

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

APPLICATION OF MEWBOURNE OIL COMPANY
FOR APPROVAL OF A NON-STANDARD OIL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

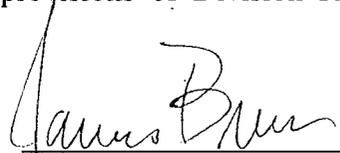
Case No. 14,857

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

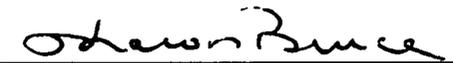
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit 1.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.



James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of July, 2012 by James Bruce.

My Commission Expires: 3/14/13



Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 7

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

May 17, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, June 7, 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 this hearing, but as an owner of an interest that 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 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 31, 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 Mewbourne Oil Company

EXHIBIT 1

EXHIBIT A

Virginia Lee Davis
2605 West Ohio
Carlsbad, NM 88220

Stanley J. Gregory
3510 Joshua Street
Carlsbad, NM 88220

Mickey Ratliff
8 Firwood
The Hills, TX 78738

John Edward Hall
P.O. Box 1525
Carlsbad, NM 88221

Nolan Greak
Suite 33
8008 Slide Road
Lubbock, TX 79424

Nevill Manning
2112 Indiana
Lubbock, TX 79410

Magdalene P. Panagopoulos
10008 Ranch Hand Avenue
Las Vegas, NV 89117

Panagotia P. Panagopoulos
6251 Fort West Road
Las Vegas, NV 89108

Laura Meade
611 North Mesa Avenue
Carlsbad, NM 88220

Kevin J. Hanratty
P.O. Box 1330
Artesia, NM 88211

James W. Klipstine
Klipstine & Honigsman, LLC
Suite 400
1601 North Turner
Hobbs, NM 88240

Irma J. Gregory
305 South Hemlock Avenue
Louis Roswell, NM 88203

First Federal Savings & Loan
Association
P.O. Box 1390
Littlefield, TX 79339

Clarence W. and Mary I. Ervin
4016 Jones Street
Carlsbad, NM 88220

Bonnie R. Gregory
305 South Hemlock Avenue
Roswell, NM 88203

Pavlos P. Panagopoulos
Panagopoulos Enterprises
Andrea P. Panagopoulos
615 Willowbrook
Belen, NM 87002

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:

Panagotia P. Panagopoulos
6251 Fort West Road
Las Vegas, NV 89108

2. Article Number
(Transfer from service label) 7010 0780 0002 3932 3494

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Penny Tencall

B. Received by (Printed Name) Penny Tencall C. Date of Delivery 5/20/2012

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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LAS VEGAS NV 89108 **OFFICIAL USE**

Postage	\$ 0.45
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.75

Postmark MAY 19 2012

Sent To Magdalene P. Panagopoulos
 10008 Ranch Hand Avenue
 Las Vegas, NV 89117

PS Form 3800, August 2006 See Reverse for Instructions

7010 0780 0002 3932 3487

7010 0780 0002 3932 3494

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LAS VEGAS NV 89108 **OFFICIAL USE**

Postage	\$ 0.45
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.75

Postmark MAY 19 2012

Sent To Panagotia P. Panagopoulos
 6251 Fort West Road
 Las Vegas, NV 89108

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:

Magdalene P. Panagopoulos
10008 Ranch Hand Avenue
Las Vegas, NV 89117

2. Article Number
(Transfer from service label) 7010 0780 0002 3932 3487

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Magdalene P. Panagopoulos

B. Received by (Printed Name) Magdalene P. Panagopoulos C. Date of Delivery 5/24/12

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

M-C

7010 0780 0002 3938 6659

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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: Pavlos P. Panagopoulos
 Panagopoulos Enterprises
 Andrea P. Panagopoulos
 615 Willowbrook
 Belen, NM 87002

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 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:

First Federal Savings & Loan Association
 P.O. Box 1390
 Littlefield, TX 79339

2. Article Number (Transfer from service label)

7010 0780 0002 3932 3562

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Lisa Muller

B. Received by (Printed Name) C. Date of Delivery
 Lisa Muller 5-2-12

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:

Pavlos P. Panagopoulos
 Panagopoulos Enterprises
 Andrea P. Panagopoulos
 615 Willowbrook
 Belen, NM 87002

2. Article Number (Transfer from service label)

7010 0780 0002 3938 6659

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Scott Amador

B. Received by (Printed Name) C. Date of Delivery
 Scott Amador

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

615 Willowbrook
 Belen, NM 87002

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

4. Restricted Delivery? (Extra Fee) Yes

7010 0780 0002 3932 3562

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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: First Federal Savings & Loan Association
 P.O. Box 1390
 Littlefield, TX 79339

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 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:

Laura Meade
611 North Mesa Avenue
Carlsbad, NM 88220

2. Article Number
(Transfer from service label)

7010 0780 0002 3932 3500

PS Form 3811, February 2004

Domestic Return Receipt

M-C

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Laura Meade Agent Addressee

B. Received by (Printed Name)
LAURA MEADE 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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LUBBOCK TX 79424 OFFICIAL USE

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	\$5.75



Sent To Nolan Greak
Suite 33
Street, Apt. No., or PO Box No. 8008 Slide Road
Lubbock, TX 79424
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3932 3463

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CARLSBAD NM 88220 OFFICIAL USE

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75



Sent To Laura Meade
611 North Mesa Avenue
Street, Apt. No., or PO Box No. Carlsbad, NM 88220
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3932 3500

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:

Nolan Greak
Suite 33
8008 Slide Road
Lubbock, TX 79424

2. Article Number
(Transfer from service label)

7010 0780 0002 3932 3463

PS Form 3811, February 2004

Domestic Return Receipt

M-C

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Hollie Wright Agent Addressee

B. Received by (Printed Name)
Hollie Wright C. Date of Delivery
5/21/12

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 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:

Stanley J. Gregory
3510 Joshua Street
Carlsbad, NM 88220

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 2118

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Gregory

B. Received by (Printed Name) *Gregory* C. Date of Delivery *5-21-12*

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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7010 0780 0002 3932 3517

Postage	\$ 0.45
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.75



Sent To: Kevin J. Hanratty
 P.O. Box 1330
 Artesia, NM 88211

PS Form 3800, August 2006

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7010 0780 0002 3938 2118

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

Postmark Here

Sent To: Stanley J. Gregory
 3510 Joshua Street
 Carlsbad, NM 88220

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:

Kevin J. Hanratty
 P.O. Box 1330
 Artesia, NM 88211

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Sophy Brisen

B. Received by (Printed Name) *Sophy Brisen* C. Date of Delivery *5-22-2012*

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

7010 0780 0002 3932 3517

Domestic Return Receipt

102595-02-M-1540

7010 0780 0002 3932 3470

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Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75



Sent To: Nevill Manning
Street, Apt. No., or PO Box No.: 2112 Indiana
City, State, ZIP+4: Lubbock, TX 79410

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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:

Irma J. Gregory
305 South Hemlock Avenue
Roswell, NM 88203

2. Article Number
(Transfer from service label)

7010 0780 0002 3932 3579

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Irma J. Gregory* Agent Addressee
 B. Received by (Printed Name): *IRMA GREGORY*
 C. Date of Delivery: *3/21/12*
 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:

Nevill Manning
2112 Indiana
Lubbock, TX 79410

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Brenda* Agent Addressee
 B. Received by (Printed Name): *Brenda*
 C. Date of Delivery: *5/21/12*
 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

2. Article Number
(Transfer from service label)

7010 0780 0002 3932 3470

PS Form 3811, February 2004

Domestic Return Receipt

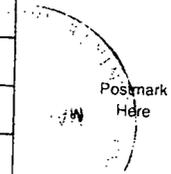
102595-02-M-1540

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



Sent To: Irma J. Gregory
Street, Apt. No., or PO Box No.: 305 South Hemlock Avenue
City, State, ZIP+4: Roswell, NM 88203

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3932 3579

7010 0780 0002 3932 3586

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: James W. Klipstine
 Klipstine & Honigsman, LLC
 Suite 400
 1601 North Turner
 Hobbs, NM 88240

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:

Clarence W. and Mary I. Ervin
 4016 Jones Street
 Carlsbad, NM 88220

2. Article Number
 (Transfer from service label)

7010 0780 0002 3932 3555

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *C. W. Ervin* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

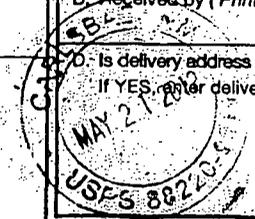
5-21

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

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:

James W. Klipstine
 Klipstine & Honigsman, LLC
 Suite 400
 1601 North Turner
 Hobbs, NM 88240

2. Article Number
 (Transfer from service label)

7010 0780 0002 3932 3586

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kathy Turner* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

Kathy Turner *5-21-12*

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

7010 0780 0002 3932 3555

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Clarence W. and Mary I. Ervin
 4016 Jones Street
 Carlsbad, NM 88220

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:

Bonnie R. Gregory
305 South Hemlock Avenue
Roswell, NM 88203

2. Article Number
(Transfer from service label)

7010 0780 0002 3938 6642

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) *BRUNDA GREGORY* C. Date of Delivery *3/21/12*

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

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
Louis Mickey Ratliff
8 Firwood
The Hills, TX 78738
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3938 2125

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
Bonnie R. Gregory
305 South Hemlock Avenue
Roswell, NM 88203
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:

Louis Mickey Ratliff
8 Firwood
The Hills, TX 78738

2. Article Number
(Transfer from service label)

7010 0780 0002 3938 2125

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) *L. Ratliff* C. Date of Delivery *5-23-12*

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

7010 0780 0002 3938 6642

CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

7010 0780 0002 3938 2101

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

Sent To Virginia Lee Davis
2605 West Ohio
 Street, Apt. No., or PO Box No. Carlsbad, NM 88220
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

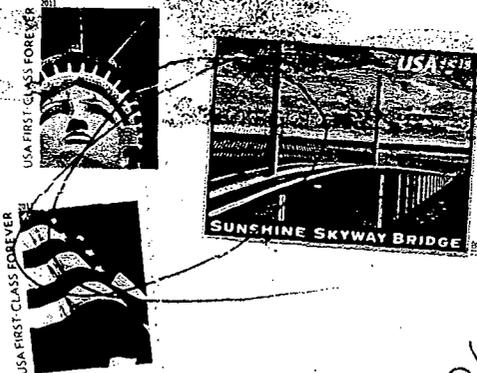
TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

James Bruce
 P.O. Box 1056
 Santa Fe, New Mexico 87504

7010 0780 0002 3938 2101

1ST NOTICE 10-11-12
 2ND NOTICE 6-28
 RETURN 6-28

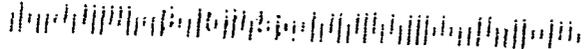
Virginia Lee Davis
 2605 West Ohio
 Carlsbad, NM 88220



2nd 5-26
 R 6-6
 KNC

8750401056
 88220297105

05/19



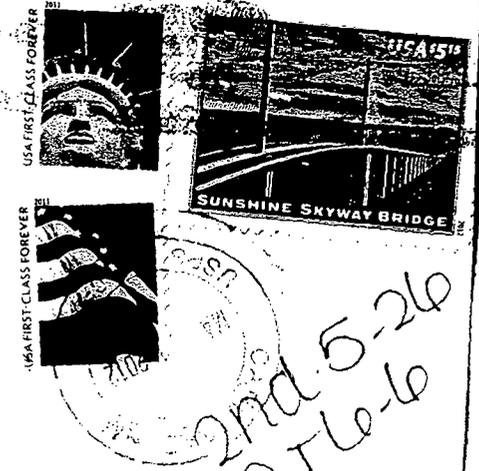
James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

CERTIFIED MAIL™

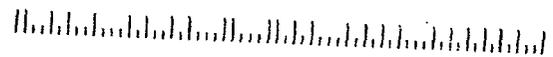
7010 0780 0002 3932 3456

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

John Edward Hall
P.O. Box 1525
Carlsbad, NM 88221



9 7 5 0 4 3 1 0 2 1 0 1 5
00021000023456



7010 0780 0002 3932 3456

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

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

OFFICIAL USE

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

Sent To: John Edward Hall
P.O. Box 1525
 Street, Apt. No., or PO Box No. Carlsbad, NM 88221
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions