Glenny's Croxton	
Street, Apt. No., or PO Box No.: Post Office Box 1722	
City, State, ZIP+4: Mason City, IA 50402	



Returned

7006 2760 0001 6380 1294

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: MAR - 2 2012
 FE MAIN POST OFFICE

Sent To: **W.A. Drew**
 Street, Apt. No., or PO Box No.: **425 Western Skies Drive, SE**
 City, State, ZIP: **Albuquerque, NM 87123**

PS Form 3800

Returned

7006 2760 0001 6380 1294

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: MAR - 2 2012
 FE MAIN POST OFFICE

Sent To: **Joy Evans**
 Street, Apt. No., or PO Box No.: **4941 Sandage Ave.**
 City, State, ZIP: **Ft. Worth, TX 76115**

PS Form 3800

MAIL CERTIFIED

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

1. Article Addressed to:
 Joy Evans
 4941 Sandage Ave.
 Ft. Worth, TX 76115

2. Article Number (Transfer from service label) **7006 2760 0001 6380 1294**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Signature
☒ Agent ☐ Addressee
X *Joy Evans*

6. Received by (Printed Name) **Joy Evans** **C. Date of Delivery** **3-6**

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

7006 2760 0001 6380 1267

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**

OFFIC

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: **MAR - 2 2012**

Sent To: **Joyce Anna Francis**
 Street, Apt. N: **306 North 6th**
 or PO Box N: **Wyoming, IL 61491**
 City, State, Z:

PS Form 381

Returned

7006 2760 0001 6380 1270

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**

OFFIC

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: **MAR - 2 2012**

Sent To: **Freddie E. & Joyce L. Kemper**
 Street, Apt. N: **13104 North Calle Bonita**
 or PO Box N: **Hobbs, NM 88242**
 City, State, Z:

PS Form 381

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Freddie E. & Joyce L. Kemper
13104 North Calle Bonita
Hobbs, NM 88242

2. Article Number (Transfer from s): **7006 2760 0001 6380 1270**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Joyce Kemper** ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Joyce Kemper**

C. Date of Delivery:

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

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFICE AGR/BURGUNDY

Postage \$.65
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95

Sent To
 Douglas C. Koch
 Post Office Box 540244
 Houston, TX 77254

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Douglas C. Koch
 Post Office Box 540244
 Houston, TX 77254

2. Article Number
 (Transfer from service label) 7006 2760 0001 6380 1263

PS Form 3811, February 2004

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 X *DKC*

B. Received by (Printed Name)
 Douglas C. Koch

C. Date of Delivery
 MAR-6 2012

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☒ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFICE AGR/BURGUNDY



Postage \$.65
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95

Sent To
 Arthur J. Miller
 411 4th Street North
 Humboldt, IA 50548

PS Form 3811, February 2004

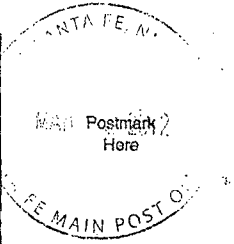
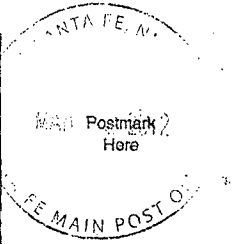
Returned

7006 2760 0001 6380 1249

U.S. Postal Service		
CERTIFIED MAIL™ RECEIPT		
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit OFFICIAL AGR/BURGUNDY		
Postage \$.65	
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.95	
Sent To Leonard Arthur Miller 411 4th Street North Humboldt, IA 50548 City, State, ZIP+4		

Returned

7006 2760 0001 6380 1232

U.S. Postal Service		
CERTIFIED MAIL™ RECEIPT		
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit OFFICIAL AGR/BURGUNDY		
Postage \$.65	
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.95	
Sent To Gary E. Ogden 5309 NW 58th Terrace Kansas City, MO 64151 City, State, ZIP+4		

Returned

7006 2760 0001 6380 1225

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL AGR/BURGUNDY**

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

USPS SANTA FE, NM 87501
 MAR 2 2012
 SANTA FE MAIN POST OFFICE

Sent To: Cheryl L. Ohden
 Street, Apt. or PO Box: 1220 Dancer Ave.
 City, State: Nora Springs, IA 50458

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:
 Cheryl L. Ohden
 1220 Dancer Ave.
 Nora Springs, IA 50458

2. Article Number (Transfer from service) 7006 2760 0001 6380 1225

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X [Signature]
 B. Received by (Printed Name) C. Date of Delivery
 Donald Ohden 3/5/12
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6380 1218

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL AGR/BURGUNDY**

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

USPS SANTA FE, NM 87501
 Postmark Here
 MAR - 2 2012
 SANTA FE MAIN POST OFFICE

Sent To: Norma Olson
 Street, Apt. or PO Box: 1402 Elmhurst Ave.
 City, State: Humboldt, IA 50548

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:
 Norma Olson
 1402 Elmhurst Ave.
 Humboldt, IA 50548

2. Article Number (Transfer from service) 7006 2760 0001 6380 1218

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X [Signature]
 B. Received by (Printed Name) C. Date of Delivery
 Norma Olson 3-5-12
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6380 1201

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To: Kenneth Schmitz Street, or PO: 11096 Oakwood Street City, St: Murray, IA 50174	

SENDER	SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>Kenneth Schmitz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Kenneth Schmitz</i> C. Date of Delivery <i>3-6-12</i> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <i>1096 Oakwood St Murray, IA 50174</i>
1. Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Kenneth Schmitz 1096 Oakwood Street Murray, IA 50174	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7006 2760 0001 6380 1201
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6380 1195

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To: Forrest Schmitz Street, or PO: 531 13th Street SE City, St: Mason City, IA 50401	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>Norm Schmitz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Norm Schmitz</i> C. Date of Delivery <i>5-17-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Forrest Schmitz 531 13th Street SE Mason City, IA 50401	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7006 2760 0001 6380 1195
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6380 1168

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

OFFIC

AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

SANTA FE, NM

Postmark
Here

MAR 10 2012

SANTA FE, NM

Sent to R. Kent Standish
 Street, Apt. 209 Byron
 or PO Box Waterloo, IA 50702
 City, State

PS Form 3800

1168

Returned

7006 2760 0001 6380 1171

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

OFFIC

AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

SANTA FE, NM 87501

Postmark
Here

MAR 10 2012

SANTA FE, NM

Sent to June M. Thieman
 Street, Apt. RR 2
 or PO Box 1 Newell, IA 50568
 City, State

PS Form 3800

1171

Returned

7006 2760 0001 6380 1164

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY	
OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To	J.S. Thompson
Street, Apt. or PO Box	25764 Pond Drive
City, State	Keene, CA 93531

Postmark Here
MAR - 2 2012
SANTA FE, NM 87501
U.S. MAIL POST OFFICE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>J.S. Thompson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>JOE S. THOMPSON</i> C. Date of Delivery <i>3/7/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:		3. Service Type	
J.S. Thompson 25764 Pond Drive Keene, CA 93531		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6380 1164			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6380 1157

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY	
OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent To	John William Tiss
Street, Apt. or PO Box	328 North Wilson Ave.
City, State	Tucson, AZ 85719

Postmark Here
MAR 2 2012
SANTA FE, NM 87501
U.S. MAIL POST OFFICE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>John Tiss</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>JOHN TISS</i> C. Date of Delivery <i>3/8/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:		3. Service Type	
John William Tiss 328 North Wilson Ave. Tucson, AZ 85719		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6380 1157			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6380 1140

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**
OFFIC

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

PS SANTA FE, NM 87501
 MAR 2 2012
 MAIN POST OFFICE

Sent To: Mento Tjarks
 1402 Elmhurst Ave.
 Humboldt, IA 50548

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Mento Tjarks
 1402 Elmhurst Ave.
 Humboldt, IA 50548

2. Article Number
 (Transfer from service label) 7006 2760 0001 6380 1140

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Norma D. Olson* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 NORMA D. OLSON

C. Date of Delivery
 3-5-12

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6380 1133

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**
OFFIC

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

PS SANTA FE, NM 87501
 MAR 2 2012
 MAIN POST OFFICE

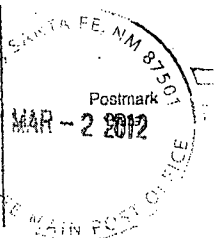
Sent To: Maxine Wendle
 713 Zafiros
 Green Valley, AZ 85614

PS Form 3811, February 2004

Returned

7006 2760 0001 6380 1126

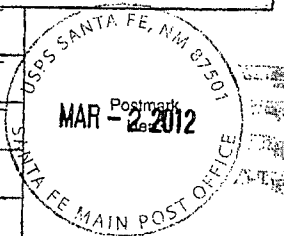
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY OFFICE	
Postage \$.65
Certified Fee	2.15
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.45
Sent to: Robert W. Woodburn Post Office Box 309 Ridge, MD 20680	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800	



SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.		ACTION ON DELIVERY A. Signature X Robert Woodburn <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) Robert Woodburn C. Date of Delivery 3-5-12 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Robert W. Woodburn Post Office Box 309 Ridge, MD 20680		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6380 1126	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

7006 2760 0001 6380 1454

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY OFFICE	
Postage \$.65
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.95
Sent to: Jean Stone 119 Kent Circle, Apt. 311 Waterloo, IA 50701	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006	



SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.		ACTION ON DELIVERY A. Signature X Pam Thomas <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Jean Stone 119 Kent Circle, Apt. 311 Waterloo, IA 50701		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2760 0001 6380 1454	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

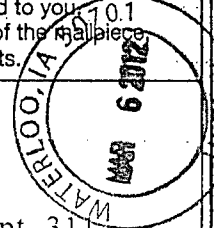


EXHIBIT A
BURGUNDY OIL & GAS, INC.
HOMESTAKE NO. 1 WELL (AP 30-025-0543)
APRIL 5, 2012

Movest Capital
Post Office Box 2439
Albany, Texas 76430

Dorchester Minerals Operating, LP
3838 Oaklawn Ave., Suite 300
Dallas, Texas 75219

Pat Alston Ward
207 Porr Drive
Ruidoso, New Mexico 88345

Wells Fargo Bank, N.A., Successor
Trustee u/w/o Beulah H. Simmons
500 West Texas, Suite 760
Midland, Texas 79702

Melissa A. Rickman, CMM
Vice-President U.S. Trust, Bank of America
Private Wealth Management
2100 So. Utica Ave., Suite 150,
OK2-209-02-01
Tulsa, Oklahoma 74114

Beverly T. Carter and the Successor,
Co-Trustees of the Powhatan and
Beverly T. Carter Revocable Trust
Post Office Box 328
Fort Sumner, New Mexico 88119

Anderson Carter
Post Office Box 998
Las Cruces, New Mexico 88004

Ralph William Vierson
c/o Patrick V. Brown
Post Office Box 2444
Bartlesville, OK 74005

Norma J. Chanley
Post Office Box 728
Hobbs, New Mexico 88241

J.H. Van Zant, II
c/o Van Oil Company
306 W. 7th, Suite 445
Fort Worth, Texas 76102

Dorothy Jean Van Zant Sanders
3917 Clayton Road, East
Fort Worth, Texas 76116

Anderson Carter, II
Post Office Box 250
Las Cruces, New Mexico
88004

Rodney Carter
5977 Willowrock Way
Plano, Texas 75093

Thomas W. Petit & Joyce A.
Petit Family Trust
121 Coranada Circle
Santa Barbara, CA 93108

Elbert D. Shipp
720 Robertson Street
Memphis, Texas 79245

Frances J. Freeman
a/k/a Patsy Shipp Freeman
720 Robertson Street
Memphis, Texas 79245

Ronald J. Byers
400 West 15th Street, Suite
1600
Austin, Texas 78701

Burke Healey, As Trustee of the
Burke Healey Trust, A Revocable
Trust dated 01/02/85
9512 Red Mountain Road
Livermore, CO 80536

Baren Healey, as Trustee of the
Baren Healey Trust Agreement
Post Office Box 888
Davis, OK 73030

Heidi C. Barton
2008 N. Vega Court
Hobbs, New Mexico 88240

Brett C. Barton
5408 NW 118th Circle
Oklahoma City, OK 73162

Roy G. Barton, III
13700 Marina Pointe Dr.,
Unit 1819
Marina del Rey, CA 90292

Patrick V. Brown
Post Office Box 2444
Bartlesville, OK 74005

Mary Elizabeth Brown
Post Office Box 2444
Bartlesville, OK 74005

Dale Sarsgard
c/o Verla Ennen
205 E. Iowa Ave.
Gilmore City, Iowa 50541

Ester Rubie
c/o Verla Ennen
205 E. Iowa Ave.
Gilmore City, Iowa 50541

Marvel Lou Kirchhoff
c/o Verla Ennen
205 E. Iowa Ave.
Gilmore City, Iowa 50541

EXHIBIT A
BURGUNDY OIL & GAS, INC.
HOMESTAKE NO. 1 WELL (AP 30-025-0543)
APRIL 5, 2012

Verla Ennen
205 E. Iowa Ave.
Gilmore City, Iowa 50541

Brian H. Scarborough
Post Office Box 2474
Midland, Texas 79702-2474

Harriett McAdoo Platt
c/o Brice McAdoo Clagett
333 Friendship Road
Friendship, MD 20758

Brice McAdoo Clagett
333 Friendship Road
Friendship, MD 20758

Doris Cross McAdoo
c/o Brice McAdoo Clagett
333 Friendship Road
Friendship, MD 20758

Maecenas Minerals, LP
Post Office Box 176
Abilene, Texas 79604

Harry August Miller, Jr.
1402 Foxwood Cove
Austin, Texas 78704

Harry J. Schafer, Jr., As Trustee of
the Mary E. Grisso Trust
Post Office Box 14700
Oklahoma City, OK 73113

Mary Katherine Grisso
c/o Harry J. Schafer, Jr., As Trustee
of the Mary E. Grisso Trust
Post Office Box 14700
Oklahoma City, OK 73113

Richard F. McAdoo
c/o Brice McAdoo Clagett
333 Friendship Road
Friendship, MD 20758

Marcus D. Maddox
203 W. Wall Street
Midland, Texas 79701

Roy G. Barton, Jr., Trustee of the
Roy G. Barton Sr. and Opal Barton
Revocable Trust
1919 N. Turner Street
Hobbs, New Mexico 88240

The Fasken Foundation
Post Office Box 2024
Midland, Texas 79702-2024

Margaret Anne Miler Carrico
c/o Harry A. Miller, Jr.
1402 Foxwood Cove
Austin, Texas 78704

Harry A. Miller, III
1402 Foxwood Cove
Austin, Texas 78704

Mary Ralph Lowe as Trustee
c/o Lowe Partners
4400 Post Oak, Suite 2550
Houston, Texas 77027

Carson R. Yost
c/o Lowe Partners
4400 Post Oak, Suite 2550
Houston, Texas 77027

Samantha Adelaide Yost
400 West 15th Street, Suite
1600
Austin, Texas 78701

Lowe Partners
4400 Post Oak, Suite 2550
Houston, Texas 77027



April 5, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS

**Re: Case No. 14807: Application of Burgundy Oil & Gas of New Mexico, Inc.
for Compulsory Pooling, Lea County, New Mexico.**

This letter is to advise you that Burgundy Oil & Gas of New Mexico, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on April 26, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions regarding this application, please contact Ralph Lea at (432) 682-1005.

Sincerely,

Adam G. Rankin

7006 0100 0005 0625 8075

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **usps.com**

OFFICE AGR/BURGUNDY

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: **Postmark Here**

Street, Apt. or PO Box: **Post Office Box 2439**

City, State: **Albany, Texas 76430**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Movest Capital
Post Office Box 2439
Albany, Texas 76430

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8075**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

THIS SECTION ON DELIVERY

A. Signature: **Shelly Baize** ☒ Agent ☐ Addressee

B. Received by (Printed Name): **SHELLY BAIZE** C. Date of Delivery: **4-9-12**

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

3. Service Type: ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8082

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **usps.com**

OFFICE AGR/BURGUNDY

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: **Postmark Here**

Street, Apt. or PO Box: **Post Office Box 2439**

City, State: **Albany, Texas 76430**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Dorchester Minerals Operating, LP
3838 Oaklawn Ave., Suite 300
Dallas, Texas 75219

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8082**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

THIS SECTION ON DELIVERY

A. Signature: **Melba Cail** ☐ Agent ☒ Addressee

B. Received by (Printed Name): **Melba Cail** C. Date of Delivery: **4-9-12**

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

3. Service Type: ☒ Certified Mail ☐ Express Mail
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8099

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins.)

For delivery information visit our **OFFICIAL** **AGR/BURGUNDY**

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: SANTA FE NM 87501 APR 2012 Hefe

Sent to:
 Pat Alston Ward
 207 Porr Drive
 Ruidoso, New Mexico 88345

PS Form 3811, June 2007 See reverse for instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Pat Alston Ward
 207 Porr Drive
 Ruidoso, New Mexico 88345

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8099

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *B. McKown* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *B. McKown* C. Date of Delivery: *4-6-12*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8396

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins.)

For delivery information visit our **OFFICIAL** **AGR/BURGUNDY**

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: SANTA FE NM 87501 APR 2012 Hefe

Sent to:
 Wells Fargo Bank, N.A., Successor
 Trustee u/w/o Beulah H. Simmons
 500 West Texas, Suite 760
 Midland, Texas 79702

PS Form 3811, June 2007 See reverse for instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Wells Fargo Bank, N.A., Successor
 Trustee u/w/o Beulah H. Simmons
 500 West Texas, Suite 760
 Midland, Texas 79702

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8396

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Beulah H. Simmons* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Beulah H. Simmons* C. Date of Delivery: *4-10-12*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8860

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit **AGR/BURGUNDY**

Postage \$ **.65**

Certified Fee **2.95**

Return Receipt Fee (Endorsement Required) **2.35**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.95**

Sent Melissa A. Rickman, CMM
 Vice-President U.S. Trust, Bank of America
 Private Wealth Management
 2100 So. Utica Ave., Suite 150,
 City, OK2-209-02-01
 Tulsa, Oklahoma 74114

Postmark Here

PS Form 3811, February 2004

SENDER: CO

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Melissa A. Rickman, CMM
 Vice-President U.S. Trust, Bank of America
 Private Wealth Management
 2100 So. Utica Ave., Suite 150,
 OK2-209-02-01
 Tulsa, Oklahoma 74114

2. Article Number (Transfer from service label) **7006 0100 0005 0625 8860**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SECTION ON DELIVERY

A. Signature *Melissa Rickman* Agent

B. Received by (Printed Name) *Melissa Rickman* Addressee

C. Date of Delivery *4-10-12*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8402

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit **AGR/BURGUNDY**

Postage \$ **.65**

Certified Fee **2.95**

Return Receipt Fee (Endorsement Required) **2.35**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.95**

Sent Beverly T. Carter and the Successor,
 Co-Trustees of the Powhatan and
 Beverly T. Carter Revocable Trust
 Post Office Box 328
 City, Fort Sumner, New Mexico 88119

Postmark Here

PS Form 3811, June 2002

SENDER: CO

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Beverly T. Carter and the Successor,
 Co-Trustees of the Powhatan and
 Beverly T. Carter Revocable Trust
 Post Office Box 328
 Fort Sumner, New Mexico 88119

2. Article Number (Transfer from service label) **7006 0100 0005 0625 8402**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SECTION ON DELIVERY

A. Signature *Beverly Carter* Agent

B. Received by (Printed Name) *Beverly Carter* Addressee

C. Date of Delivery *4-16-12*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8389

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent _____ Street or PO _____ City _____	
Anderson Carter Post Office Box 998 Las Cruces, New Mexico 88004	
PS Form	Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent _____ Street or PO _____ City _____	
Anderson Carter Post Office Box 998 Las Cruces, New Mexico 88004	
PS Form	Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent _____ Street or PO _____ City _____	
Ralph William Vierson c/o Patrick V. Brown Post Office Box 2444 Bartlesville, OK 74005	
PS Form	Instructions

7006 0100 0005 0625 8372

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent _____ Street or PO _____ City _____	
Ralph William Vierson c/o Patrick V. Brown Post Office Box 2444 Bartlesville, OK 74005	
PS Form	Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Sent _____ Street or PO _____ City _____	
Ralph William Vierson c/o Patrick V. Brown Post Office Box 2444 Bartlesville, OK 74005	
PS Form	Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0625 8365

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**

Postage \$ 1.65
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95

Sent Norma J. Chanley
 Street or P.O. Post Office Box 728
 City Hobbs, New Mexico 88241

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Norma J. Chanley
 Post Office Box 728
 Hobbs, New Mexico 88241

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8365

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

THIS SECTION ON DELIVERY

A. Signature Norma Chanley ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Norma Chanley C. Date of Delivery 4/18/12
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8358

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**

Postage \$ 1.65
 Certified Fee 2.95
 Return Receipt Fee (Endorsement Required) 2.35
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.95

Sent J.H. Van Zant, II
 Street or P.O. c/o Van Oil Company
 City 306 W. 7th, Suite 445
Fort Worth, Texas 76102

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 J.H. Van Zant, II
 c/o Van Oil Company
 306 W. 7th, Suite 445
 Fort Worth, Texas 76102

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8358

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

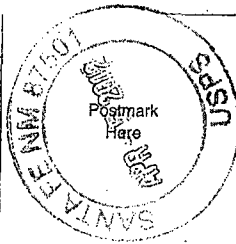
COMPLETE THIS SECTION ON DELIVERY

A. Signature J.H. Van Zant ☐ Agent ☐ Addressee
 B. Received by (Printed Name) J.H. Van Zant C. Date of Delivery 4/18/12
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

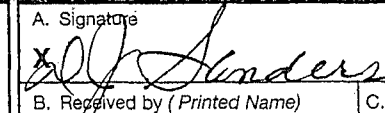
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8341

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
	
Send to: Dorothy Jean Van Zant Sanders 3917 Clayton Road, East Fort Worth, Texas 76116	

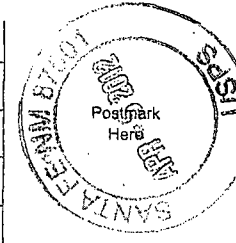
PS Form 3800, June 2002

SENDER: COMPLETE		THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 	
1. Article Addressed to: Dorothy Jean Van Zant Sanders 3917 Clayton Road, East Fort Worth, Texas 76116		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number: (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7006 0100 0005 0625 8341


102595-02-M-1540

7006 0100 0005 0625 8327

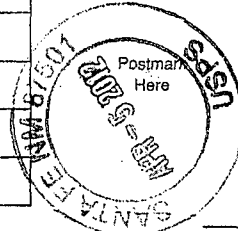
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
	
Send to: Anderson Carter, II Post Office Box 250 Las Cruces, New Mexico 88004	

PS Form 3800, June 2002

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit usps.com	AGR/BURGUNDY
Postage \$	1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit: AGR/BURGUNDY	
Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent to: **Thomas W. Petit & Joyce A.**

Street or PO: **Petit Family Trust**

City: **121 Coranada Circle**

Santa Barbara, CA 93108

PS Form 3800, June 1993

Instructions

<p>POSTAGE WILL BE PAID BY ADDRESSEE</p> <p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS; FOLD AT DOTTED LINE</p>		<p>FILL IN THIS SECTION ON DELIVERY</p>	
<p>1. Article Addressed to:</p> <p>Thomas W. Petit & Joyce A. Petit Family Trust 121 Coranada Circle Santa Barbara, CA 93108</p>		<p>A. Signature X [Signature]</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 1/9/12</p>	
<p>2. Article Number (Transfer from service label) 7006 0100 0005 0625 8310</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

7006 0100 0005 0625 8303

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Elbert D. Shipp
 Street or PO: 720 Robertson Street
 City, State, ZIP: Memphis, Texas 79245

PS Form 3800, June 2002 See Reverse for Instructions

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

THIS SECTION ON DELIVERY

1. Article Addressed to:
 Elbert D. Shipp
 720 Robertson Street
 Memphis, Texas 79245

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8303

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ Agent ☐ Addressee
 X *Elbert D. Shipp*
 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0625 8297

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Frances J. Freeman
 Street or PO: a/k/a Patsy Shipp Freeman
 City, State, ZIP: 720 Robertson Street Memphis, Texas 79245

PS Form 3800, June 2002 See Reverse for Instructions

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

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 Frances J. Freeman
 a/k/a Patsy Shipp Freeman
 720 Robertson Street
 Memphis, Texas 79245

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8297

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0625 8273

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFICE AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

SANTA FE NM 87501
 Postmark Here

Sent: Ronald J. Byers
 Street or PO: 400 West 15th Street, Suite 1600
 City: Austin, Texas 78701

PS Form 3811, February 2004 Instructions

Returned

7006 0100 0005 0625 8273

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFICE AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

SANTA FE NM 87501
 Postmark Here

Sent: Burke Healey, As Trustee of the
 Street or PO: Burke Healey Trust, A Revocable Trust dated 01/02/85
 City: 9512 Red Mountain Road
 Livermore, CO 80536

PS Form 3811, February 2004 Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:
 Burke Healey, As Trustee of the
 Burke Healey Trust, A Revocable
 Trust dated 01/02/85
 9512 Red Mountain Road
 Livermore, CO 80536

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8273

DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): Burke Healey

C. Date of Delivery: 4/16/12

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

LIVERMORE CO 80536
 APR 16 2012

7006 0100 0005 0625 8853

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFICE AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.95

Sent To: Baren Healey, as Trustee of the
 Baren Healey Trust Agreement
 Post Office Box 888
 Davis, OK 73030

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:

Baren Healey, as Trustee of the
 Baren Healey Trust Agreement
 Post Office Box 888
 Davis, OK 73030

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 8853

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *WANA ODS*

C. Date of Delivery: *4/11/12*

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:

Heidi C. Barton
 2008 N. Vega Court
 Hobbs, New Mexico 88240

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 8846

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Heidi C. Barton*

C. Date of Delivery: *4-6-12*

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0625 8846

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

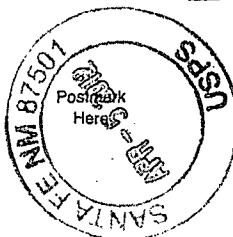
For delivery information visit usps.com

OFFICE AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.95

Sent To: Heidi C. Barton
 2008 N. Vega Court
 Hobbs, New Mexico 88240

PS Form 3811, February 2004



7006 0100 0005 0625 8839

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL AGR/BURGUNDY**

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: **Brett C. Barton**
 Street, Apt. or PO Box: **5408 NW 118th Circle**
 City, State: **Oklahoma City, OK 73162**

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Brett C. Barton
5408 NW 118th Circle
Oklahoma City, OK 73162

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8839**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

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

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

3. Service Type: ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8822

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL AGR/BURGUNDY**

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: **Roy G. Barton, III**
 Street, Apt. or PO Box: **13700 Marina Pointe Dr.,**
 City, State: **Unit 1819 Marina del Rey, CA 90292**

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Roy G. Barton, III
13700 Marina Pointe Dr.,
Unit 1819
Marina del Rey, CA 90292

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8822**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

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

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

3. Service Type: ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8815

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

SANTA FE NM 87501
 APR 3 2012
 Postmark Here
 USPS

Sent To
 Patrick V. Brown
 Post Office Box 2444
 Bartlesville, OK 74005

Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Patrick V. Brown
 Post Office Box 2444
 Bartlesville, OK 74005

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8815

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Patrick V. Brown*

B. Received by (Printed Name) *Patrick V. Brown*

C. Date of Delivery *4/11/12*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8808

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

SANTA FE NM 87501
 APR 3 2012
 Postmark Here
 USPS

Sent To
 Mary Elizabeth Brown
 Post Office Box 2444
 Bartlesville, OK 74005

Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Mary Elizabeth Brown
 Post Office Box 2444
 Bartlesville, OK 74005

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8808

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *M. Elizabeth Brown*

B. Received by (Printed Name) *M. Elizabeth Brown*

C. Date of Delivery *4/11/12*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8792

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
OFFICE AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Ser. Dale Sarsgard Str. c/o Verla Ennen or 205 E. Iowa Ave. City Gilmore City, Iowa 50541	
PS Form 3800, June 2002	

Returned

7006 0100 0005 0625 8785

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com	
OFFICE AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
Ser. Ester Rubie Str. c/o Verla Ennen or 205 E. Iowa Ave. City Gilmore City, Iowa 50541	
PS Form 3800, June 2002	

Returned

7006 0100 0005 0625 8778

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Marvel Lou Kirchhoff
Street, or P.O.: c/o Verla Ennen
City, State: 205 E. Iowa Ave.
Gilmore City, Iowa 50541

PS Form 3800, June 2002 See reverse for instructions

Returned

7006 0100 0005 0625 8761

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Verla Ennen
Street, or P.O.: 205 E. Iowa Ave.
City, State: Gilmore City, Iowa 50541

PS Form 3800, June 2002 See reverse for instructions

Returned

7006 0100 0005 0625 8754

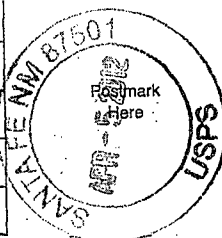
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

OFFIC

AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To

Street, A
or P.O. B.
City, Sta

Brian H. Scarborough
 Post Office Box 2474
 Midland, Texas 79702-2474

PS Form 3800, June 2002

Instructions

7006 0100 0005 0625 8747

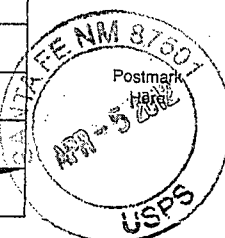
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

OFFIC

AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To

Street,
or P.O.
City, S

Harriett McAdoo Platt
 c/o Brice McAdoo Clagett
 333 Friendship Road
 Friendship, MD 20758

PS Form

Instructions

SENDER: COMPL

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

N DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Brian H. Scarborough
 Post Office Box 2474
 Midland, Texas 79702-2474

A. Signature

X *Brian H. Scarborough* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Brian H. Scarborough APR 11 2004

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 8754

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COI...

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

N ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Harriett McAdoo Platt
 c/o Brice McAdoo Clagett
 333 Friendship Road
 Friendship, MD 20758

A. Signature

X *Brice McAdoo Clagett* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Brice McAdoo Clagett

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 8747

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0625 8730

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit: **OFFIC** AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: _____
 Street, or PO _____
 City, St _____

Brice McAdoo Clagett
 333 Friendship Road
 Friendship, MD 20758

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Brice McAdoo Clagett
 333 Friendship Road
 Friendship, MD 20758

2. Article Number (Transfer from service label) **7006 0100 0005 0625 8730**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION 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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8723

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit: **OFFIC** AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: _____
 Street, or PO _____
 City, St _____

Doris Cross McAdoo
 c/o Brice McAdoo Clagett
 333 Friendship Road
 Friendship, MD 20758

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Doris Cross McAdoo
 c/o Brice McAdoo Clagett
 333 Friendship Road
 Friendship, MD 20758

2. Article Number (Transfer from service label) **7006 0100 0005 0625 8723**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ACTION 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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8716

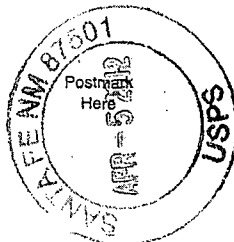
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Maecenas Minerals, LP
 Street, or P.O.B.: Post Office Box 176
 City, State: Abilene, Texas 79604

PS Form 3800, June 2002



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Maecenas Minerals, LP
 Post Office Box 176
 Abilene, Texas 79604

2. Article Number: 7006 0100 0005 0625 8716
 (Transfer from service label)

PS Form 3811, February 2004

IN DELIVERY

A. Signature: Linda Kinard
☐ Agent
☐ Addressee

B. Received by (Printed Name): LINDA KINARD
 C. Date of Delivery: 4-10-12

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

3. Service Type:
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0625 8709

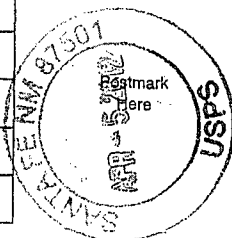
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Harry August Miller, Jr.
 Street, or P.O.B.: 1402 Foxwood Cove
 City, State: Austin, Texas 78704

PS Form 3800, June 2002



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Harry August Miller, Jr.
 1402 Foxwood Cove
 Austin, Texas 78704

2. Article Number: 7006 0100 0005 0625 8709
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name): [Signature]
 C. Date of Delivery: 4-10-12

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

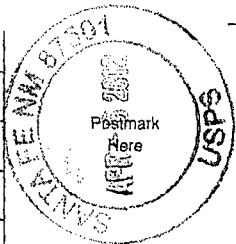
3. Service Type:
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0625 8699

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY	
OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

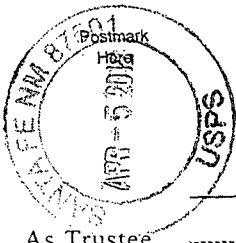


Sent To	Harry J. Schafer, Jr., As Trustee of
Street, or PO Box	the Mary E. Grisso Trust
City, State	Post Office Box 14700
	Oklahoma City, OK 73113

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0625 8699

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit AGR/BURGUNDY	
OFFICE	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To	Mary Katherine Grisso
Street, or PO Box	c/o Harry J. Schafer, Jr., As Trustee of
City, State	the Mary E. Grisso Trust
	Post Office Box 14700
	Oklahoma City, OK 73113

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0625 8679

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **usps.com**

AGR/BURGUNDY

Postage \$ **.65**
 Certified Fee **2.95**
 Return Receipt Fee (Endorsement Required) **2.35**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **5.95**

Postmark Here

Sent to:
 Richard F. McAdoo
 c/o Brice McAdoo Clagett
 333 Friendship Road
 Friendship, MD 20758

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: CO... **ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label) **7006 0100 0005 0625 8679**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0625 8662

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **usps.com**

AGR/BURGUNDY

Postage \$ **.65**
 Certified Fee **2.95**
 Return Receipt Fee (Endorsement Required) **2.35**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **5.95**

Postmark Here

Sent to:
 Marcus D. Maddox
 203 W. Wall Street
 Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0625 8655

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICE** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: Roy G. Barton, Jr., Trustee of the
 Street: Roy G. Barton Sr. and Opal Barton
 or PO: Revocable Trust
 City: 1919 N. Turner Street
 State: Hobbs, New Mexico 88240

Postmark Here

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMP

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roy G. Barton, Jr., Trustee of the
 Roy G. Barton Sr. and Opal Barton
 Revocable Trust
 1919 N. Turner Street
 Hobbs, New Mexico 88240

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8655

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Brenda Stewart

B. Received by (Printed Name) Brenda Stewart C. Date of Delivery 4-9-12

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8648

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICE** AGR/BURGUNDY

Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: The Fasken Foundation
 Street: Post Office Box 2024
 or PO: Midland, Texas 79702-2024
 City, St:

Postmark Here

PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: G

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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 Fasken Foundation
 Post Office Box 2024
 Midland, Texas 79702-2024

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8648

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X Bonnie Rogers

B. Received by (Printed Name) Bonnie Rogers C. Date of Delivery 4-11-12

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8631

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit us at **usps.com**

AGR/BURGUNDY

Postage \$ **.65**

Certified Fee **2.95**

Return Receipt Fee (Endorsement Required) **2.35**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.95**

Sent To: Margaret Anne Miler Carrico
 c/o Harry A. Miller, Jr.
 1402 Foxwood Cove
 Austin, Texas 78704

Postmark Here

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Margaret Anne Miler Carrico
 c/o Harry A. Miller, Jr.
 1402 Foxwood Cove
 Austin, Texas 78704

2. Article Number (Transfer from service label) **7006 0100 0005 0625 8631**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Margaret A. Carrico** C. Date of Delivery **4-16-12**

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8624

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit us at **usps.com**

AGR/BURGUNDY

Postage \$ **.65**

Certified Fee **2.95**

Return Receipt Fee (Endorsement Required) **2.35**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.95**

Sent To: Harry A. Miller, III
 1402 Foxwood Cove
 Austin, Texas 78704

Postmark Here

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Harry A. Miller, III
 1402 Foxwood Cove
 Austin, Texas 78704

2. Article Number (Transfer from service label) **7006 0100 0005 0625 8624**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Harry A. Miller, III** C. Date of Delivery **4-16-12**

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8617

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**

Postage \$ **.65**
 Certified Fee **2.95**
 Return Receipt Fee (Endorsement Required) **2.35**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **5.95**

Sent To: Mary Ralph Lowe as Trustee
 c/o Lowe Partners
 4400 Post Oak, Suite 2550
 Houston, Texas 77027

PS Form 3800, June 2002

SENDER: CO/ **ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:
 Mary Ralph Lowe as Trustee
 c/o Lowe Partners
 4400 Post Oak, Suite 2550
 Houston, Texas 77027

2. Article Number
 (Transfer from service label) **7006 0100 0005 0625 8617**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature **Pat Diebel** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Pat Diebel** C. Date of Delivery **4-10-12**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8600

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR/BURGUNDY**

Postage \$ **.65**
 Certified Fee **2.95**
 Return Receipt Fee (Endorsement Required) **2.35**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **5.95**

Sent To: Carson R. Yost
 c/o Lowe Partners
 4400 Post Oak, Suite 2550
 Houston, Texas 77027

PS Form 3800, June 2002

SENDER: CO/ **ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 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:
 Carson R. Yost
 c/o Lowe Partners
 4400 Post Oak, Suite 2550
 Houston, Texas 77027

2. Article Number
 (Transfer from service label) **7006 0100 0005 0625 8600**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

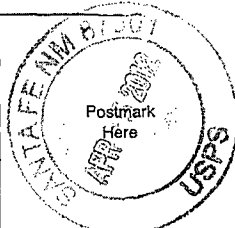
A. Signature **Pat Diebel** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Pat Diebel** C. Date of Delivery **4-10-12**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 8594

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.95
Sent to: Samantha Adelaide Yost Street or P.O. #: 400 West 15th Street, Suite 1600 City: Austin, Texas 78701	
PS Form 3811, June 2002	SEE REVERSE FOR INSTRUCTIONS

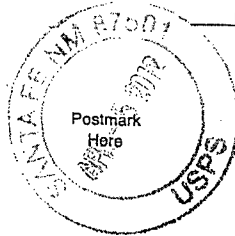


SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		ON DELIVERY A. Signature: <i>Kim Cain</i> B. Received by (Printed Name): <i>Kim Cain</i> C. Date of Delivery: <i>4/10/12</i>	
1. Article Addressed to: Samantha Adelaide Yost 400 West 15th Street, Suite 1600 Austin, Texas 78701		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number: (Transfer from service label)		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0625 8594

7006 0100 0005 0625 8587

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit usps.com AGR/BURGUNDY	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.95
Sent to: Lowe Partners Street or P.O. #: 4400 Post Oak, Suite 2550 City: Houston, Texas 77027	
PS Form 3811, June 2002	SEE REVERSE FOR INSTRUCTIONS



SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.		ON DELIVERY A. Signature: X B. Received by (Printed Name): C. Date of Delivery: <i>4-10-12</i>	
1. Article Addressed to: Lowe Partners 4400 Post Oak, Suite 2550 Houston, Texas 77027		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number: (Transfer from service label)		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0625 8587