



**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

May 3, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Yates Petroleum Corporation  
Abo Petroleum Corporation  
Myco Industries, inc.  
105 South Fourth Street  
Artesia, New Mexico 88210

Ladies and gentlemen:

Enclosed are copies of six applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding four wells in the NE¼ of Section 6, Township 19 South, Range 26 East, N.M.P.M., and two wells in the E½SE¼ of Section 1, Township 19 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 24, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend the hearing, but as an owner of an interest which may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, May 17, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.



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RUSHLL NM 88201

**OFFICIAL USE**

7010 0780 0002 3938 6420

Postage	\$ 1.30	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.60</b>	05/03/2012
<b>Sent To</b> Yates Petroleum Corporation Abo Petroleum Corporation Myco Industries, Inc. Street, Apt. No., or PO Box No. 105 South Fourth Street City, State, ZIP+4 Artesia, New Mexico 88201		

PS Form 3800, August 2006

See Reverse for instructions

**SENDER: COMPLETE THIS SECTION**

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

Yates Petroleum Corporation  
 Abo Petroleum Corporation  
 Myco Industries, Inc.  
 105 South Fourth Street  
 Artesia, New Mexico 88201

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6420

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *J. Delgado*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*J. Delgado 5-4-12*

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

**JAMES BRUCE**  
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SANTA FE, NEW MEXICO 87504

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SANTA FE, NEW MEXICO 87501

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(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

May 3, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

OXY Y-1 Company  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

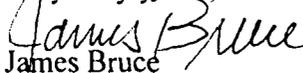
Ladies and gentlemen:

Enclosed are copies of four applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding two wells in the N $\frac{1}{2}$ NE $\frac{1}{4}$  of Section 6, Township 19 South, Range 26 East, N.M.P.M., and two wells in the E $\frac{1}{2}$ SE $\frac{1}{4}$  of Section 1, Township 19 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, May 24, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend these hearings, but as an owner of an interest which may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, May 17, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.

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HOUSTON TX 77046 OFFICIAL USE

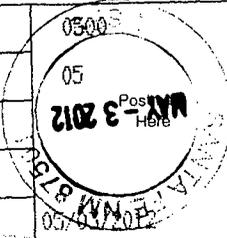
7010 0780 0002 3938 6437

Postage	\$ 1.30
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
<b>Total Postage &amp; Fee</b>	<b>\$ 6.60</b>

Sent To: OXY Y-1 Company  
 Suite 110  
 5 Greenway Plaza  
 Houston, Texas 77046

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>5-21-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>OXY Y-1 Company                  Suite 110                  5 Greenway Plaza                  Houston, Texas 77046</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number:                  (Transfer from service label)</p>	<p>7010 0780 0002 3938 6437</p>

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
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(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

May 31, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

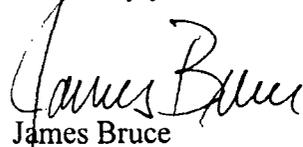
Ladies and gentlemen:

Enclosed are copies of two applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding two wells in the E½SE¼ of Section 1, Township 19 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Monday, June 25, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend these hearings, but as an owner of an interest which may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Monday, June 18, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

Tom C. and Vallie Hester  
1501 O'Kelly Road  
Rockdale, Texas 76567

Betty Louise Cook Webb  
Laura Estelle Hester Cook  
Route No. 2  
Crockett, Texas 75835

Mildred and C.C. Gothard  
P.O. Box 1322  
Hobbs, New Mexico 88240

Margaret H. and Jim Mulligan  
3370 Delaware Street  
Beaumont, Texas 77704

William Hugh Nott  
5 Corte Bombero  
Orinda, California 94563

7010 0780 0002 3938 6543

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<b>OFFICIAL USE</b>	
Postage	\$ 0.85
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>



Sent To: New State Gas  
 Attn: Rosemary H. Hinkle  
 Street, Apt. No., or PO Box No.: 1213 West Third Street  
 Roswell, NM 88201  
 City, State, ZIP+4:

PS Form 3800, August 2006 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:  
 Edna Goodell  
 611 Quay  
 Artesia, NM 88210

2. Article Number  
 (Transfer from service label)

7010 0780 0002 3938 6512

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Amy Reid*  Agent  Addressee

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

Domestic Return Receipt *CX* 102595-02-M-1540

7010 0780 0002 3938 6512

**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:  
 New State Gas  
 Attn: Rosemary H. Hinkle  
 1213 West Third Street  
 Roswell, NM 88201

2. Article Number  
 (Transfer from service label)

7010 0780 0002 3938 6543

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Morris Plarmino*  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

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Postage	\$ 0.85
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>



Sent To: Edna Goodell  
 611 Quay  
 Street, Apt. No., or PO Box No.: Artesia, NM 88210  
 City, State, ZIP+4:

PS Form 3800, August 2006 See Reverse for Instructions

7010 0780 0002 3938 6512

Domestic Return Receipt *CX* 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Empire Energy, LLC  
Attn: Susan M. Hinkle  
70 Riverside Drive  
Roswell, NM 88201

2. Article Number

7010 0780 0002 3938 6536

(Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Susan M Hinkle*

B. Received by (Printed Name)

*Susan M Hinkle*

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.

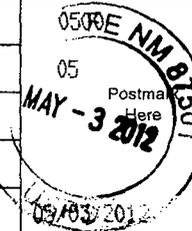
4. Restricted Delivery? (Extra Fee)  Yes  No

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ROSWELL, NM 88201 **OFFICIAL USE**

Postage	\$	\$0.85
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.15



Sent To: Richardson Minerals & Royalty  
Attn: Michael S. Richardson  
Street, Apt. No., or PO Box No.: 105 West Third St., #312  
City, State, ZIP+4: Roswell, NM 88201

PS Form 3800, August 2006

See Reverse for Instructions

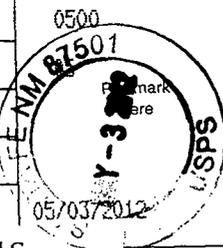
0552 9636 2002 3938 6550

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ROSWELL, NM 88201 **OFFICIAL USE**

Postage	\$	\$0.85
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.15



Sent To: Empire Energy, LLC  
Attn: Susan M. Hinkle  
70 Riverside Drive  
Roswell, NM 88201

PS Form 3800, August 2006

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:

Richardson Minerals & Royalty  
Attn: Michael S. Richardson  
105 West Third St., #312  
Roswell, NM 88201

2. Article Number

7010 0780 0002 3938 6550

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Michael S Richardson*

B. Received by (Printed Name)

C. Date of Delivery

*5/4/12*

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  No

9559 9636 2000 0980 0102

7010 0780 0002 3938 6499

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PORT CHARLOTTE, FL 33948

**OFFICIAL USE**

Postage	\$ 0.85	0500 05 3 2012 Postmark
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Sent To: Jewel Hester  
 c/o Georgia Hester Haigh  
 23033 Winchester Blvd, C-123  
 Port Charlotte, FL 33948

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:  
 Morris and Holly Schertz  
 P.O. Box 2588  
 Roswell, NM 88202

2. Article Number (Transfer from service label): 7010 0780 0002 3938 6529

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Morris E. Schertz*  Agent  Addressee

B. Received by (Printed Name): MORRIS E. SCHERTZ C. Date of Delivery: 4-7-12

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

3. Service Type: 88201  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Postmark: ROSWELL, NM MAY 7 2012

**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:  
 Jewel Hester  
 c/o Georgia Hester Haigh  
 23033 Winchester Blvd, C-123  
 Port Charlotte, FL 33948

2. Article Number (Transfer from service label): 7010 0780 0002 3938 6499

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Virginia Miller*  Agent  Addressee

B. Received by (Printed Name): V. Miller C. Date of Delivery: 5/3/2012

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

Postmark: PORT CHARLOTTE, FL MAY 3 2012

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**OFFICIAL USE**

Postage	\$ 0.85	0500 05 3 2012 Postmark Here
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Sent To: Morris and Holly Schertz  
 P.O. Box 2588  
 Roswell, NM 88202

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

1. Article Addressed to:

Tracy Clark  
6927 Sunrise Ct  
Midland, Texas 79705

2. Article Number  
(Transfer from service label)

7010 0780 0002 3938 6505

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  Agent  
 Addressee

B. Received by (Printed Name)  
 T P Clark

C. Date of Delivery  
 5/11/12

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

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ALICE TX 79332

**OFFICIAL USE**

Postage	\$ 0.85	0500
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	



Sent To Ruth Dean Brillhart  
 1309 Ebony  
 Street, Apt. No. or PO Box No. Alice, Texas 79332  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3938 6468

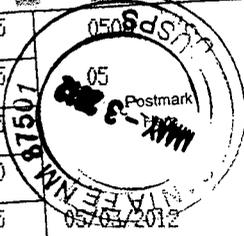
7010 0780 0002 3938 6505

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**OFFICIAL USE**

Postage	\$ 0.65	0500
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>	



Sent To Tracy Clark  
 6927 Sunrise Ct  
 Street, Apt. No. or PO Box No. Midland, Texas 79705  
 City, State, ZIP+4

PS Form 3800, August 2006

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:

Ruth Dean Brillhart  
 1309 Ebony  
 Alice, Texas 79332

2. Article Number  
(Transfer from service label)

7010 0780 0002 3938 6468

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  Agent  
 Addressee

B. Received by (Printed Name)  
 Ruth Dean Brillhart

C. Date of Delivery  
 5-7-12

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

**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 *Cade Jackson*  Agent  Addressee

B. Received by (Printed Name) **CADR JACKSON** C. Date of Delivery

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

JUN 1 2012

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

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Cade Jackson  
320 Mountain Springs Dr.  
Boerne, Texas 78006

2. Article Number (Transfer from service label) **7010 0780 0002 3938 6475**

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

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

Postage	\$ 0.85	0500 187501 05 Postmark Here MAY - 3 2012 USPS
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Sent To Chad Chapman  
6625 Victoria Ave  
North Ranchland Hills, Texas 76180

7010 0780 0002 3938 6451

7010 0780 0002 3938 6475

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Postage	\$ 0.85	0500 187501 05 Postmark Here MAY - 3 2012 USPS
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Sent To Cade Jackson  
320 Mountain Springs Dr.  
Boerne, Texas 78006

**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 *Chad Chapman*  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:

1. Article Addressed to:

Chad Chapman  
6625 Victoria Ave  
North Ranchland Hills, Texas 76180

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

4. Restricted Delivery? (Extra Fee)  Yes

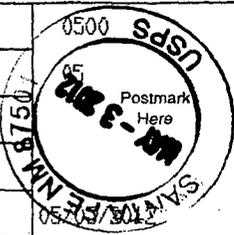
2. Article Number (Transfer from service label) **7010 0780 0002 3938 6451**

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Postage	\$	\$0.65
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.95</b>



Sent To **William Jackson**  
**1613 Silver Saddle Dr.N**  
 Street, Apt. No., or PO Box No. **Kerville, TX 78028**  
 City, State, ZIP+4

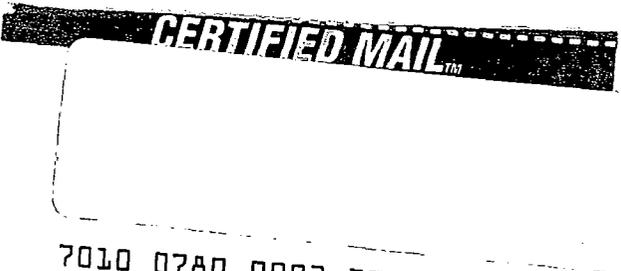
PS Form 3800, August 2006 See Reverse for Instructions

7010 0780 0002 3938 6482



Mr James Bruce  
 PO Box 1056  
 Santa Fe NM 87504-1056

1ST NOTICE **05-10-12**  
 2ND NOTICE **5/15**  
 RETURN **5/25**



7010 0780 0002 3938 6482



U.S. POSTAGE  
 PAID  
 SANTA FE, NM  
 87501  
 MAY 03, 12  
 AMOUNT  
**\$5.95**  
 00028468-05

William Jackson  
 1613 Silver Saddle Dr.N  
 Kerville, TX 78028

**REFUSED**  
**H14**



UTF

87504@1056

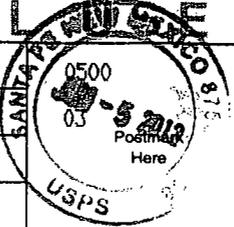
7010 3090 0000 2336 0969

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OFFICIAL USE  
ROCKDALE TX 76567

Postage	\$	\$0.65
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.95</b>



Sent To: Tom C. and Vallie Hester  
 Street, Apt. No., or PO Box No.: 1501 O'Kelly Road  
 City, State, ZIP+4: Rockdale, Texas 76567

PS Form 3800, August 2006 See Reverse for Instructions



Mr James Bruce  
PO Box 1056  
Santa Fe NM 87504-1056



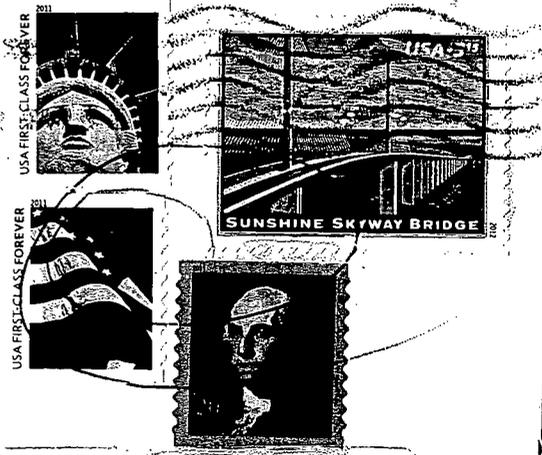
7010 3090 0000 2336 0969

1ST NOTICE 6-11-12  
2ND NOTICE 6-18  
RETURN 6-28

ANK  
FCE

Tom C. and Vallie Hester  
1501 O'Kelly Road  
Rockdale, Texas 76567

1st NOTICE \_\_\_\_\_  
2nd NOTICE \_\_\_\_\_  
RETURNED \_\_\_\_\_



U.S. POSTAGE  
PAID  
SANTA FE, NM  
87501  
JUN 05, 12  
AMOUNT

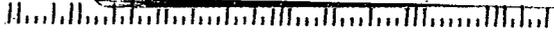
**\$0.00**

1000

76567

00014520-03

87504@1056  
76567200701



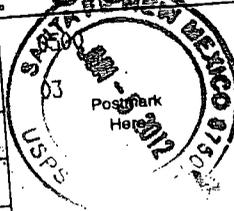
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7010 3090 0000 2336 0952

Postage	\$ 0.65
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees:</b>	<b>\$ 5.95</b>



06/05/2012

Sent To: Betty Louise Cook Webb  
Laura-Estelle Hester Cook  
Route No. 2  
Crockett, Texas 75835

PS Form 3800, August 2006

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**CERTIFIED MAIL™**



7010 3090 0000 2336 0952



Mr James Bruce  
PO Box 1056  
Santa Fe NM 87504-1056

1ST NOTICE 16-22-12  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

Betty Louise Cook Webb  
Laura Estelle Hester Cook  
Route No. 2  
Crockett, Texas 75835

NAME \_\_\_\_\_  
1ST NOTICE \_\_\_\_\_  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_



1000

75835

U.S. POSTAGE  
PAID  
SANTA FE, NM  
87501  
JUN 05 2012  
AMOUNT

**\$0.00**

00014520-03

87504@1056



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# Track & Confirm

HELP CENTER    PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
7010309000023360921	First-Class Mail®	Undeliverable as Addressed	July 11, 2012, 1:48 pm	SANTA FE, NM 87501	Expected Delivery By: June 8, 2012 Certified Mail™ Return Receipt
		Notice Left	July 06, 2012, 11:00 am	SANTA FE, NM 87504	
		Depart USPS Sort Facility	July 05, 2012	ALBUQUERQUE, NM 87101	
		Processed at USPS Origin Sort Facility	July 05, 2012, 3:11 am	ALBUQUERQUE, NM 87101	
		Undeliverable as Addressed	June 30, 2012, 10:55 am	ORINDA, CA 94563	
		Notice Left	June 08, 2012, 4:25 pm	ORINDA, CA 94563	
		Acceptance	June 05, 2012, 4:21 pm	SANTA FE, NM 87501	

### Check on Another Item

What's your label (or receipt) number?

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Postage	\$	\$0.65	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 80px; margin: 0 auto;"> <p style="text-align: center; font-size: 0.8em;">0500</p> <p style="text-align: center; font-size: 0.7em;">Postmark here</p> </div>
Certified Fee		\$2.95	
Return Receipt Fee (Endorsement Required)		\$2.35	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$3.95</b>	

*Sent To* William Hugh Nott

*Street, Apt. No., or PO Box No.* 5 Corte Bombero

*City, State, ZIP+4* Orinda, California 94563

PS Form 3800, August 2006 See Reverse for Instructions

English Customer Service USPS Mobile

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# Track & Confirm

VIEW TRACK HISTORY PRINT DETAILS

YOUR LABEL NUMBER  
70103090000023360938

SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
First-Class Mail®	Processed through USPS Sort Facility	July 12, 2012, 3:38 am	ALBUQUERQUE, NM 87101	Expected Delivery By: June 8, 2012 Certified Mail™ Return Receipt
	Unclaimed	July 07, 2012, 1:17 pm	BEAUMONT, TX	
	Notice Left	June 08, 2012, 3:17 pm	BEAUMONT, TX 77703	
	Arrival at Unit	June 08, 2012, 6:49 am	BEAUMONT, TX 77706	
	Processed at USPS Origin Sort Facility	June 08, 2012, 3:14 am	BEAUMONT, TX 77707	
	Acceptance	June 05, 2012, 4:22 pm	SANTA FE, NM 87501	

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What's your label (or receipt) number?

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7010 3090 0000 2336 0938

OFFICIAL USE

Postage	\$	00.65	
Certified Fee	\$	02.95	
Return Receipt Fee (Endorsement Required)	\$	02.35	
Restricted Delivery Fee (Endorsement Required)	\$	00.00	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>05.95</b>	

Sent To: Margaret H. and Jim Mulligan  
3370 Delaware Street  
Beaumont, Texas 77704

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions