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 COG OPERATING LLC FOR A NON-STANDARD SPACING AND PRORATION UNIT AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO

CASE NO. 14860

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of COG Operating LLC, 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 11th day of July 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. 3
Submitted by:
COG OPERATING LLC
Hearing Date: July 12, 2012

HOLLAND&HART LLP

Adam G. Rankin
arankin@ hollandhart.com

May 17, 2012

VIA CERTIFIED MAIL
Return Receipt Requested

TO: AFFECTED INTEREST OWNERS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Clydesdale 1 Fee 4H Well

This letter is to advise you that COG Operating LLC 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 June 7, 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.

Questions concerning this application should be directed to Stuart Dirks at (432) 685-4354.

Sincerely,

Adam G. Rankin
ATTORNEY FOR COG OPERATING LLC

EXHIBIT A
COG OPERATING LLC
CLYDESDALE 1 FEE 4H WELL

Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210

Estate of Vallie O. Hester
c/o T. C. Hester, Jr.
4412 Jessamine Hollow
Austin, Texas 78731

Guy Robert Jackson
Post Office box 308
Anahuac, Texas 77514

Steven Jackson
14114 Parkhurst
San Antonio, Texas 78232

Elizabeth Loggie
800 Weland
Kerrville, Texas 78028

William Robert Jackson
8912 FM 2354
Baytown, Texas 77522

Cade Edward Jackson
320 Mountain Springs Drive
Boerne, Texas 78006

Albertine Hester
400 Cottonwood St.
Crockett, Texas 75835

Albert Hester
618 Fry Street
Crockett, Texas 75835

T. R. Hester
Rt. 2 Box 92
Crockett, Texas 75835

Echo Maxine Fifer
1524 Wilson
Wharton, Texas 77488

James Fifer
1524 Wilson
Wharton, Texas 77488

Thomas Raymond Fifer
1524 Wilson
Wharton, Texas 77488

William Hugh Nott
5 Corte Bombero
Orindo, CA 94563

Margaret Elizabeth Mulligan
3370 Delaware Street
Beaumont, Texas 77703

Donald F. Bertholf
PR of Est. of Don Bertholf
Rt 2 Box 33-A
Harlingen, Texas 78550

Don Bertholf, Jr.
Rt 2 Box 33-A
Harlingen, Texas 78550

Betty Jean Clark
Post Office Box 98
Chiloquin, OR 97624

Corrie Ilene Loughlin
c/o Thomas Edward Loughlin
2526 Micliff Drive
Houston, Texas 77068

Harold Hester
404 Gardenia Street
Lake Jackson, Texas 77566

Ann Hester
4600 Conn Ave. NW, Apt 927
Washington DC 20008

DHA LLC
500 West Wall Street
Suite 300
Midland, Texas 79701

Watts Properties LLC
Post Office Box 2367
Roswell, New Mexico 88202

Sharbro Holding, LLC
105 South 4th Street
Artesia, New Mexico 88210

Legacy Royalty LLC
Post Office Box 1091
Artesia, New Mexico 88211

Cimarex Energy Co.
600 N. Marienfeld
Suite 600
Midland, Texas 79701

Abo Petroleum Corporation
Myco Industries, Inc.
105 South 4th Street
Artesia, New Mexico 88210

EXHIBIT A
COG OPERATING LLC
CLYDESDALE 1 FEE 4H WELL

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

Jo Ann Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

John A. Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

Estate of Peggy A. Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

Estate of Lillie M. Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

Sacramento Partners Limited
105 South 4th Street
Artesia, New Mexico 88210

Harvey E. Yates Company
Post Office Box 1933
Roswell, New Mexico 88201

Los Chicos Partnership
c/o John A. Yates, Agent
105 South 4th Street
Artesia, New Mexico 88210

Spiral, Inc.
Post Office Box 1933
Roswell, New Mexico 88201

Cibola Energy Corporation
Post Office Box 1668
Albuquerque, N. M. 87103

Brooks Oil & Gas Partnership
Post Office Box 225976
Dallas, Texas 75222

Sharbro Oil Ltd Co.
Post Office Box 840
Artesia, New Mexico 88211

Argo Energy Partners LTD
Post Office Box 1808
Corsicana, Texas 75151

Staghorn Resources, LLC
406 South Boulder, Suite 800
Tulsa, OK 74103

Dugan Production Corporation
Post Office Box 420
Farmington, NM 87499

Fasken Oil & Ranch, Ltd.
303 W. Wall Ave., Suite 1900
Midland, Texas 79701

Rio Pecos Corporation
212 American Home Life Bldg.
Artesia, New Mexico 88210

Fisco, Inc.
c/o N.L. Stevens Sewell & Riggs
800 Capital Bank Plaza
Houston, Texas 77002

Orion-Smith Oil Properties
3602 South Washington
Amarillo, Texas 79110

Pennant Petroleum Inc.
Post Office Box 814
Midland, Texas 79702

June Jarvis Prather
4528 Westchester
Waco, Texas 76710

Shuco Investments
5801 Fairview
Waco, Texas 76710

Mark Wilson Family
Partnerships, LP
4501 Greentree Blvd.
Midland, Texas 79707

Cannon Exploration Co.
3608 South County Road 1184
Midland, Texas 79706

XTO Energy, Inc.
810 Hudson Street
Fort Worth, Texas 76102

Pathfinder Exploration Co
4601 Miranda Drive
Austin, Texas 78735

Explorers Petroleum Corp.
Post Office Box 1933
Roswell, New Mexico 88202

EXHIBIT A
COG OPERATING LLC
CLYDESDALE 1 FEE 4H WELL

Tara Jon Corporation
6003 Meadow View Lane
Midland, Texas 79707

Ram Energy, Inc.
5100 East Skelly Drive
Tulsa, OK 74135

Sally Ellis
771 Crescent Drive
Boulder, CO 80303

Mary Ann Glass Taylor
517 South Adams Street
San Angelo, Texas 76901

Gayle Glass Roche
Post Office Box 50248
Austin, Texas 78763

Lou Ann Langford
3721 North Hall, No. 501
Dallas, Texas 75219

Gayle Elizabeth Langford Turner
1211 Marshall Lane
Austin, Texas 78703

Jefferson Milner Langford
Route 2, Box 433
Santa Fe, New Mexico 87505

Robert Glass Langford
Route 3, Box 49
Lockhart, Texas 78644

Alison Claire Curry Sanders
Post Office Box 27391
Austin, Texas 78755

Alfred Foy Curry
1016 Alta Loma Circle
San Angelo, Texas 76901

Nancy L. Kincaid
2911 Ocotillo Canyon Drive
Carlsbad, New Mexico 88220

Cauhape Properties Partnerships
1705 West Clayton
Artesia, New Mexico 88210

Ella Lavada Swope Trust
4406 South Lorraine
Fort Worth, Texas 76107

Thelma May Schafer
906 West Hermosa Drive
Artesia, New Mexico 88210

Sterling Mark Carter
Post office Box 97
Winston, New Mexico 87943

Kenna Carter Scott
Derrick Road, Route 3
Big Spring Texas 79720

Michael Carter
1021 Plaza Drive
Granbury, Texas 76048

Patty Schafer
1606 West Bullock Avenue
Artesia, New Mexico 88210

Lonesome Oil, LLC
Post Office Box 50880
Midland, Texas 79710

Marshall & Winston Inc.
Post Office Box 50880
Midland, Texas 79710

Claribel Y. Marshall Trust
2904 North Kentucky Ave.
Roswell, New Mexico 88201

James Lisle Hinkle
Post Office Box 2002
Roswell, Ne Mexico 88201

Charles E. Hinkle
Post Office Box 149
Monterey, CA 93940

Jenna Hinkle
Route 3, Box 519
Carmel, CA 93923

Hinkle Living Trust
Post Office Box 1793
Roswell, New Mexico 88202

Bettianne H. Bowen Living Trust
1902 Ivanhoe Lane
Abilene, Texas 79605

EXHIBIT A
COG OPERATING LLC
CLYDESDALE 1 FEE 4H WELL

Shirley Childress
712 North Lea Avenue
Roswell, New Mexico 88201

James W. Childress
Post Office Box 3209
Roswell, New Mexico 88201

William Brian Landsheft
Revocable Trust
15880 South Peoria
Bixby, OK 74008

Richard L. Landsheft, Jr.
2313 Jim Dent
El Paso, Texas 79936

Lynn E. Desper
P.O. Box 1371 – M#146
Ruidoso, New Mexico 88345

Quetico Superior Foundation
1185 Ferndale Road West
Wayzata, MN 55391

McQuiddy Communications
and Energy, Inc.
Post Office Box 2072
Roswell, New Mexico 88202

RR Hinkle Company, Inc.
1213 West Third Street
Roswell, New Mexico 88201

Estate of Rufus R. Rand
Helen Chase Rand Trust
c/o Hinkle Law Firm
Post Office Box 10
Roswell, New Mexico 88202

Sally Ayres Ellis
771 Crescent Drive
Boulder, Colorado 80303

Cynthia Hinkle, Trustee for herself
and Kristin Hinkle and Jenna Hinkle
Route 3, Box 519
Carmel, CA 93923

7006 0100 0005 0626 7794

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

For delivery information: AGR/ COG CLYDESDALE 4H

OFFI

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
USPS SANTA FE, NM
MAY 22 2012

Sent To: Yates Petroleum Corporation
Street or PO: 105 South 4th Street
City: Artesia, New Mexico 88210

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:

Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Underwood — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Underwood — C. Date of Delivery: 5-23-12

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

2. Article Number *(Transfer from service label)*: 7006 0100 0005 0626 7794

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

7006 0100 0005 0625 9102

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

For delivery information vi: AGR/ COG CLYDESDALE 4H

OFFI(

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
USPS SANTA FE, NM
MAY 22 2012

Sent To: Estate of Vallie O. Hester
Street, Apt or PO Box: c/o T. C. Hester, Jr.
City, State: 4412 Jessamine Hollow
Austin, Texas 78731

PS Form 3800, June 2002 — See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Estate of Vallie O. Hester
c/o T. C. Hester, Jr.
4412 Jessamine Hollow
Austin, Texas 78731

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X James A Hester — ☐ Agent ☐ Addressee

B. Received by (Printed Name): JAMES A HESTER — C. Date of Delivery: 5-26-12

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

2. Article Number *(Transfer from service la...)*: 7006 0100 0005 0625 9102

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

U.S. Postal Service™
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For delivery information vi

OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012

Postmark Here

7006 0100 0005 0626 7152

Sent To
Street, Ap
or PO Box
City, Stat

Guy Robert Jackson
Post Office box 308
Anahuac, Texas 77514

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Guy Robert Jackson
Post Office box 308
Anahuac, Texas 77514

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Braadridge ☐ 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 0626 7152

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

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

For delivery information visi

OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012

Postmark Here

7006 0100 0005 0626 7169

Sent To
Street, A
or PO Bo
City, Sta

Steven Jackson
14114 Parkhurst
San Antonio, Texas 78232

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012
USPS SANTA FE, NM
DE VARGAS POST OFFICE

Sent To
Elizabeth Loggie
Street, Apt. No., or PO Box No.
800 Weland
City, State, ZIP+4
Kerrville, Texas 78028

7006 0100 0005 0626 7176

PS Form 3800, June 2002 — See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Elizabeth Loggie
800 ~~Weland~~
Kerrville, Texas 78028

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Elizabeth Loggie ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-6-12

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

Leland

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 0626 7176

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

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012
USPS SANTA FE, NM
DE VARGAS POST OFFICE

Sent To
William Robert Jackson
Street, Apt. No., or PO Box No.
8912 FM 2354
City, State, ZIP+4
Baytown, Texas 77522

7006 0100 0005 0626 7183

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:

William Robert Jackson
8912 FM 2354
Baytown, Texas 77522

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x William Robert Jackson ☐ Agent ☐ Addressee

B. Received by (Printed Name) William Robert Jackson C. Date of Delivery 6-6-12

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

JUN 6 2012

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 0626 7183

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit OFFIC

AGR/ COG
CLYDESDALE 4H

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
SANTA FE, NM 87501
MAY 22 2012
VARGAS POST OFFICE

Sent To
Cade Edward Jackson
Street, Apt. No., or PO Box No.
320 Mountain Springs Drive
City, State, ZIP+4
Boerne, Texas 78006

7006 0100 0005 0626 7190

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:

Cade Edward Jackson
320 Mountain Springs Drive
Boerne, Texas 78006

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cade Jackson
☐ Agent
☐ Addressee

B. Received by (Printed Name) CADE JACKSON
C. Date of Delivery JUN 1 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

2. Article Number (Transfer from service label) 7006 0100 0005 0626 7190

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

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CERTIFIED MAIL™ RECEIPT
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For delivery information visi OFFIC

AGR/ COG
CLYDESDALE 4H

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

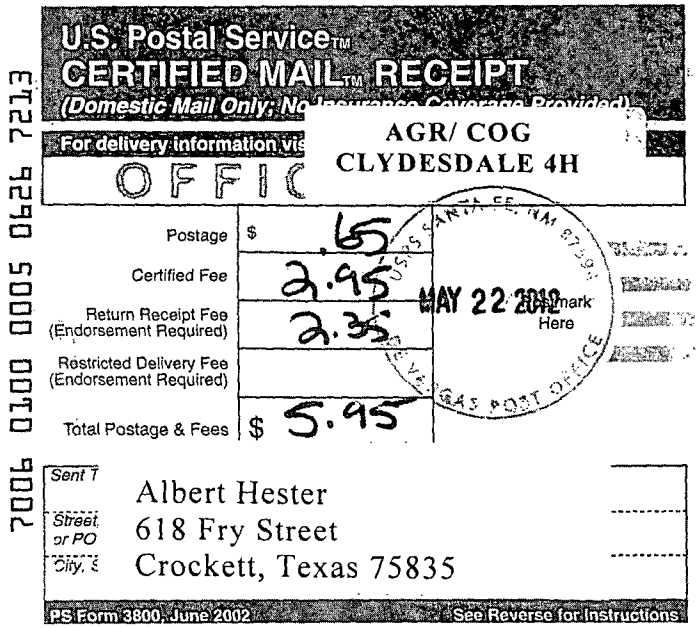
Postmark Here
SANTA FE, NM
MAY 22 2012
VARGAS POST OFFICE

Sent To
Albertine Hester
Street, Apt. No., or PO Box No.
400 Cottonwood St.
City, State, ZIP+4
Crockett, Texas 75835

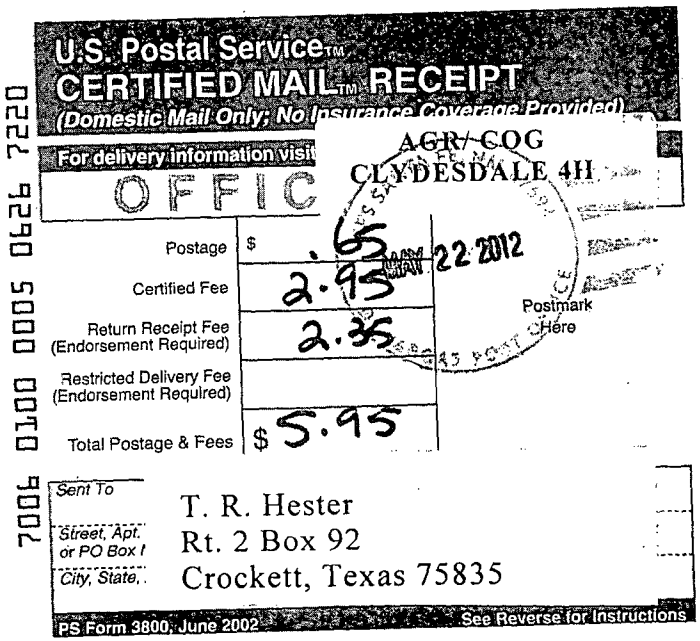
7006 0100 0005 0626 7206

PS Form 3800, June 2002 — See Reverse for Instructions

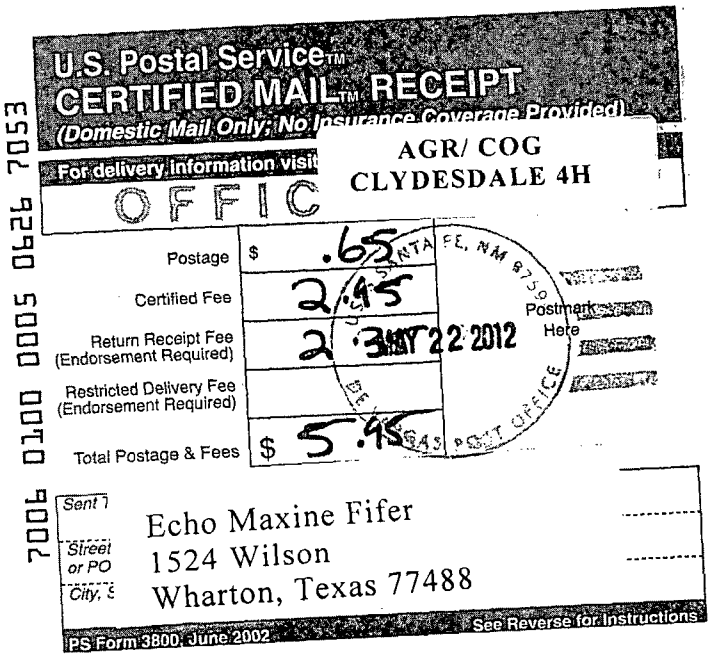
Returned



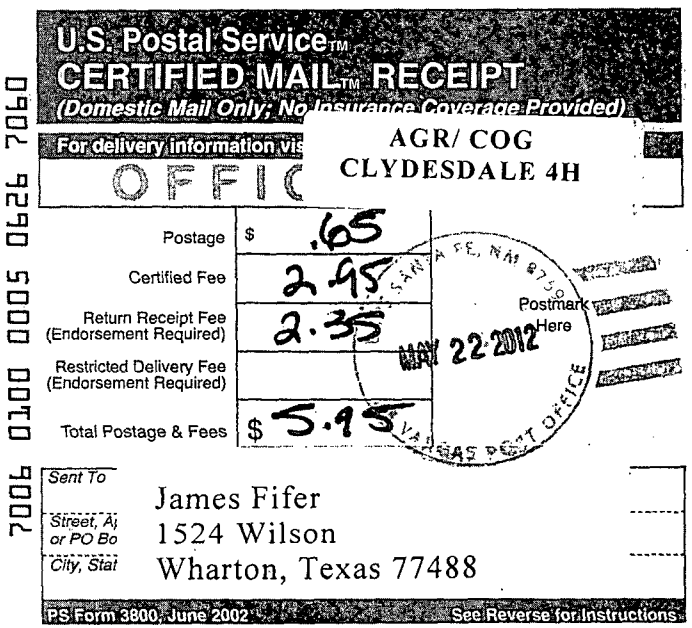
Returned



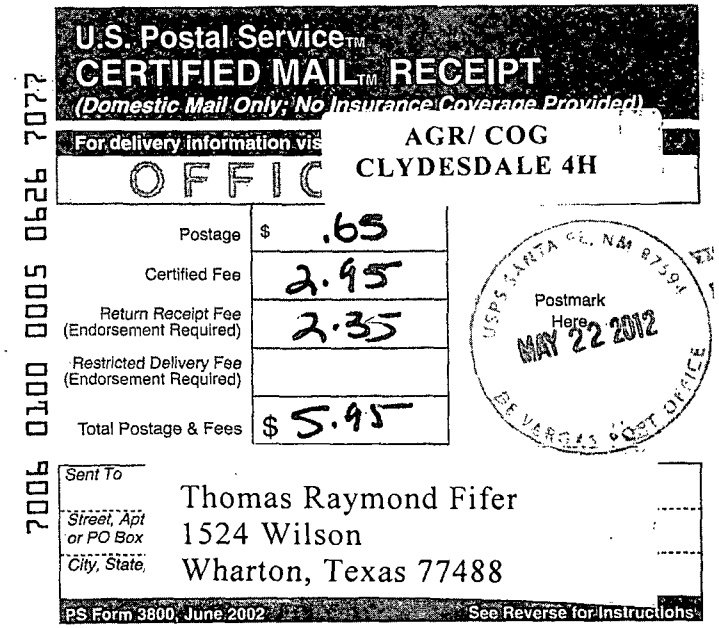
Returned



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
OFFIC
AGR/ COG
CLYDESDALE 4H
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
MAY 22 2012
Postmark Here
U.S. POST OFFICE
7006 0100 0005 0626 7053
Sent To
Street or PO
City, S
Echo Maxine Fifer
1524 Wilson
Wharton, Texas 77488
PS Form 3800, June 2002
See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information vis
OFFIC
AGR/ COG
CLYDESDALE 4H
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
MAY 22 2012
Postmark Here
U.S. POST OFFICE
7006 0100 0005 0626 7060
Sent To
Street, Ap or PO Bo
City, Stat
James Fifer
1524 Wilson
Wharton, Texas 77488
PS Form 3800, June 2002
See Reverse for Instructions



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

For delivery information vis

OFFIC

AGR/ COG
CLYDESDALE 4H

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

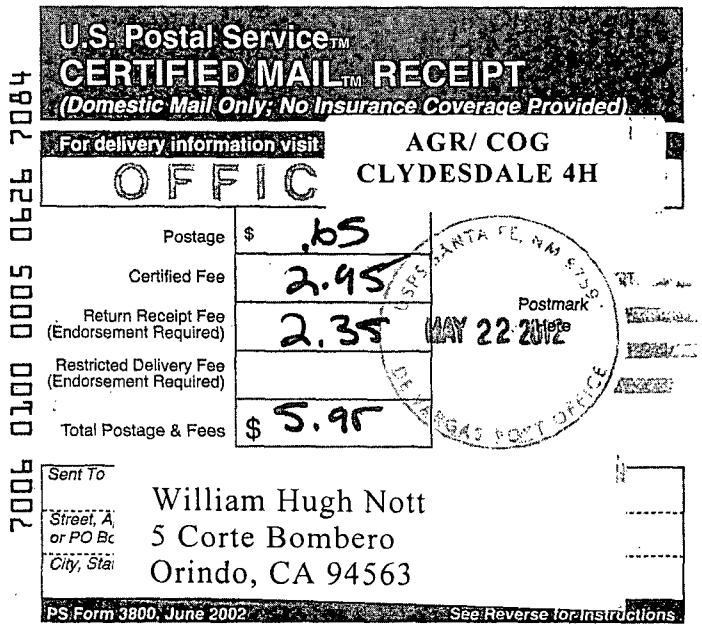
USPS SANTA FE, NM 87504
Postmark Here
MAY 22 2012
EL VERGAS POST OFFICE

Sent To
Street, Apt or PO Box
City, State

Thomas Raymond Fifer
1524 Wilson
Wharton, Texas 77488

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7077



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

For delivery information visit

OFFIC

AGR/ COG
CLYDESDALE 4H

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 87504
Postmark Here
MAY 22 2012
EL VERGAS POST OFFICE

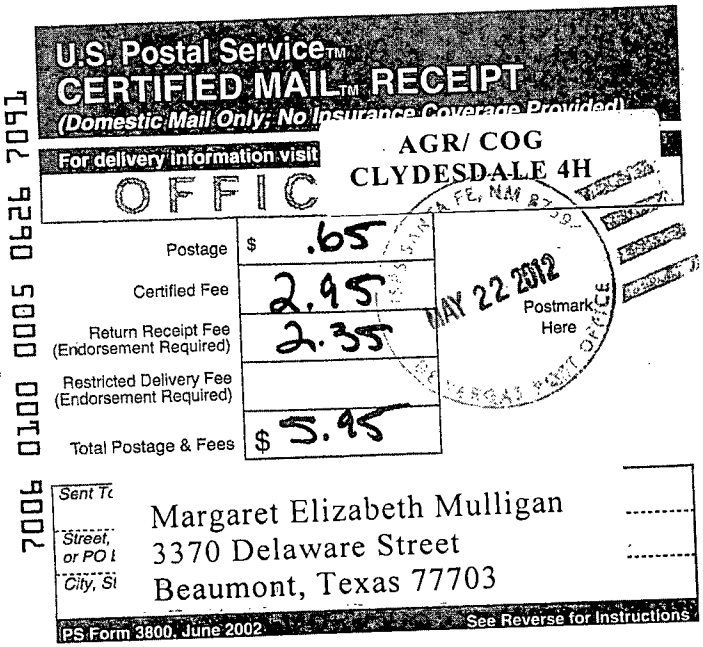
Sent To
Street, A
or PO Bc
City, Sta

William Hugh Nott
5 Corte Bombero
Orindo, CA 94563

PS Form 3800, June 2002 See Reverse for Instructions

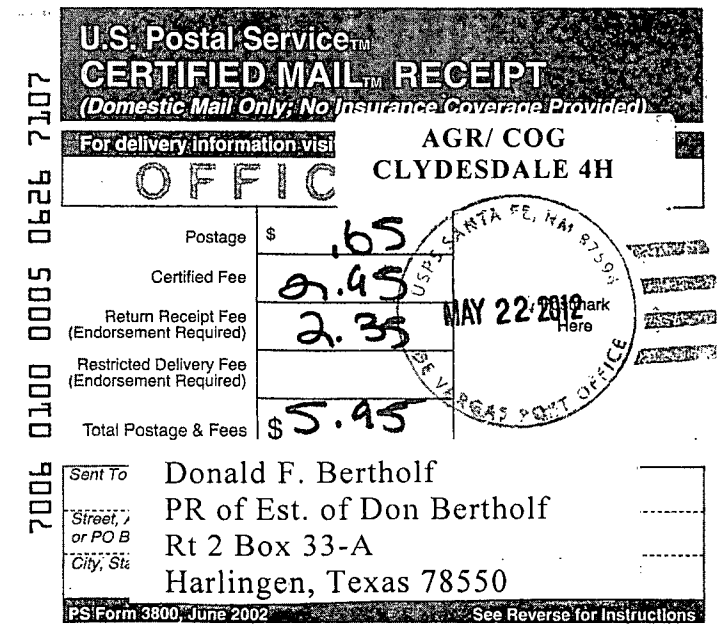
7006 0100 0005 0626 7084

Returned



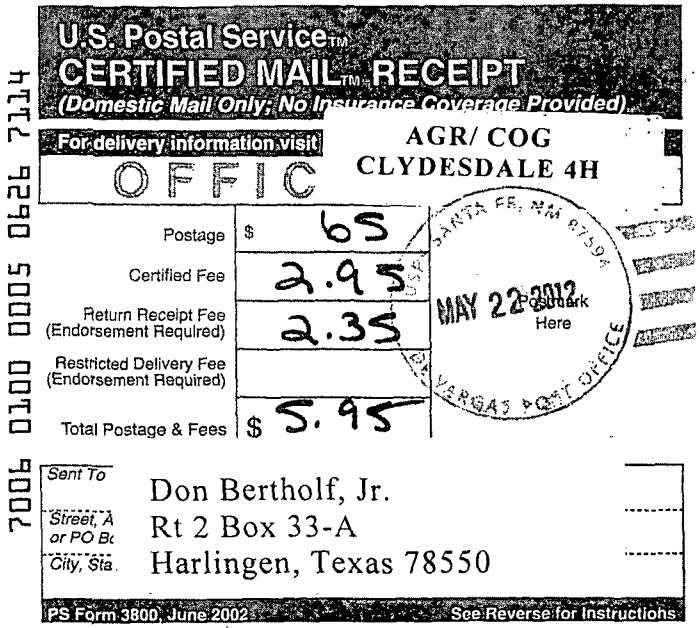
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit
OFFIC
AGR/ COG
CLYDESDALE 4H
Postage $ .65
Certified Fee 2.95
Return Receipt Fee (Endorsement Required) 2.35
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.95
MAY 22 2012
Postmark Here
Sent To
Margaret Elizabeth Mulligan
Street, or PO
3370 Delaware Street
City, St
Beaumont, Texas 77703
PS Form 3800, June 2002
See Reverse for Instructions
7004 0100 0005 0624 7091

Returned

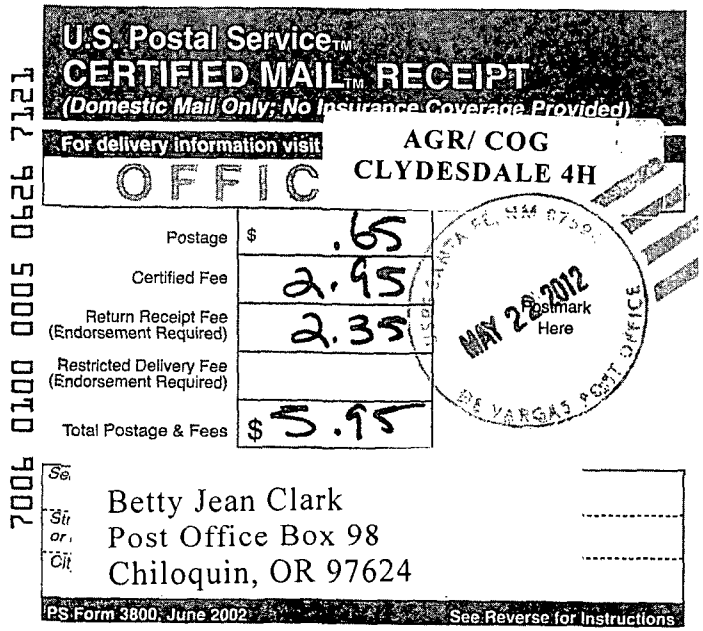


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visi
OFFIC
AGR/ COG
CLYDESDALE 4H
Postage $ .65
Certified Fee 2.95
Return Receipt Fee (Endorsement Required) 2.35
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.95
MAY 22 2012
Postmark Here
Sent To
Donald F. Bertholf
Street,
PR of Est. of Don Bertholf
or PO B
Rt 2 Box 33-A
City, Sta
Harlingen, Texas 78550
PS Form 3800, June 2002
See Reverse for Instructions
7004 0100 0005 0624 7107

Returned



Returned



Returned

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

For delivery information vi

AGR/ COG
CLYDESDALE 4H

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 Here
USPS SANTA FE, NM 87504
MAY 22 2012
DE VARGAS POST OFFICE

Sent To
Corrie Ilene Loughlin
Street, Ap or PO Bo
c/o Thomas Edward Loughlin
2526 Micliff Drive
City, Stat
Houston, Texas 77068

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7138

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:

Corrie Ilene Loughlin
c/o Thomas Edward Loughlin
2526 Micliff Drive
Houston, Texas 77068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
MAY 25 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

2. Article Number (Transfer from service) 7006 0100 0005 0626 7138

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

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

For delivery information visi

AGR/ COG
CLYDESDALE 4H

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 Here
SANTA FE, NM 87504
MAY 22 2012
DE VARGAS POST OFFICE

Sent To
Harold Hester
Street, A
or PO B
404 Gardenia Street
City, Sta
Lake Jackson, Texas 77566

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7145

Returned

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

For delivery information vi

OFFIC

AGR/ COG
CLYDESDALE 4H

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 87504 USPS
MAY 22 2012
Postmark Here
SANTA FE VARGAS POST OFFICE

7006 0100 0005 0626 7275

Sent To
Street, Ap
or PO Bo
City, Stat

Ann Hester
4600 Conn Ave. NW, Apt 927
Washington DC 20008

PS Form 3800, June 2002 See Reverse for Instructions

Returned

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

For delivery information visit

OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here
VARGAS POST OFFICE

7006 0100 0005 0626 7312

Sent To
Street, Apt.
or PO Box
City, State,

DHA LLC
500 West Wall Street
Suite 300
Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

DHA LLC
500 West Wall Street
Suite 300
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Lyndi Shackelford ☐ Agent ☐ Addressee

B. Received by (Printed Name) 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

2. Article Number (Transfer from service label) 7006 0100 0005 0626 7312

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

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

For delivery information vis

AGR/ COG
CLYDESDALE 4H

OFFIC

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 87504 MAY 22 2012 Postmark Here DE VARGAS POST OFFICE

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

Watts Properties LLC
Post Office Box 2367
Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7329

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Watts Properties LLC
Post Office Box 2367
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

Randy V. Watts

ROSWELL NM MAY 23 2012 87201

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 0626 7329

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

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

For delivery information vis

AGR/ COG
CLYDESDALE 4H

OFFIC

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 87504 MAY 22 2012 Postmark Here DE VARGAS POST OFFICE

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

Sharbro Holding, LLC
105 South 4th Street
Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7343

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Sharbro Holding, LLC
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[signature] 5-23-12

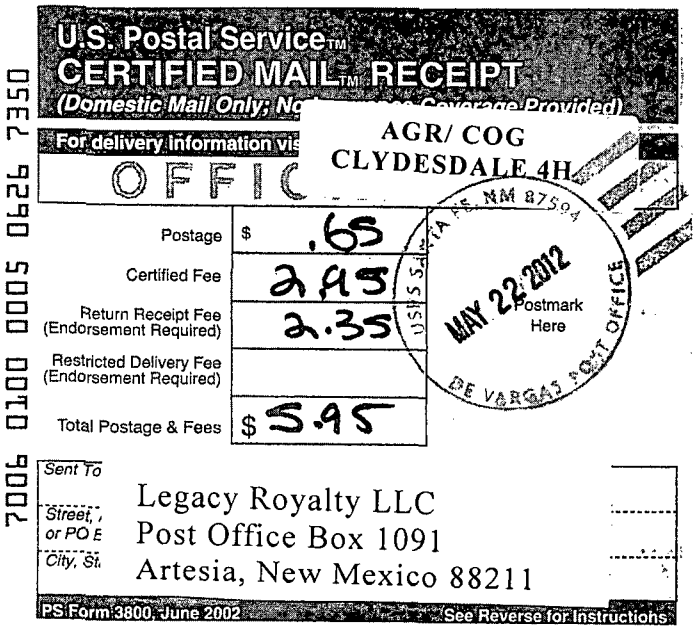
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

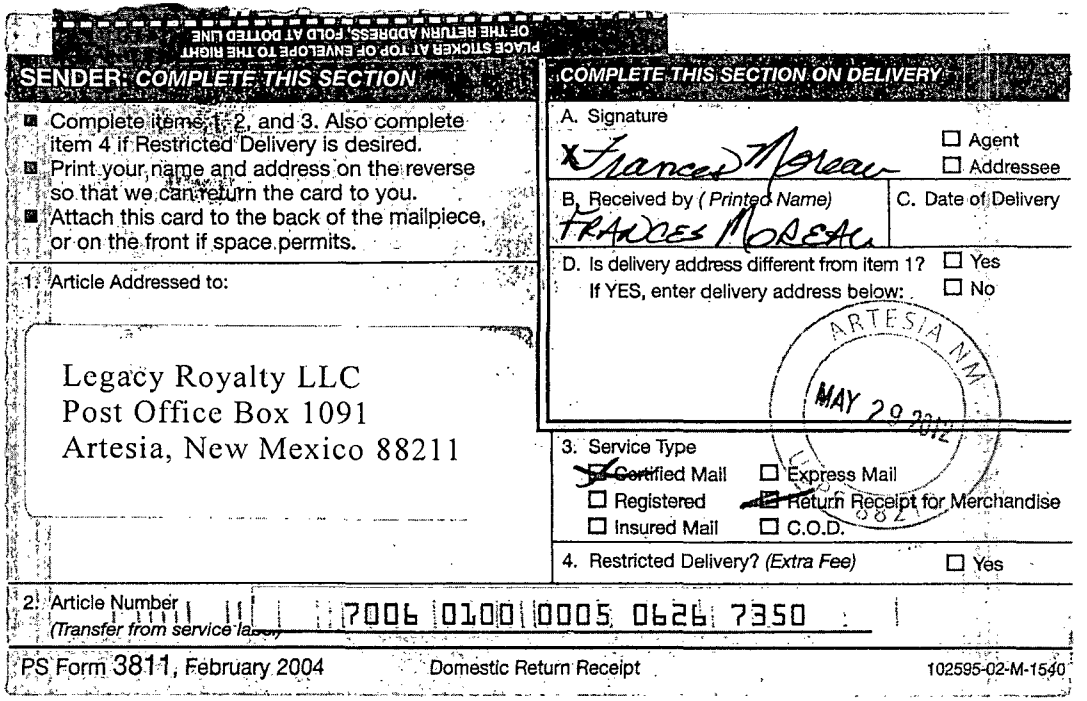
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

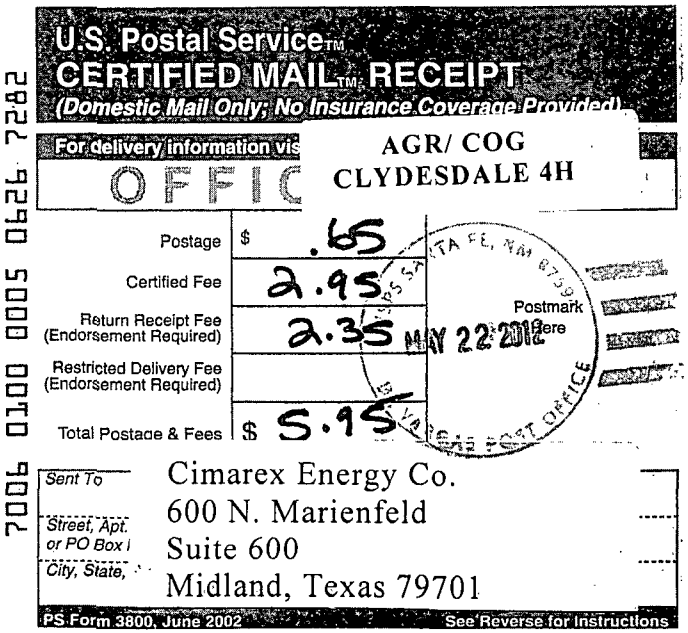
4. Restricted Delivery? (Extra Fee) ☐ Yes

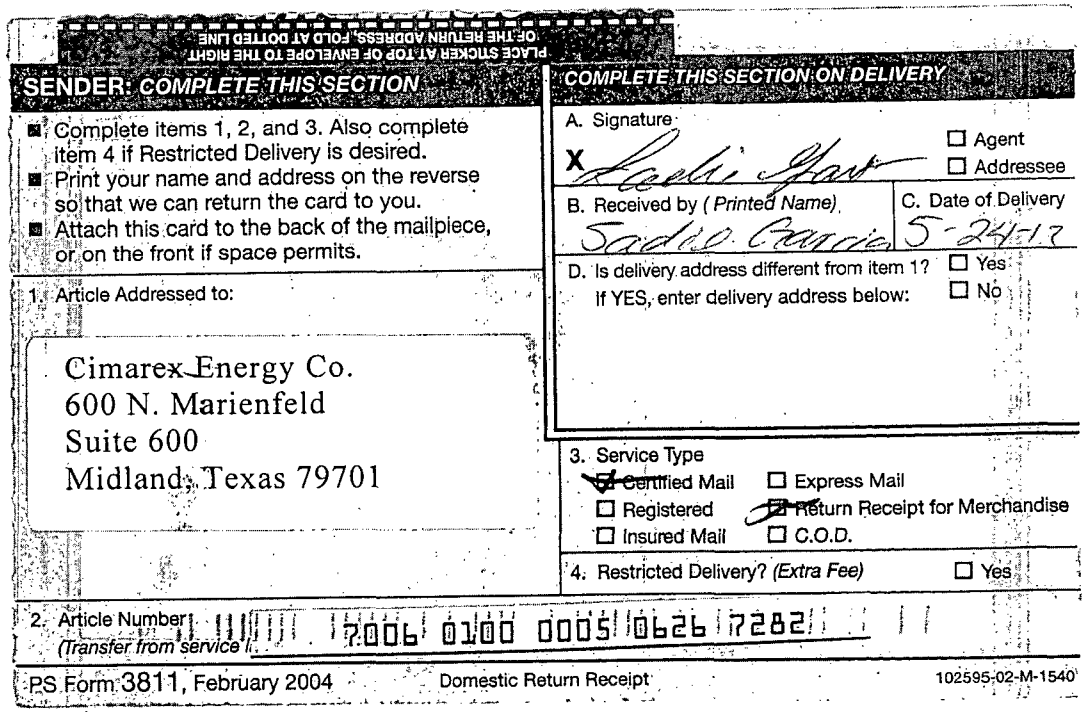
2. Article Number (Transfer from service label) 7006 0100 0005 0626 7343

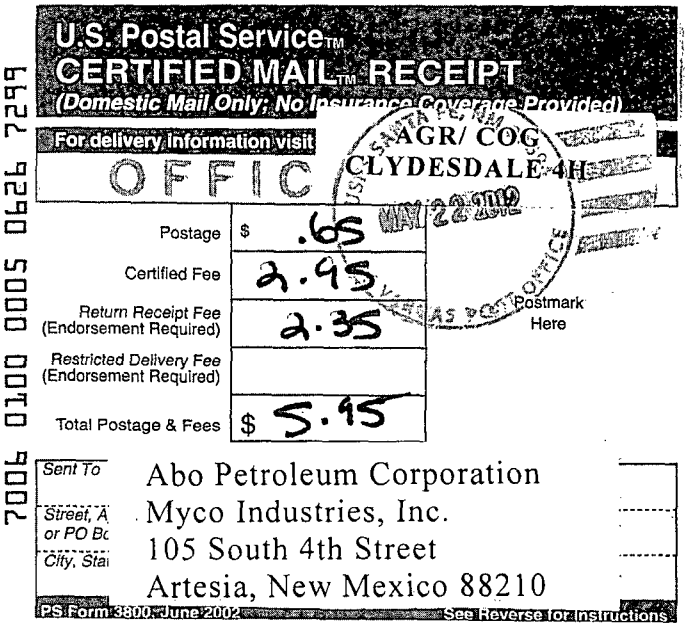
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information vis
OFFIC
AGR/ COG
CLYDESDALE 4H
Postage $ .65
Certified Fee 2.95
Return Receipt Fee (Endorsement Required) 2.35
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.95
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE
Sent To
Street, or PO E
City, St.
Legacy Royalty LLC
Post Office Box 1091
Artesia, New Mexico 88211
PS Form 3800, June 2002
See Reverse for Instructions
7006 0100 0005 0626 7350


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. 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:
Legacy Royalty LLC
Post Office Box 1091
Artesia, New Mexico 88211
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Frances Moreau
Agent
Addressee
B. Received by (Printed Name) FRANCES MOREAU
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
ARTESIA NM
MAY 29 2012
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 0626 7350
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information vis
OFFIC
AGR/ COG
CLYDESDALE 4H
Postage $ .65
Certified Fee 2.95
Return Receipt Fee (Endorsement Required) 2.35
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.95
MAY 22 2012
Postmark Here
Sent To
Street, Apt. or PO Box
City, State,
Cimarex Energy Co.
600 N. Marienfeld
Suite 600
Midland, Texas 79701
PS Form 3800, June 2002
See Reverse for Instructions
7006 0100 0005 0626 7282


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. 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:
Cimarex Energy Co.
600 N. Marienfeld
Suite 600
Midland, Texas 79701
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Sadie Garcia
Agent
Addressee
B. Received by (Printed Name) Sadie Garcia
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
2. Article Number (Transfer from service label) 7006 0100 0005 0626 7282
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540



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

For delivery information visit OFFIC

AGR/ COG
CLYDESDALE 4H
SANTA FE, NM 87504
MAY 22 2012
LAS VEGAS POST OFFICE

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

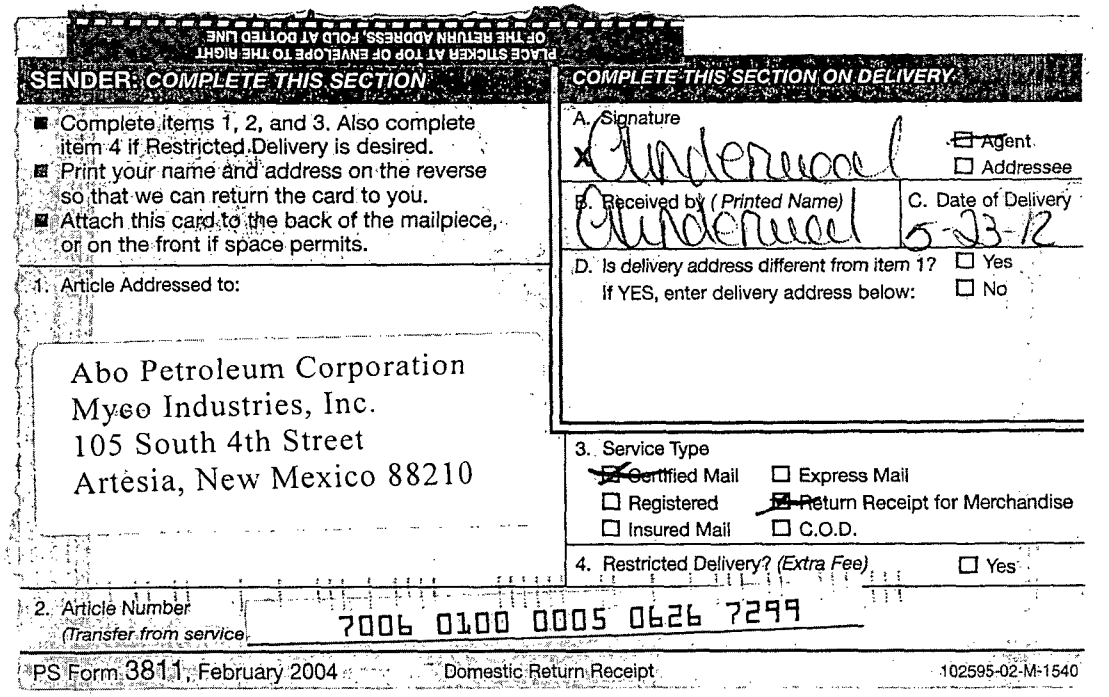
Postmark Here

7006 0100 0005 0626 7299

Sent To
Street, A
or PO Bo
City, Sta

Abo Petroleum Corporation
Myco Industries, Inc.
105 South 4th Street
Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions



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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Abo Petroleum Corporation
Myco Industries, Inc.
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 5-23-12

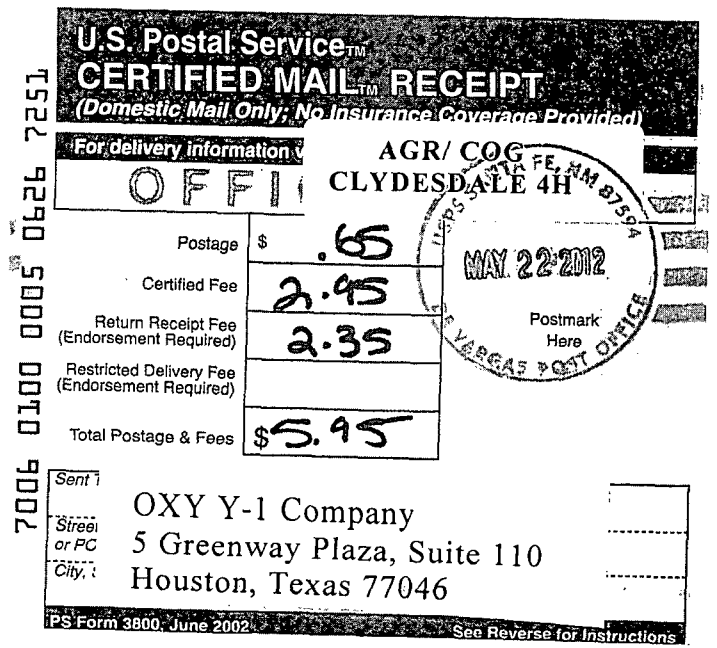
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service) 7006 0100 0005 0626 7299

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



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

For delivery information OFFI

AGR/ COG
CLYDESDALE 4H
SANTA FE, NM 87504
MAY 22 2012
LAS VEGAS POST OFFICE

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

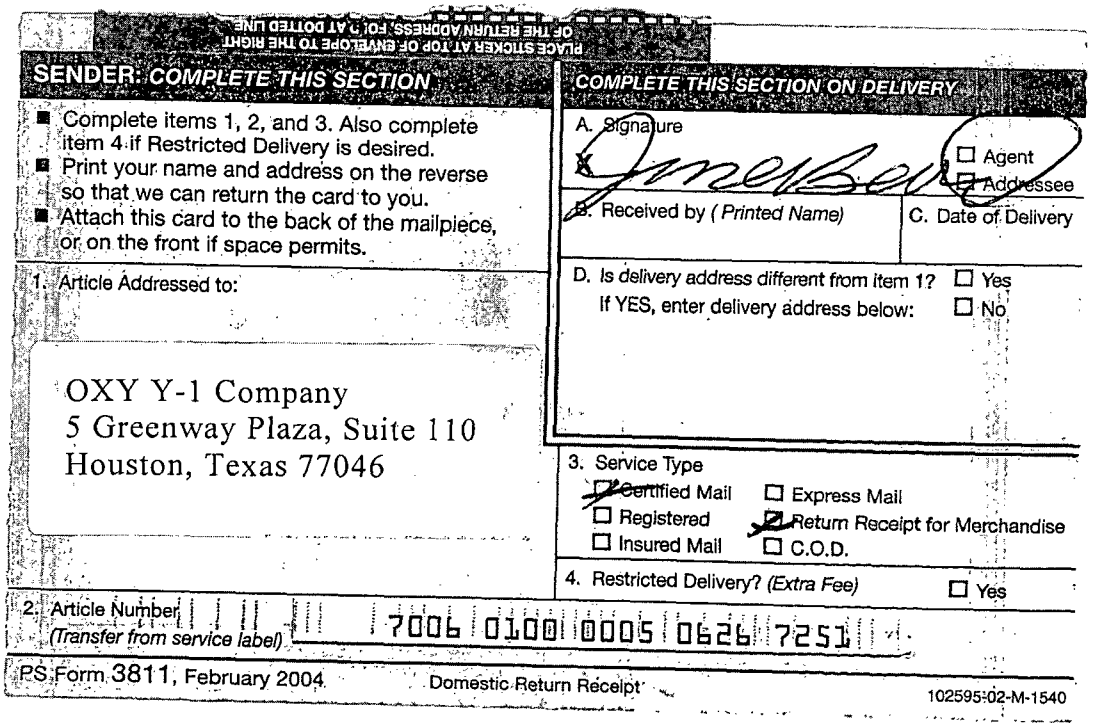
Postmark Here

7006 0100 0005 0626 7251

Sent T
Street
or PC
City,

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

PS Form 3800, June 2002 See Reverse for Instructions



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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

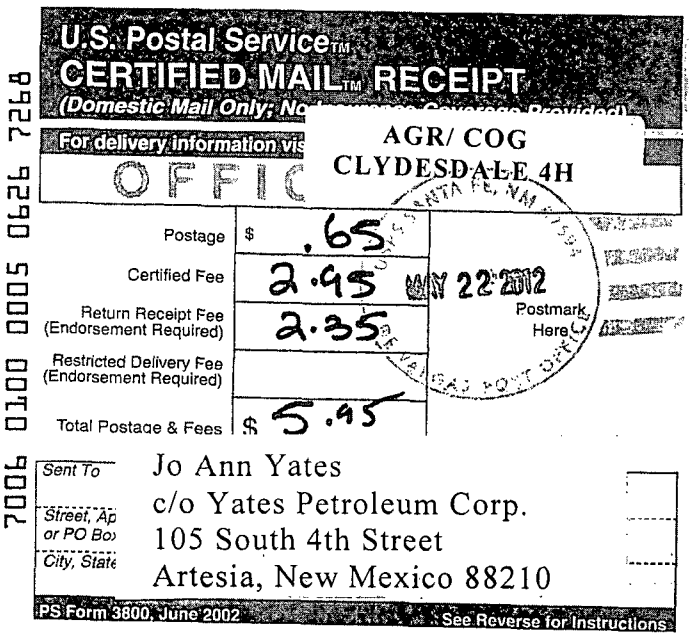
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ 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 0626 7251

PS Form 3811, February 2004 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:

Jo Ann Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Underwood ☐ Agent ☐ Addressee

B. Received by (Printed Name) Underwood C. Date of Delivery 5-23-12

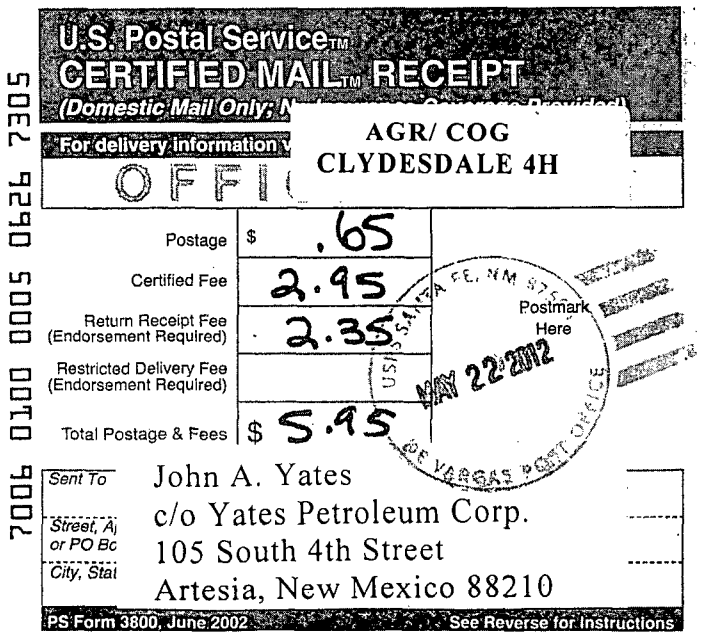
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 7268

PS Form 3811, February 2004 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:

John A. Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Underwood ☐ Agent ☐ Addressee

B. Received by (Printed Name) Underwood 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

2. Article Number (Transfer from service) 7006 0100 0005 0626 7305

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

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

For delivery information visit

AGR/ COG
CLYDESDALE 4H

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 87594
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent To
Estate of Peggy A. Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

7006 0100 0005 0626 7336

PS Form 3800, June 2002 — See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Estate of Peggy A. Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Underwood ☐ Agent ☐ Addressee

B. Received by (Printed Name) Underwood C. Date of Delivery 5-23-12

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

2. Article Number (Transfer from service label) 7006 0100 0005 0626 7336

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

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

For delivery information visit our

AGR/ COG
CLYDESDALE 4H

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 87594
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent To
Estate of Lillie M. Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

7006 0100 0005 0626 7367

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:

Estate of Lillie M. Yates
c/o Yates Petroleum Corp.
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Underwood ☐ Agent ☐ Addressee

B. Received by (Printed Name) Underwood C. Date of Delivery 5-24-12

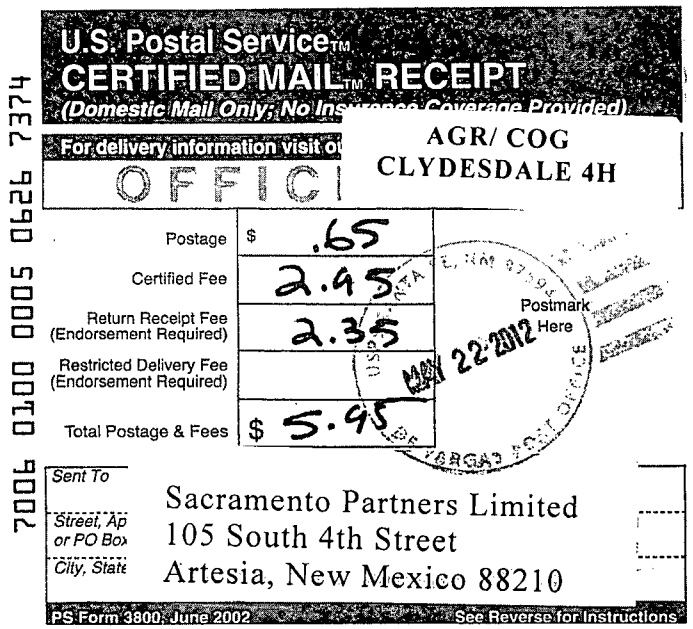
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

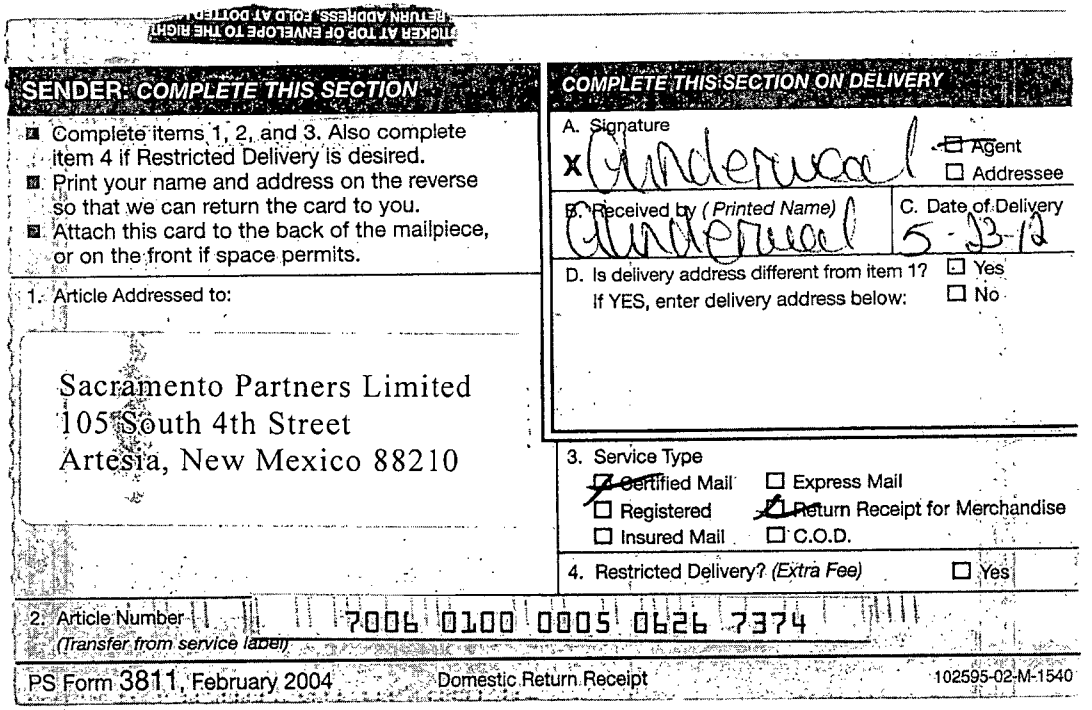
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

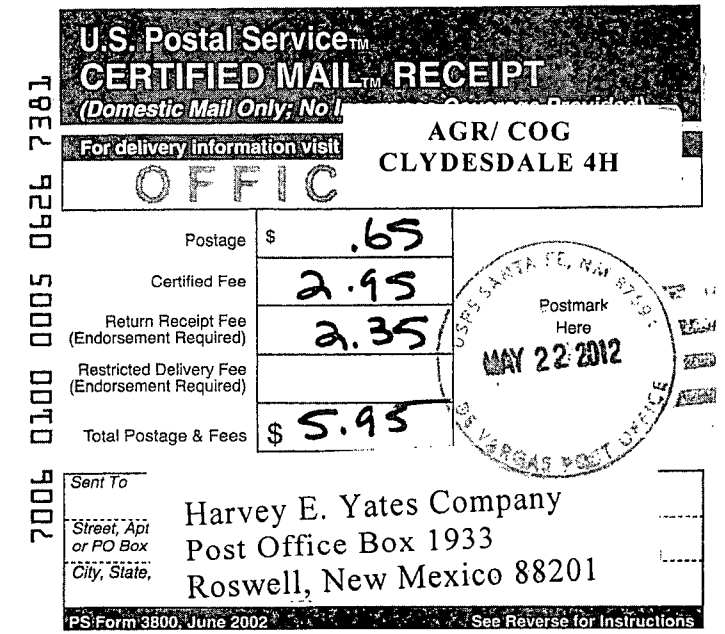
4. Restricted Delivery? *(Extra Fee)* ☐ Yes

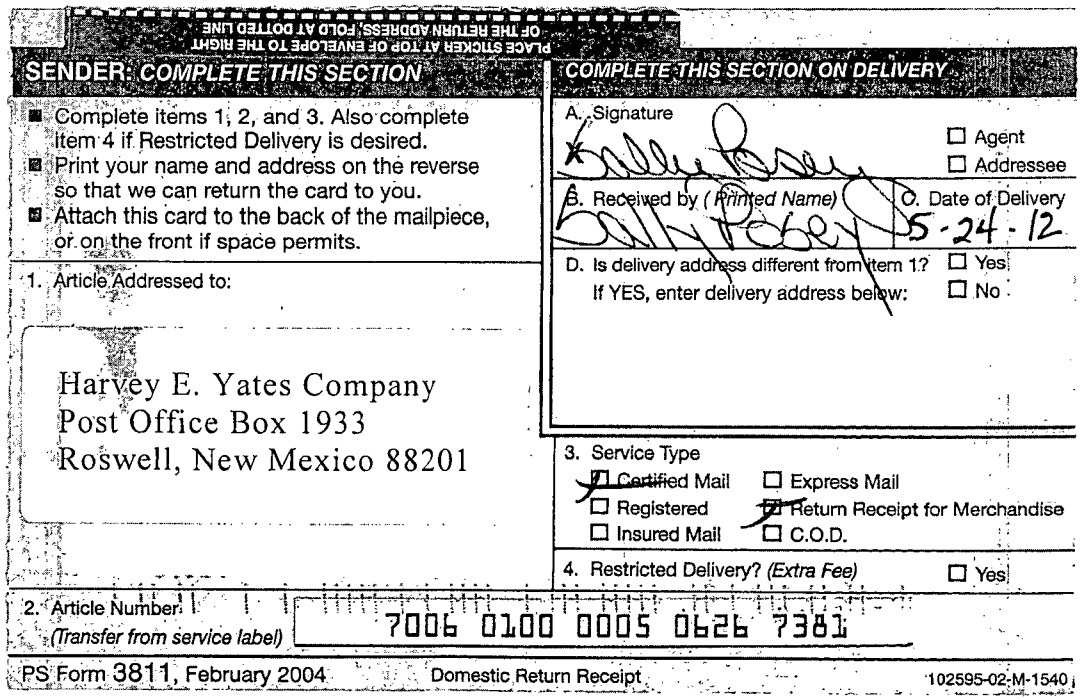
2. Article Number (Transfer from service) 7006 0100 0005 0626 7367

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


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit ou
OFFICI
AGR/ COG
CLYDESDALE 4H
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
MAY 22 2012
Sent To
Street, Ap or PO Bo
City, State
Sacramento Partners Limited
105 South 4th Street
Artesia, New Mexico 88210
PS Form 3800, June 2002
See Reverse for Instructions
7006 0100 0005 0626 7374


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:
Sacramento Partners Limited
105 South 4th Street
Artesia, New Mexico 88210
COMPLETE THIS SECTION ON DELIVERY
A. Signature
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
5-23-12
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
2. Article Number (Transfer from service label) 7006 0100 0005 0626 7374
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No I
For delivery information visit
OFFIC
AGR/ COG
CLYDESDALE 4H
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
MAY 22 2012
Sent To
Street, Apt or PO Box
City, State,
Harvey E. Yates Company
Post Office Box 1933
Roswell, New Mexico 88201
PS Form 3800, June 2002
See Reverse for Instructions
7006 0100 0005 0626 7381


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:
Harvey E. Yates Company
Post Office Box 1933
Roswell, New Mexico 88201
COMPLETE THIS SECTION ON DELIVERY
A. Signature
Agent
Addressee
B. Received by (Printed Name)
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
2. Article Number (Transfer from service label) 7006 0100 0005 0626 7381
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

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

For delivery information vis

AGR/ COG
CLYDESDALE 4H

Postage	$ .65
Certified Fee	2.45
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.95

MAY 22 2012
Postmark Here

Se
Str
or
Cit

Los Chicos Partnership
c/o John A. Yates, Agent
105 South 4th Street
Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7398

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:

Los Chicos Partnership
c/o John A. Yates, Agent
105 South 4th Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 5-23-12

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

2. Article Number (Transfer from service label) 7006 0100 0005 0626 7398

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

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

For delivery information v

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

Sent
Street, or PO
City, S

Spiral, Inc.
Post Office Box 1933
Roswell, New Mexico 88201

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7404

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:

Spiral, Inc.
Post Office Box 1933
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 5-24-12

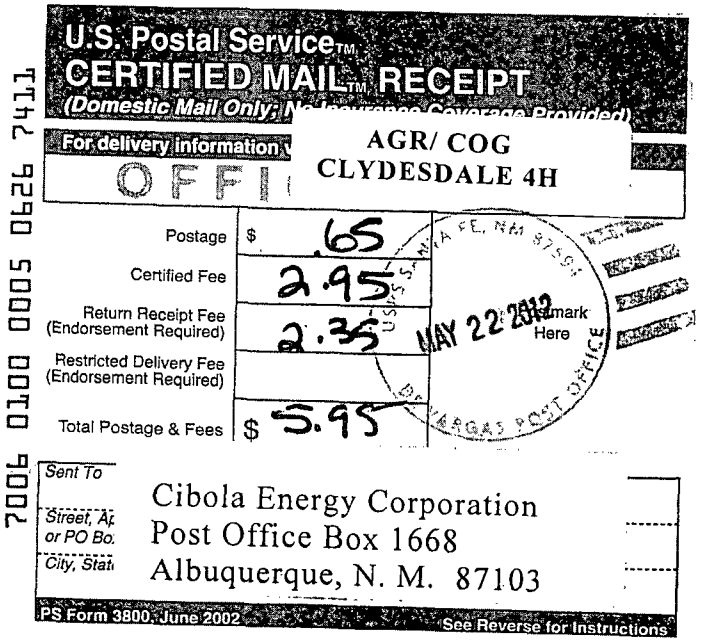
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

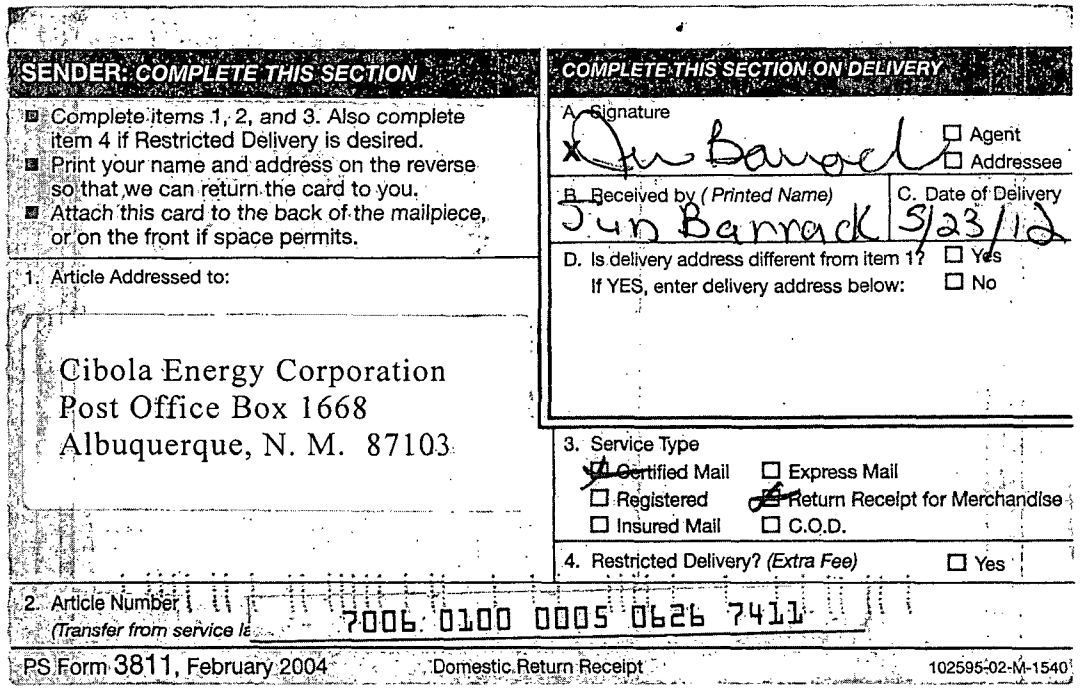
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

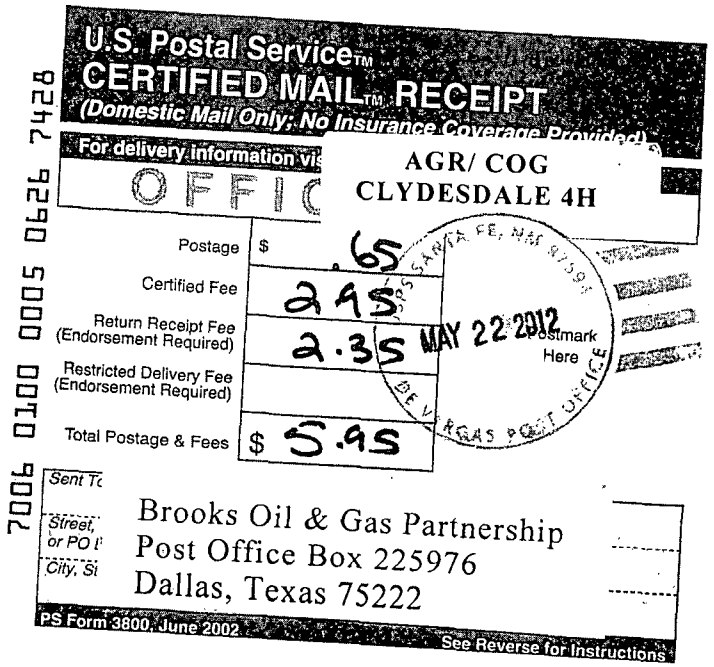
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 7404

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


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information
AGR/ COG
CLYDESDALE 4H
Postage $ .65
Certified Fee 2.95
Return Receipt Fee (Endorsement Required) 2.35
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.95
MAY 22 2012
Postmark Here
Sent To
Cibola Energy Corporation
Post Office Box 1668
Albuquerque, N. M. 87103
PS Form 3800, June 2002
See Reverse for Instructions
7006 0100 0005 0626 7411


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:
Cibola Energy Corporation
Post Office Box 1668
Albuquerque, N. M. 87103
COMPLETE THIS SECTION ON DELIVERY
A. Signature
Agent
Addressee
B. Received by (Printed Name)
Jun Barrack
C. Date of Delivery
5/23/12
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
2. Article Number (Transfer from service la
7006 0100 0005 0626 7411
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information
AGR/ COG
CLYDESDALE 4H
Postage $ .65
Certified Fee 2.95
Return Receipt Fee (Endorsement Required) 2.35
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.95
MAY 22 2012
Postmark Here
Sent To
Brooks Oil & Gas Partnership
Post Office Box 225976
Dallas, Texas 75222
PS Form 3800, June 2002
See Reverse for Instructions
7006 0100 0005 0626 7428

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012
ARTESIA, NM 88210 POST OFFICE

Sent To
Sharbro Oil Ltd Co.
Street, Ap or PO Box
Post Office Box 840
City, State
Artesia, New Mexico 88211

7006 0100 0005 0626 7435

PS Form 3800, June 2002 — See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Sharbro Oil Ltd Co.
Post Office Box 840
Artesia, New Mexico 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) [Colby Hamilton] C. Date of Delivery

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

MAY 23 2012
ARTESIA, NM 88210 USPS

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 0626 7435

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

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012
ARTESIA, NM 88210 POST OFFICE

Sent To
Argo Energy Partners LTD
Street, Apt. or PO Box
Post Office Box 1808
City, State,
Corsicana, Texas 75151

7006 0100 0005 0626 7442

PS Form 3800, June 2002 — See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Argo Energy Partners LTD
Post Office Box 1808
Corsicana, Texas 75151

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DIANN WILLIE 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

2. Article Number *(Transfer from service label)* 7006 0100 0005 0626 7442

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

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

For delivery information vis

OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

7006 0100 0005 0626 7459

Sent T
Street, or PO
City, St

Staghorn Resources, LLC
406 South Boulder, Suite 800
Tulsa, OK 74103

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit

OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

7006 0100 0005 0626 7466

Sent To
Street, Apt. or PO Box
City, State,

Dugan Production Corporation
Post Office Box 420
Farmington, NM 87499

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:

Dugan Production Corporation
Post Office Box 420
Farmington, NM 87499

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom [illegible] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom [illegible] 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 la 7006 0100 0005 0626 7466

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

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

For delivery information visit

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012 Postmark Here

Sent To
Street or PO
City, S

Fasken Oil & Ranch, Ltd.
303 W. Wall Ave., Suite 1900
Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7473

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:

Fasken Oil & Ranch, Ltd.
303 W. Wall Ave., Suite 1900
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Carol Haller ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carol Haller 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

2. Article Number (Transfer from service label) 7006 0100 0005 0626 7473

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

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

For delivery information

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012 Postmark Here

Sent To
Street, or PO B
City, St

Rio Pecos Corporation
212 American Home Life Bldg.
Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7480

Returned

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

For delivery information visit ou

AGR/ COG
CLYDESDALE 4H

OFFICI

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

MAY 22 2012
Postmark Here

7006 0100 0005 0626 7497

Sent To
Street, Ap or PO Bo
City, Stat

Fisco, Inc.
c/o N.L. Stevens Sewell & Riggs
800 Capital Bank Plaza
Houston, Texas 77002

PS Form 3800, June 2002 See Reverse for Instructions

Returned

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

For delivery information vi

AGR/ COG
CLYDESDALE 4H

OFFIC

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

MAY 22 2012
Postmark Here

7006 0100 0005 0626 7503

Sent T
Street, or PO
City, S

Orion-Smith Oil Properties
3602 South Washington
Amarillo, Texas 79110

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:

Orion-Smith Oil Properties
3602 South Washington
Amarillo, Texas 79110

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R Richard ☑ Agent ☐ Addressee

B. Received by (Printed Name) | 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

2. Article Number (Transfer from service lab) 7006 0100 0005 0626 7503

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

7006 0100 0005 0627 0015

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

For delivery information visit OFFIC

AGR/ COG
CLYDESDALE 4H

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 87594
Postmark Here
MAY 22 2012
DE VARGAS POST OFFICE

Sent To
Street, Apt or PO Box
City, State,

Pennant Petroleum Inc.
Post Office Box 814
Midland, Texas 79702

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:

Pennant Petroleum Inc.
Post Office Box 814
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elizabeth A. Greaves ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elizabeth A. Greaves
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

2. Article Number *(Transfer from service label)* 7006 0100 0005 0627 0015

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

7006 0100 0005 0626 7510

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

For delivery information visit OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012

Sent To
Street, A
or PO B
City, Sta

June Jarvis Prather
4528 Westchester
Waco, Texas 76710

PS Form 3800, June 2002 — See Reverse for Instructions

7006 0100 0005 0626 7527

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

Sent To
Shuco Investments
Street, Apt. or PO Box
5801 Fairview
City, State,
Waco, Texas 76710

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7534

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

For delivery information
OFFI

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012

Sent T
Mark Wilson Family
Street, or PO
Partnerships, LP
City, S
4501 Greentree Blvd.
Midland, Texas 79707

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:

Mark Wilson Family
Partnerships, LP
4501 Greentree Blvd.
Midland, Texas 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Patricia Wallace
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

2. Article Number (Transfer from servic 7006 0100 0005 0626 7534

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

7006 0100 0005 0626 7541

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

Sent To
Street, Apt. N
or PO Box N
City, State, Z

Cannon Exploration Co.
3608 South County Road 1184
Midland, Texas 79706

PS Form 3800, June 2002 — See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Cannon Exploration Co.
3608 South County Road 1184
Midland, Texas 79706

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol Wilson ☒ Agent ☐ Addressee

B. Received by (Printed Name) Carol Wilson
C. Date of Delivery 05/23/12

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

2. Article Number *(Transfer from service label)* 7006 0100 0005 0626 7541

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

7006 0100 0005 0626 7558

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

For delivery information visit
OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

Sent To
Street, Apt. or PO Box
City, State,

XTO Energy, Inc.
810 Hudson Street
Fort Worth, Texas 76102

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:

XTO Energy, Inc.
810 Hudson Street
Fort Worth, Texas 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kenia Lacy Brown
C. Date of Delivery MAY 24 A.M.

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 0626 7558

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

7006 0100 0005 0626 7565

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012
VARGAS POST OFFICE

Sent To
Street, Ap or PO Bo
City, Stat

Pathfinder Exploration Co
4601 Miranda Drive
Austin, Texas 78735

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:

Pathfinder Exploration Co
4601 Miranda Drive
Austin, Texas 78735

COMPLETE THIS SECTION ON DELIVERY

A. Signature — ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery
WILSON — 5/30/12

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

2. Article Number *(Transfer from service lab* 7006 0100 0005 0626 7565

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

7006 0100 0005 0626 7572

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012
VARGAS POST OFFICE

Sent To
Street, Ap or PO Bo
City, Stat

Explorers Petroleum Corp.
Post Office Box 1933
Roswell, New Mexico 88202

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:

Explorers Petroleum Corp.
Post Office Box 1933
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature — ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery
Sally Tobey — 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

2. Article Number *(Transfer from service la* 7006 0100 0005 0626 7572

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

7006 0100 0005 0626 7589

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

Sent To
Street, Ap
or PO Box
City, State

Tara Jon Corporation
6003 Meadow View Lane
Midland, Texas 79707

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:

Tara Jon Corporation
6003 Meadow View Lane
Midland, Texas 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ashley Cluff ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ashley Cluff C. Date of Delivery 5/29

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 la* 7006 0100 0005 0626 7589

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

7006 0100 0005 0626 7596

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

For delivery information visit
OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

Sent To
Street, Apt. N
or PO Box N
City, State, Z

Ram Energy, Inc.
5100 East Skelly Drive
Tulsa, OK 74135

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:

Ram Energy, Inc.
5100 East Skelly Drive
Tulsa, OK 74135

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A - Mail Larry Brand ☐ Agent ☐ Addressee

B. Received by (Printed Name) MAY 25 2012 C. Date of Delivery

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

SHERIDAN STATION TULSA OK 735-9998

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 0626 7596

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

7006 0100 0005 0626 7602

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

AGR/ COG
CLYDESDALE 4H

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 87594
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

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

Sally Ellis
771 Crescent Drive
Boulder, CO 80303

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:

Sally Ellis
771 Crescent Drive
Boulder, CO 80303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sally D. Ellis ☐ 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 0626 7602

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

7006 0100 0005 0626 7619

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

AGR/ COG
CLYDESDALE 4H

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 87594
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

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

Mary Ann Glass Taylor
517 South Adams Street
San Angelo, Texas 76901

PS Form 3800, June 2002 — See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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 Ann Glass Taylor
517 South Adams Street
San Angelo, Texas 76901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Terrell Dillard ☑ Agent ☐ Addressee

B. Received by (Printed Name) Terrell Dillard C. Date of Delivery 5-29-12

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

2. Article Number *(Transfer from service label)* 7006 0100 0005 0626 7619

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

7006 0100 0005 0626 7626

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

For delivery information visit OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012

Sent To
Gayle Glass Roche
Street, or PO Box 50248
City, St Austin, Texas 78763

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:

Gayle Glass Roche
Post Office Box 50248
Austin, Texas 78763

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gayle Glass Roche ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
gayle glass roche 5/25

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 0626 7626

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

7006 0100 0005 0626 7633

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

For delivery information visit OFFIC

AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012

Sent To
Lou Ann Langford
Street, or PO Box
3721 North Hall, No. 501
City, St Dallas, Texas 75219

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7732

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

For delivery information

AGR/ COG
CLYDESDALE 4H

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 87594
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent To
Street, or PO
City, S

Gayle Elizabeth Langford Turner
1211 Marshall Lane
Austin, Texas 78703

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7725

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

For delivery information

AGR/ COG
CLYDESDALE 4H

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 87594
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent To
Street, or PO B
City, Sta

Jefferson Milner Langford
Route 2, Box 433
Santa Fe, New Mexico 87505

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7718

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

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012 Postmark Here

SANTA FE, NM 87504
VARGAS POST OFFICE

Sent To
Robert Glass Langford
Street, Apt. No., or PO Box No. Route 3, Box 49
City, State, ZIP+4 Lockhart, Texas 78644

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Robert Glass Langford
~~Route 3, Box 49~~
Lockhart, Texas 78644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5/29/12

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

1173 ~~STA~~ ISIDORA TRAIL

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 0626 7718

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

7006 0100 0005 0626 7701

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

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012 Postmark Here

SANTA FE, NM 87504
VARGAS POST OFFICE

Sent To
Alison Claire Curry Sanders
Street, Apt. No., or PO Box No. Post Office Box 27391
City, State, ZIP+4 Austin, Texas 78755

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7640

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

For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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 87594
Postmark Here
MAY 22 2012
DE VARGAS POST OFFICE

Sent To
Alfred Foy Curry
Street, Ap or PO Bo
1016 Alta Loma Circle
City, Stat
San Angelo, Texas 76901

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Alfred Foy Curry
1016 Alta Loma Circle
San Angelo, Texas 76901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Alan Curry
C. Date of Delivery 5.25.12

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

2. Article Number (Transfer from service lat 7006 0100 0005 0626 7640

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

7006 0100 0005 0626 7657

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information vis
OFFIC

AGR/ COG
CLYDESDALE 4H

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 87594
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent T
Street, or PO
City, S
Nancy L. Kincaid
2911 Ocotillo Canyon Drive
Carlsbad, New Mexico 88220

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Nancy L. Kincaid
2911 Ocotillo Canyon Drive
Carlsbad, New Mexico 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy Kincaid ☐ Agent ☑ Addressee

B. Received by (Printed Name) Kincaid
C. Date of Delivery 52312

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 la 7006 0100 0005 0626 7657

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

7006 0100 0005 0626 7664

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AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

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

Cauhape Properties Partnerships
1705 West Clayton
Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7671

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AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

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

Ella Lavada Swope Trust
4406 South Lorraine
Fort Worth, Texas 76107

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7688

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information v

OFFI

AGR/ COG
CLYDESDALE 4H

Postage	$ 6.5
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 87594
MAY 22 2012
Postmark Here
BE VARGAS POST OFFICE

Sei
Str
or
Cit

Thelma May Schafer
906 West Hermosa Drive
Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7695

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

For delivery information visi

OFFIC

AGR/ COG
CLYDESDALE 4H

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 87594
MAY 22 2012
Postmark Here
BE VARGAS POST OFFICE

Sent
Stree
or P
City,

Sterling Mark Carter
Post office Box 97
Winston, New Mexico 87943

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:

Sterling Mark Carter
Post office Box 97
Winston, New Mexico 87943

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sterling Carter ☒ Agent ☐ Addressee

B. Received by (Printed Name) Ivy K Henderson C. Date of Delivery

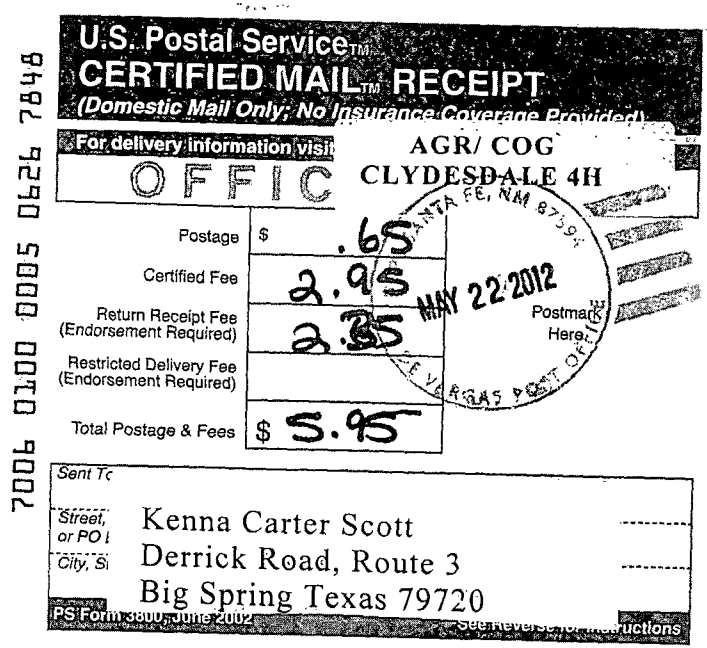
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

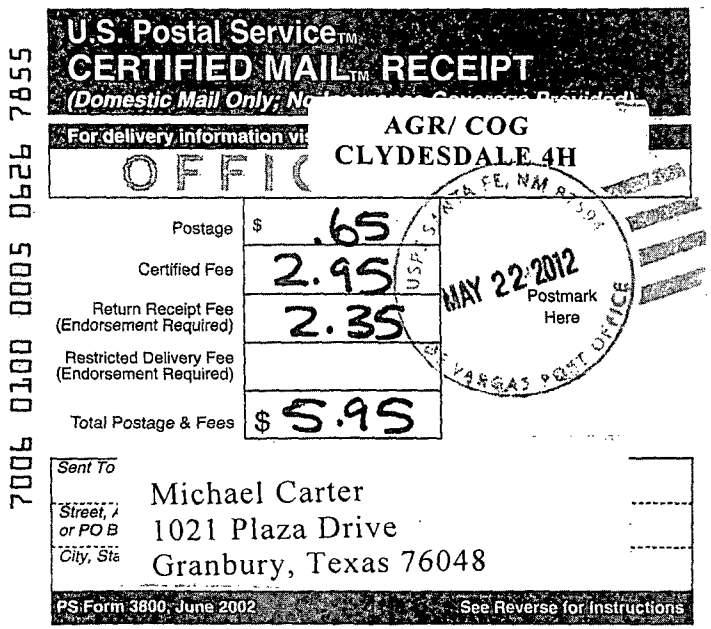
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service lab) 7006 0100 0005 0626 7695

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



Returned



Returned

7006 0100 0005 0626 7749

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AGR/ COG
CLYDESDALE 4H
NM 87594

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

MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent To
Patty Schafer
Street, Apt. No., or PO Box No. 1606 West Bullock Avenue
City, State, ZIP+4 Artesia, New Mexico 88210

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Patty Schafer
1606 West Bullock Avenue
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patty Schafer ☐ Agent ☐ Addressee

B. Received by (Printed Name) Patty Schafer 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 0626 7749

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

7006 0100 0005 0626 7756

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CLYDESDALE 4H
NM 87594

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

MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent To
Lonesome Oil, LLC
Street, Apt. No., or PO Box No. Post Office Box 50880
City, State, ZIP+4 Midland, Texas 79710

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Lonesome Oil, LLC
Post Office Box 50880
Midland, Texas 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kyndal Kidd 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

2. Article Number *(Transfer from service label)* 7006 0100 0005 0626 7756

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

7006 0100 0005 0626 7763

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AGR/ COG
CLYDESDALE 4H

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
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent To
Street, or PO
City, S

Marshall & Winston Inc.
Post Office Box 50880
Midland, Texas 79710

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:

Marshall & Winston Inc.
Post Office Box 50880
Midland, Texas 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kyndal Kidd
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

2. Article Number (Transfer from service) 7006 0100 0005 0626 7763

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

7006 0100 0005 0626 7770

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CLYDESDALE 4H

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
MAY 22 2012
Postmark Here
DE VARGAS POST OFFICE

Sent To
Street, or PO
City, St

Claribel Y. Marshall Trust
2904 North Kentucky Ave.
Roswell, New Mexico 88201

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:

Claribel Y. Marshall Trust
2904 North Kentucky Ave.
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Claribel Y. Marshall ☐ 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

ROSWELL, NM
MAY 24 2012
88201

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 lab) 7006 0100 0005 0626 7770

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

7006 0100 0005 0626 7787

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AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

Sent To
Street, Apt. or PO Box I
City, State,

James Lisle Hinkle
Post Office Box 2002
Roswell, Ne Mexico 88201

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7817

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For delivery information visi

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AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here

Sent T
Street, or PO
City, S

Charles E. Hinkle
Post Office Box 149
Monterey, CA 93940

PS Form 3800, June 2002 See Reverse for Instructions

Returned

Returned

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AGR/COG
CLYDESDALE 4H
USPS STATION MAIN 594
MAY 22 2012
Postmark Here
BE VARGAS POST 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
Jenna Hinkle
Street, Apt or PO Box
Route 3, Box 519
City, State
Carmel, CA 93923

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7824

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AGR/COG
CLYDESDALE 4H
USPS STATION MAIN 594
MAY 22 2012
Postmark Here
BE VARGAS POST 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
Hinkle Living Trust
Street, Apt or PO Box
Post Office Box 1793
City, State
Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7831

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Hinkle Living Trust
Post Office Box 1793
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Deborah Bond
C. Date of Delivery 5/25/12

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

2. Article Number (Transfer from servi) 7006 0100 0005 0626 7831

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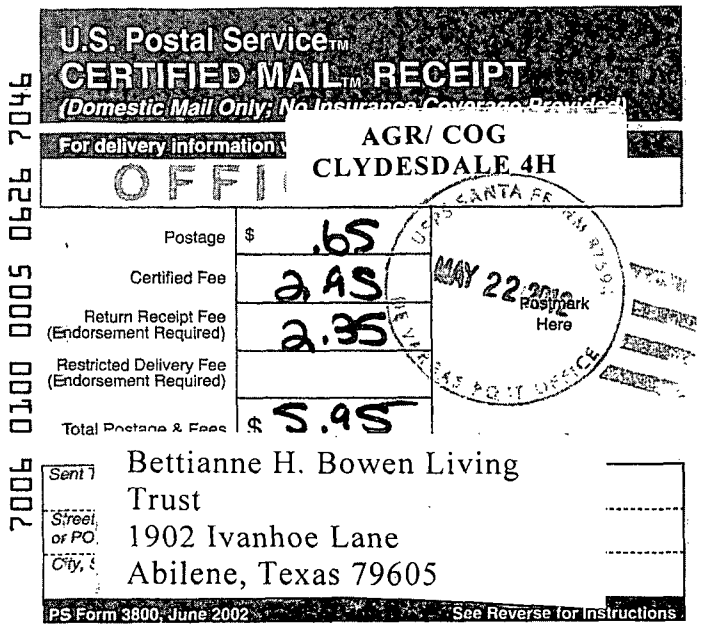
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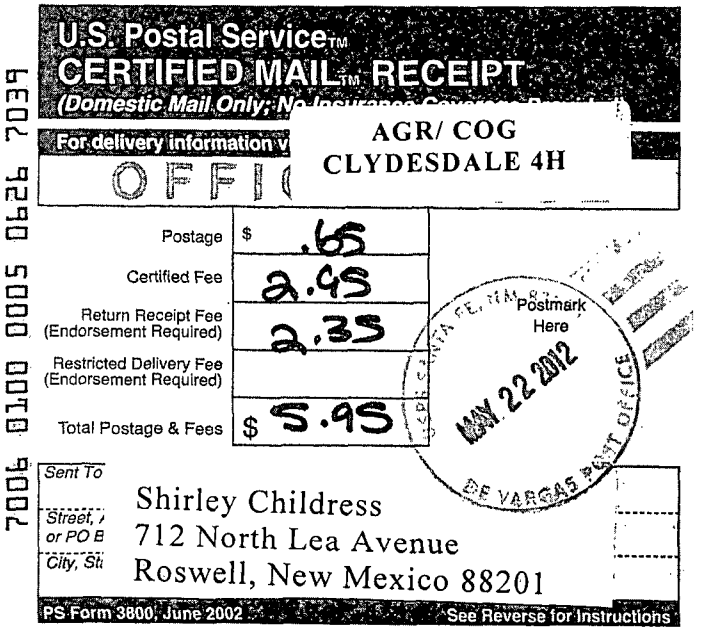
CLYDESDALE 4H
Postage $ .65
Certified Fee 2.95
Return Receipt Fee (Endorsement Required) 2.35
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 5.95
Postmark Here
MAY 22 2012
SANTA FE, NM 87501
DE VARGAS POST OFFICE
7006 0100 0005 0626 7046
Sent To
Bettianne H. Bowen Living Trust
Street, Apt. No., or PO Box No.
1902 Ivanhoe Lane
City, State, ZIP+4
Abilene, Texas 79605
PS Form 3800, June 2002
See Reverse for Instructions

Returned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CLYDESDALE 4H
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
MAY 22 2012
SANTA FE, NM 87501
DE VARGAS POST OFFICE
7006 0100 0005 0626 7039
Sent To
Shirley Childress
Street, Apt. No., or PO Box No.
712 North Lea Avenue
City, State, ZIP+4
Roswell, New Mexico 88201
PS Form 3800, June 2002
See Reverse for Instructions

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AGR/ COG
CLYDESDALE 4H

Postage	$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.95

Postmark Here
MAY 22 2012
DE VARGAS POST OFFICE
SANTA FE, NM 87

Sent To: James W. Childress
Street, Apt or PO Box: Post Office Box 3209
City, State: Roswell, New Mexico 88201

PS Form 3800, June 2002 — See Reverse for Instructions

7006 0100 0005 0626 7022

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. Childress
Post Office Box 3209
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X [signature] — ☐ Agent ☐ Addressee

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

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

ROSWELL NM
MAY 23 2012
88201

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 0626 7022

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

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CERTIFIED MAIL™ RECEIPT
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AGR/-COG
CLYDESDALE 4H

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
MAY 22 2012
DE VARGAS POST OFFICE
SANTA FE, NM 87

Sent To: William Brian Landsheft
Street, A / or PO B: Revocable Trust
City, Sta: 15880 South Peoria
Bixby, OK 74008

PS Form 3800, June 2002 — See Reverse for Instructions

7006 0100 0005 0626 7015

PLACE STICKER AT TOP

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:

William Brian Landsheft
Revocable Trust
15880 South Peoria
Bixby, OK 74008

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X [signature] — ☐ Agent ☒ Addressee

B. Received by (Printed Name) Brian Landsheft — C. Date of Delivery 5-24

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 0626 7015

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

U.S. Postal Service™
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AGR/-COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here
VARGAS POST OFFICE

Sent T
Stree
or PC
City,

Richard L. Landsheft, Jr.
2313 Jim Dent
El Paso, Texas 79936

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7008

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:

Richard L. Landsheft, Jr.
2313 Jim Dent
El Paso, Texas 79936

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lori Landsheft ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Lori Landsheft

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 serv 7006 0100 0005 0626 7008

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N

For delivery information v

OFFIC

AGR/ COG
CLYDESDALE 4H

Postage	$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.95

MAY 22 2012
Postmark Here
VARGAS POST OFFICE

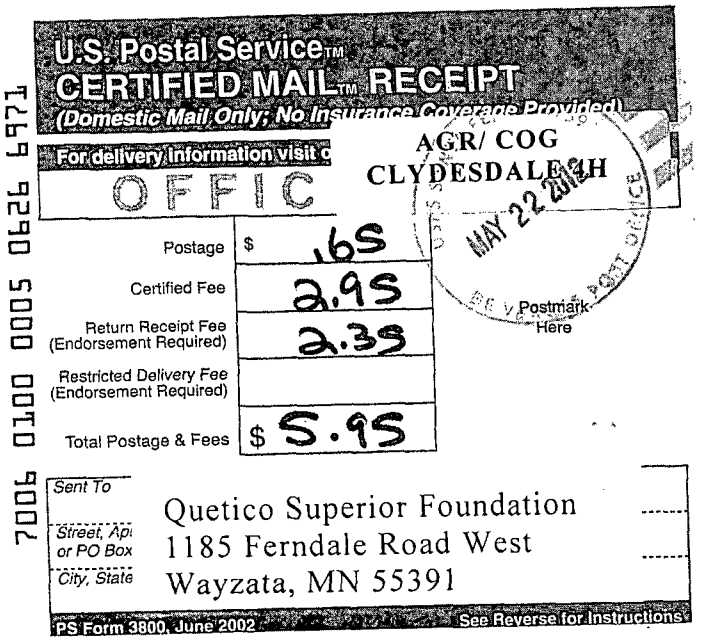
Sent To
Street,
or PO
City, St

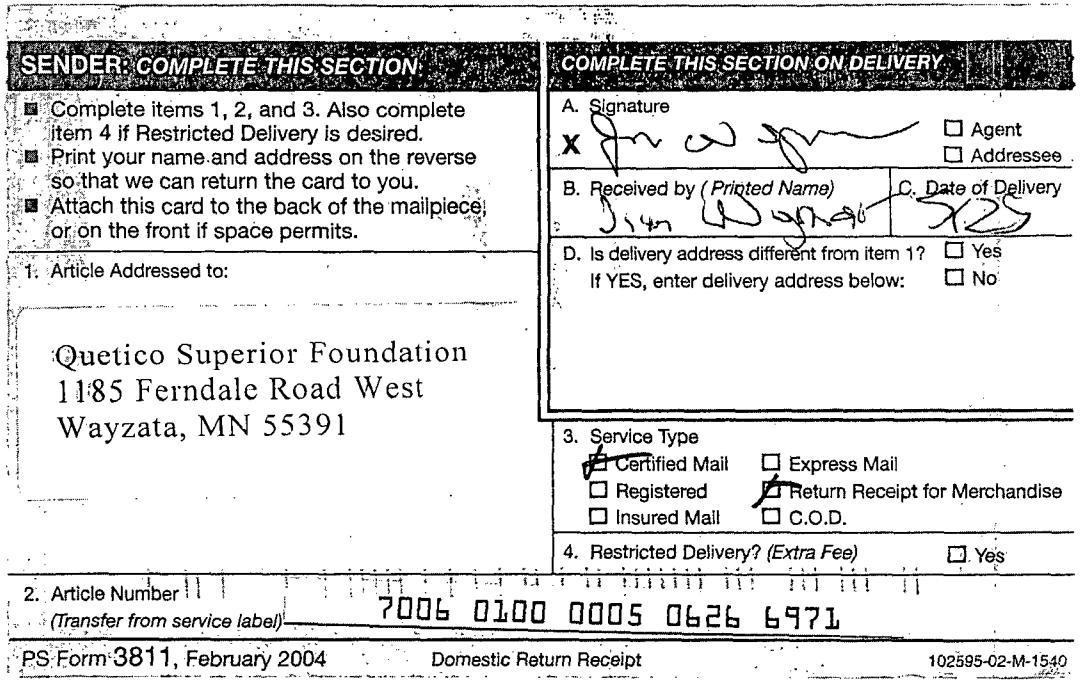
Lynn E. Desper
P.O. Box 1371 – M#146
Ruidoso, New Mexico 88345

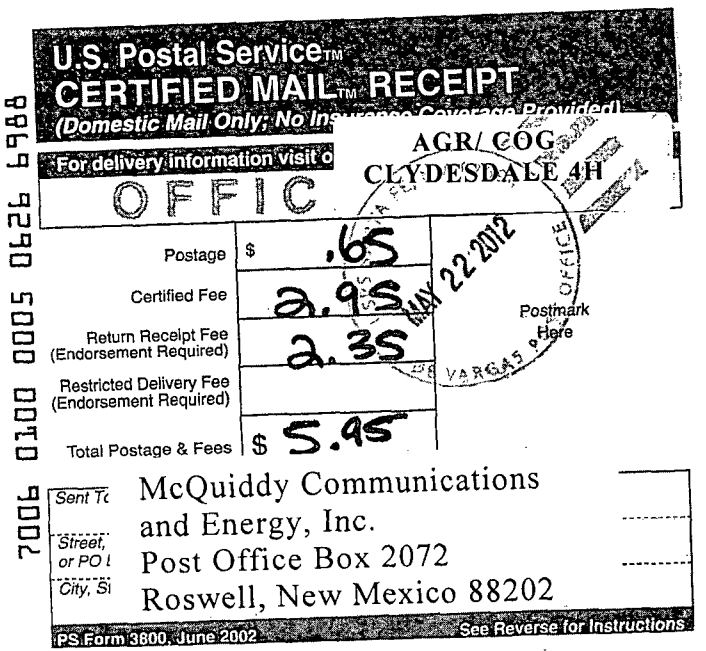
PS Form 3800, June 2002 See Reverse for Instructions

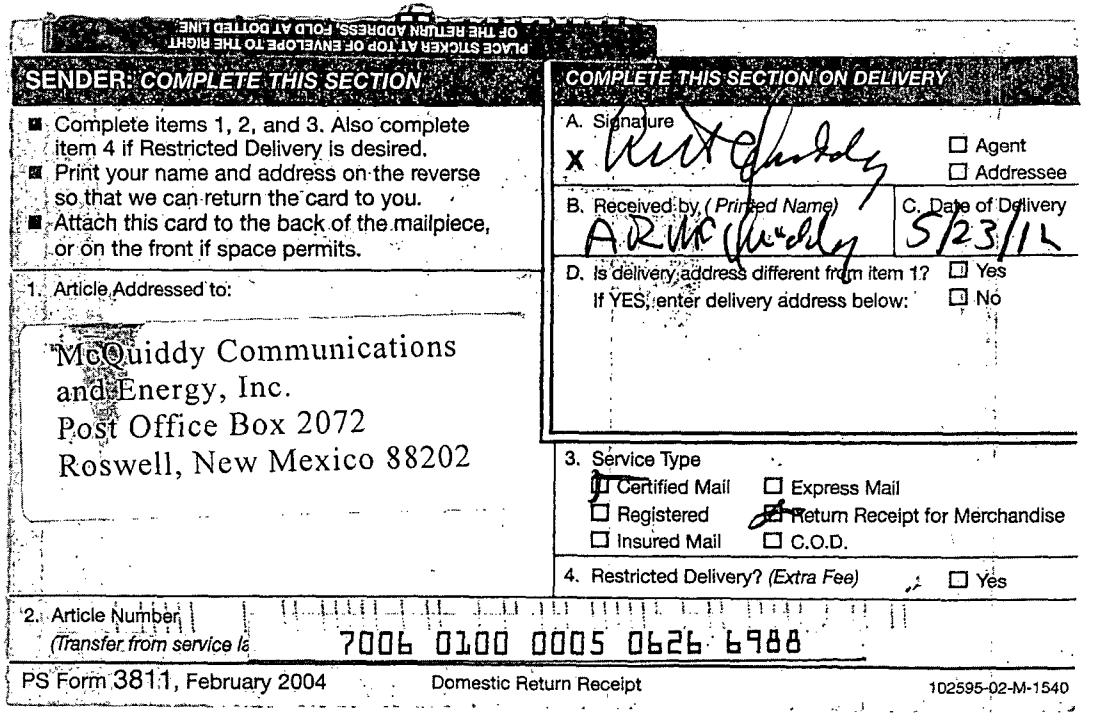
7006 0100 0005 0626 6995

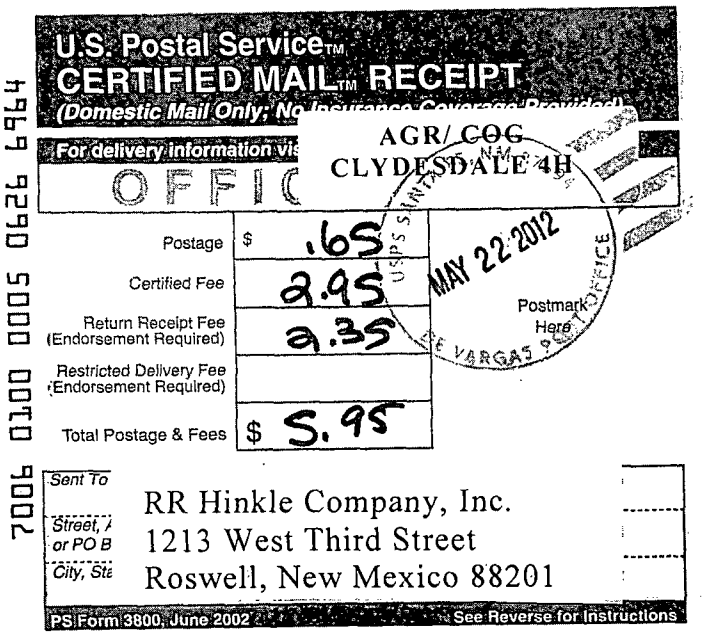
Returned


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit o
OFFIC
AGR/ COG
CLYDESDALE 4H
MAY 22 2012
Postmark Here
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, Apt or PO Box
City, State
Quetico Superior Foundation
1185 Ferndale Road West
Wayzata, MN 55391
7006 0100 0005 0626 6971
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:
Quetico Superior Foundation
1185 Ferndale Road West
Wayzata, MN 55391
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
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 0626 6971
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins
For delivery information visit o
OFFIC
AGR/ COG
CLYDESDALE 4H
MAY 22 2012
Postmark Here
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 PO
City, St
McQuiddy Communications
and Energy, Inc.
Post Office Box 2072
Roswell, New Mexico 88202
7006 0100 0005 0626 6988
PS Form 3800, June 2002
See Reverse for Instructions


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. 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:
McQuiddy Communications
and Energy, Inc.
Post Office Box 2072
Roswell, New Mexico 88202
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
5/23/12
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
2. Article Number (Transfer from service la 7006 0100 0005 0626 6988
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540



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

For delivery information vis

OFFIC

AGR/ COG
CLYDESDALE 4H

USPS SANTA FE NM
MAY 22 2012
POSTMASTER
DE VARGAS PO OFFICE

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

7006 0100 0005 0626 6964

Sent To
Street, /
or PO B
City, Sta

RR Hinkle Company, Inc.
1213 West Third Street
Roswell, New Mexico 88201

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

RR Hinkle Company, Inc.
1213 West Third Street
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Paula R. Hinkle III C. Date of Delivery 5/24/12

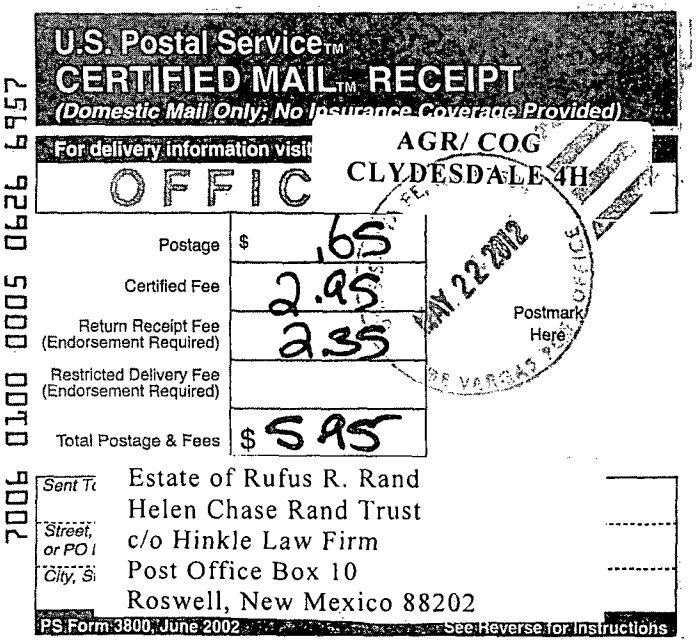
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from 7006 0100 0005 0626 6964

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



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

For delivery information visit

OFFIC

AGR/ COG
CLYDESDALE 4H

USPS SANTA FE NM
MAY 22 2012
POSTMASTER
DE VARGAS PO OFFICE

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

7006 0100 0005 0626 6957

Sent To
Street, /
or PO I
City, St

Estate of Rufus R. Rand
Helen Chase Rand Trust
c/o Hinkle Law Firm
Post Office Box 10
Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. 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:

Estate of Rufus R. Rand
Helen Chase Rand Trust
c/o Hinkle Law Firm
Post Office Box 10
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom Finley 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

2. Article Number (Transfer from service la 7006 0100 0005 0626 6957

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

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

For delivery information visit OFFIC

AGR/-COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here
VARGAS POST OFFICE

7006 0100 0005 0626 7237

Sent To
Street, Apt. or PO Box
City, State,

Sally Ayres Ellis
771 Crescent Drive
Boulder, Colorado 80303

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:

Sally Ayres Ellis
771 Crescent Drive
Boulder, Colorado 80303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sally A. Ellis ☐ 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 l...* 7006 0100 0005 0626 7237

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

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

For delivery information vis OFFIC

AGR/ COG
CLYDESDALE 4H

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

MAY 22 2012
Postmark Here
VARGAS POST OFFICE

7006 0100 0005 0626 7244

Sent To
Street, Ap. or PO Box
City, State

Cynthia Hinkle, Trustee for herself
and Kristin Hinkle and Jenna Hinkle
Route 3, Box 519
Carmel, CA 93923

PS Form 3800, June 2002 — See Reverse for Instructions

Returned