eog resources

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702
(432) 686-3600

June 23, 2011

TO ORRI OWNERS
(See attached Addressee List)

Re: Sand Tank 1 Fed Com #3H
Communitization Agreement
Township 18 South, Range 29 East
Section 1: S.2 S/2
Eddy County, New Mexico

Gentlemen:

Enclosed please find a copy of the Communitization Agreement for the Sand Tank 1 Fed Com #3H well along with a Ratification and Joinder of Communitization Agreement.

It would be appreciated if you would please execute the Ratification and Joinder, having your signature notarized and return same to me for further handling.

Should you have any questions, please advise by calling me at 432-686-3610.

Very truly yours,

EOG RESOURCES, INC.

Douglas W. Hurlbut

Douglas W. Hurlbut
Land Specialist

Attachment

energy opportunity growth

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by:
EOG RESOURCES, INC.
Hearing Date: August 8, 2012

ORRI Owners
Addressee List

Annice L. Miller
P. O. Box 208
Flat Rock Illinois 62427

Becky Welch Kitto (Panek)
7011 E. Brooks Drive
Tucson, AZ 85730

Bryan W. Welch
1764 S Paige Creek Place
Tucson Az 85748

Clair Iverson
2005 Kidwell Street
Dallas, Texas 75214

Clinton C. Ballard, Jr.
304 Gila Road
Aztec NM 87410

Colleen Michelle Yates
c/o Reta Jones
6120 Padre Court NE
Albuquerque, NM 87111

Glen David Miller
P. O. Box 2412
Roswell New Mexico 88202

Glenn Hendrix and Mark Hendrix Trustees of the Anna Collins Franklin Foundation under the Last Will and Testament of Wenzella W. Ripley, deceased
P. O. Box 144
Ardmore OK 73402

Heirs or Devisees and successors in title to Helen M. Bowers, Kathering J. Bowers and B. A. Bowers, all deceased, apparently Desa L. Lee-Laird
1002 Sayles Blvd
Abilene Texas 79605

James Gary Welch
15714 Winding Moss Drive
Houston, Texas 77068

James Harvey Yates and Nancy B. Yates Trustees of Revocable Trust dtd 5-22-97
2843 Seccomb St
Fort Collins CO 80526

Kelly Longley and Lucien J. Longley, Trustees of the Kelly Longley Revocable Trust uta dtd 3-10-99
6120 Padre Court NE
Albuquerque New Mexico 87111

Lucas Properties, LLC
2424 Cagua Drive, NE
Albuquerque New Mexico 87110

Marian Welch Pendergrass
2705 Gaye Drive
Roswell, NM 88201

Michael Irwin Welch
8640 Kenosha Drive
Lubbock, Texas 79423

Pamela J. Burke Successor Trustee of the W. W. I. 1990 Trust
P. O. Box 10508
Midland Texas 79702

Pamela J. Burke, Successor Trustee of the P. I. P. 1990 Trust
P. O. Box 10508
Midland Texas 79702

Pamela J. Burke, Trustee of the Clair Ann Iverson Revocable Living Trust, UTA dtd 11-22-05
P. O. Box 10508
Midland Texas 79702

Pamela J. Burke, Trustee of the Siegfried James Iverson III Revocable Living Trust, UTA dtd 11-22-05
P. O. Box 10508
Midland Texas 79702

Patsy Iverson Page
1155 Muirlands Vista Way
La Jolla, CA 92037

Phoebe Jane Welch IV
P. O. Box 495
Lamesa NM 88044

Phoebe Welch
20350 Marsh Creek Rd
Brentwood, CA 94513

Robert Welch Gillespie
186 Sierra View
Pasadena CA 91105

S. J. Iverson III
P. O. Box 4095
Midalnd, Texas 79704

Sanders Thomas Welch
3240 Penland Pkwy SPC 212
Anchorage AK 99508

12701 Smokey Rd.
La Mesa, NM 88044

Shannon Lynn Yates Unser
6120 Padre Court NE
Albuquerque, NM 87111

Spiral, Inc.
P. O. Box 1933
Roswell New Mexico 88202

Stacy Welch Green
P. O. Box 164
Sonoita AZ 85637

T.I.G. Properties
P. O. Box 10508
Midland Texas 79702

The Trustee of the Eileen Mary Kunkel Revocable Trust
46183 State Highway 74, Apt #19
Palm Desert, CA 92260

Thomas W. Flynn
P. O. Box 223
Ruskin FL 33575

Van P. Welch, Jr.
2259 C Via Puerta
Laguna Woods CA 92653

Van S. Welch II
2207 Fairway Drive
Duncan, OK 73533

Wendell Terry Welch
P. O. Box 8428
Nikiski AK 99635

Yates Brothers
105 South Fourth Street
Artesia New Mexico 88210

RATIFICATION AND JOINDER OF COMMUNITIZATION AGREEMENT

The undersigned party has received a true copy of Communitization Agreement dated December 15, 2010 which communitizes the production hydrocarbons produced from the Bone Spring formation underlying S/2 S/2 Section 1, T18S, R29E, N.M.P.M., Eddy County, New Mexico.

The undersigned party is an Overriding Royalty Interest Owner in one or more of the tracts comprising the communitized area.

The undersigned party desires to adopt, ratify and become a party to the Communitization Agreement and commit to the Communitization Agreement all interest owned or controlled by such party in the communitized area.

NOW, THEREFORE, by the execution hereof, the undersigned party hereby becomes a party to the Communitization Agreement and agrees to be bound by the terms thereof as if such party had signed the original thereof.

This ratification and joinder shall be binding upon the undersigned, their heirs, devisees, assigns or successors in interest.

This agreement may be executed in any number of counterparts, no one of which needs to be executed by all parties, or may be ratified or consented to by separate instrument, in writing, specifically referring hereto, and shall be binding upon all parties who have executed such a counterpart, ratification or consent hereto with the same force and effect as if all parties had signed the same document.

EXECUTED THIS _____ day of _____, 2011.

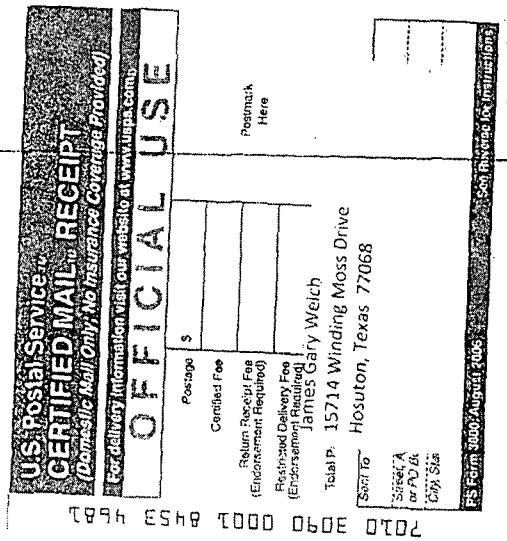
By: _____

STATE OF _____§
§
COUNTY OF _____§

The foregoing instrument was acknowledged before me this _____day of _____, 2011, by _____.

My commission expires:
_____

_____
Notary Public



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 Gary Welch
15714 Winding Moss Drive
Hosuton, Texas 77068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 9-1-11

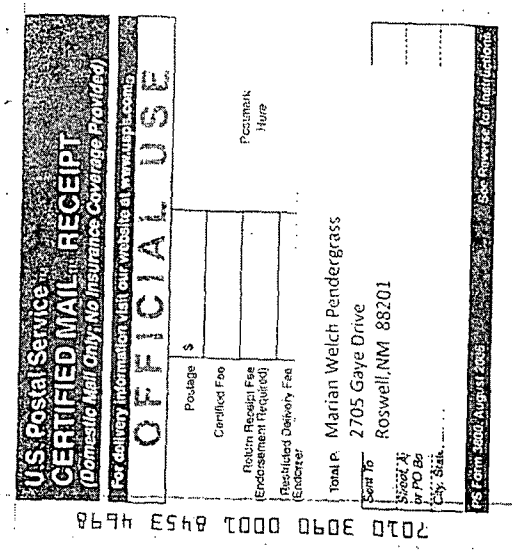
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7010 3090 0001 8453 4681

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:

Marian Welch Pendergrass
2705 Gaye Drive
Roswell,NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 9-1-11

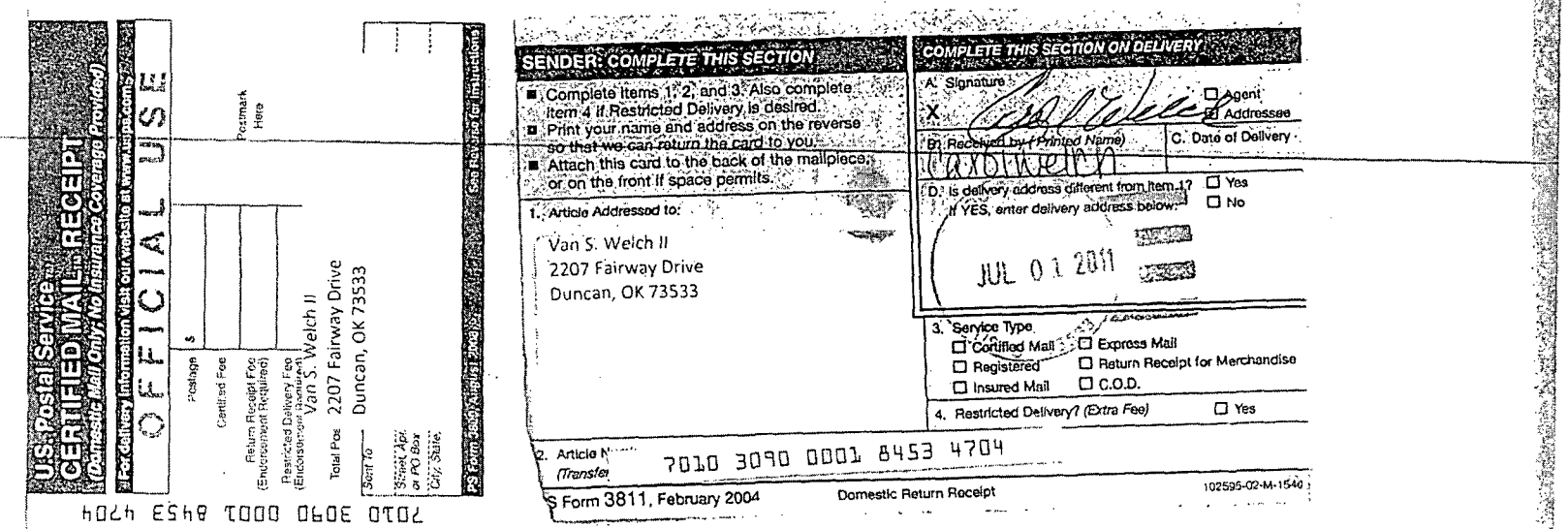
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7010 3090 0001 8453 4698

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



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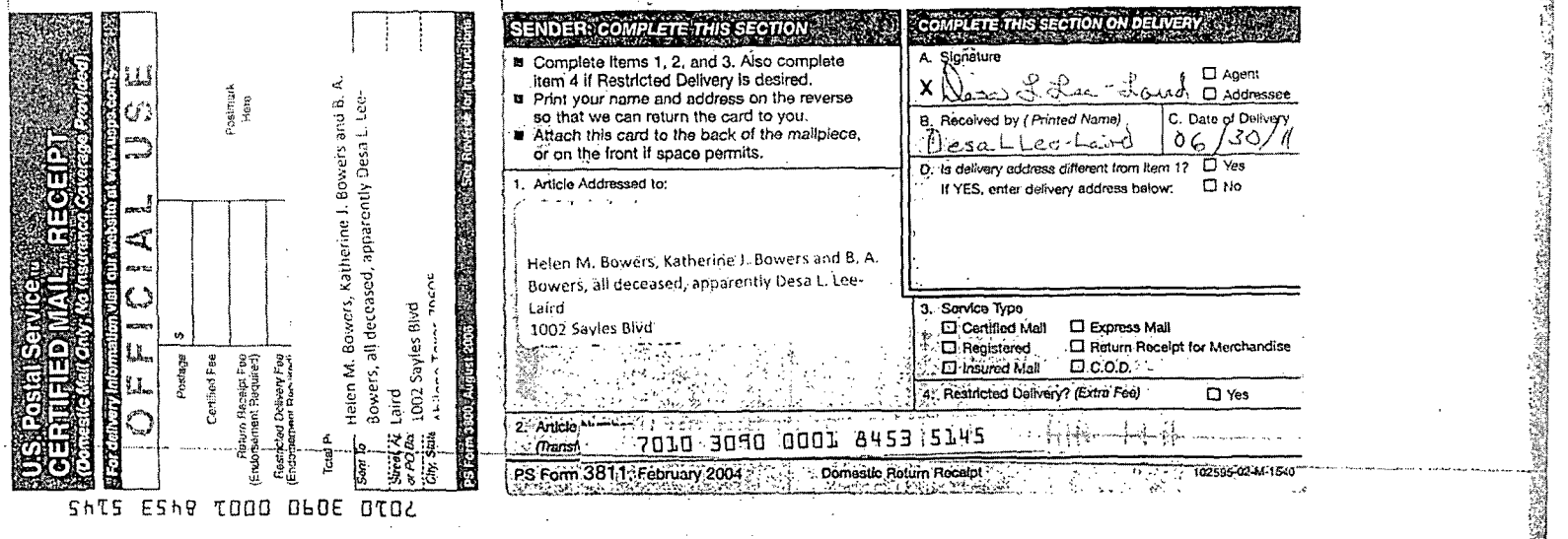
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
Sent To
Van S. Welch II
Street, Apt. No., or PO Box No.
2207 Fairway Drive
City, State, ZIP+4
Duncan, OK 73533
PS Form 3800, August 2006 See Reverse for Instructions
7010 3090 0001 8453 4704

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:
Van S. Welch II
2207 Fairway Drive
Duncan, OK 73533

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X [signature] ☐ Agent ☑ Addressee
B. Received by (Printed Name) [illegible] C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
JUL 01 2011
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7010 3090 0001 8453 4704
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
Sent To
Helen M. Bowers, Katherine J. Bowers and B. A. Bowers, all deceased, apparently Desa L. Lee-Laird
Street, Apt. No., or PO Box No.
1002 Sayles Blvd
City, State, ZIP+4
PS Form 3800, August 2006 See Reverse for Instructions
7010 3090 0001 8453 5145

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:
Helen M. Bowers, Katherine J. Bowers and B. A. Bowers, all deceased, apparently Desa L. Lee-Laird
1002 Sayles Blvd

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Desa L Lee-Laird ☐ Agent ☐ Addressee
B. Received by (Printed Name) Desa L Lee-Laird C. Date of Delivery 06/30/11
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) 7010 3090 0001 8453 5145
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

Postmark Here

Sent To: Colleen Michelle Yates
Street, Apt. No. or PO Box No.: c/o Reta Jones 6120 Padre Court NE
City, State, ZIP+4: Albuquerque, NM 87111

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5152

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:

Colleen Michelle Yates
c/o Reta Jones
6120 Padre Court NE
Albuquerque, NM 87111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7/15/2011

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) 7010 3090 0001 8453 5152

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

Postmark Here

Sent To: Glen David Miller
Street, Apt. No. or PO Box No.: P. O. Box 2412
City, State, ZIP+4: Roswell New Mexico 88202-2412

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5176

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:

Glen David Miller
P. O. Box 2412
Roswell New Mexico
88202-2412

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

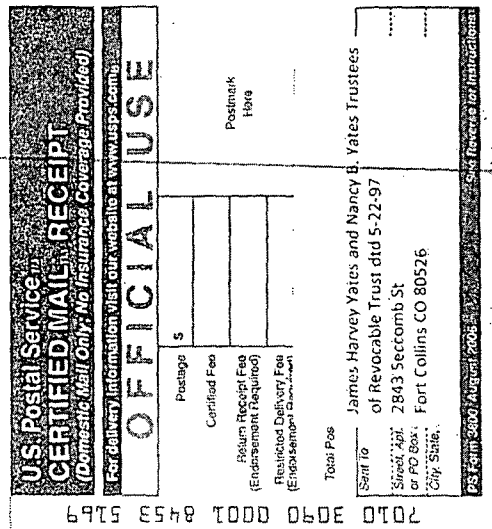
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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) 7010 3090 0001 8453 5176

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:

James Harvey Yates and Nancy B. Yates Trustees
of Revocable Trust dtd 5-22-97
2843 Seccomb St
Fort Collins CO 80526

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Nancy B Yates ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
7-1-11

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 ...) 7010 3090 0001 8453 5169

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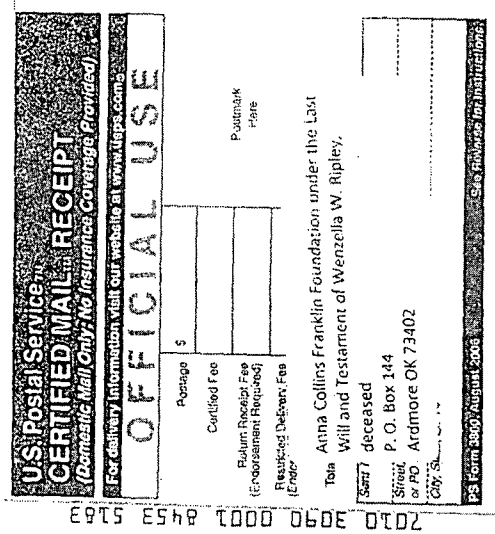

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Anna Collins Franklin Foundation under the Last
Will and Testament of Wenzella W. Ripley,
deceased
P. O. Box 144
Ardmore OK 73402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Anna Hendry ☐ 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) 7010 3090 0001 8453 5183

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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

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Sent To: Clinton C. Ballard, Jr.
Street, Apt. No., or PO Box: 304 Gila Road
City, State, ZIP+4: Aztec NM 87410

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5190

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

Postmark Here

Sent To: Clair Iverson
Street, Apt. No., or PO Box: 2005 Kidwell Street
City, State, ZIP+4: Dallas, Texas 75214

PS Form 3800, August 2006 — See Reverse for Instructions

Returned

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:
Clair Iverson
2005 Kidwell Street
Dallas, Texas 75214

COMPLETE THIS SECTION ON DELIVERY

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

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

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): 7010 3090 0001 8453 5190

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

Postmark Here

Sent To: Bryan W. Welch
Street, Apt. No., or PO Box No.: 1764 S Paige Creek Place
City, State, ZIP+4: Tucson Az 85748

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 4919

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:

Bryan W. Welch
1764 S Paige Creek Place
Tucson Az 85748

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bryan W. Welch ☐ Agent ☒ Addressee

B. Received by (Printed Name): BRYAN WELCH — C. Date of Delivery: 7/11/11

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

Same

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 (Transf: 7010 3090 0001 8453 4919

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Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Po

Postmark Here

Sent To: Becky Welch Kitto (Becky Panek)
Street, Apt. No., or PO Box: 7011 E. Brooks Drive
City, State: Tucson, AZ 85730

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 4902

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:

Becky Welch Kitto (Becky Panek)
7011 E. Brooks Drive
Tucson, AZ 85730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): BOB PANEK — C. Date of Delivery: 7/2/11

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 (Transf: 7010 3090 0001 8453 4902

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

Postmark Here

Sent To: Annice L. Miller
Street, Apt. No. or PO Box No.: P. O. Box 208
City, State, ZIP+4: Flat Rock Illinois 62427

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 4926

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:

Annice L. Miller
P. O. Box 208
Flat Rock Illinois 62427

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barb Miller ☐ Agent ☐ Addressee

B. Received by (Printed Name) Barb Miller — C. Date of Delivery 7/7/11

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) 7010 3090 0001 8453 4926

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

926h E5h8 T000 0b0E 0T0Z

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

Postmark Here

Sent To: Yates Brothers
Street, Apt. No. or PO Box No.: 105 South Fourth Street
City, State, ZIP+4: Artesia New Mexico 88210

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 4933

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 Brothers
105 South Fourth Street
Artesia New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. Delgado ☑ Agent ☐ Addressee

B. Received by (Printed Name) J. Delgado — C. Date of Delivery 6-30-11

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) 7010 3090 0001 8453 4933

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

EE6h E5h8 T000 0b0E 0T0Z

7010 3090 0001 8453 4957

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OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restric (Endors
Total P
Sent To Thomas W. Flynn
Street, A or PO B P. O. Box 223
City, Stat Ruskin FL 33575

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8453 4940

U.S. Postal Service™
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OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total P
Sent To Wendell Terry Welch
Street, A or PO B P. O. Box 8428
City, Stat Nikiski AK 99635

PS Form 3800, August 2006 See Reverse for Instructions

Returned

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:

Wendell Terry Welch
P. O. Box 8428
Nikiski AK 99635

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)
7010 3090 0001 8453 4940

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

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

Postmark Here

Sent To: Van P. Welch, Jr.
Street, Apt. No., or PO Box No.: 2259 C Via Puerta
City, State, ZIP+4: Laguna Woods CA 92653

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 4964

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OFFICIAL USE

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

Postmark Here

Sent To: Spiral, Inc.
Street, Apt. No., or PO Box No.: P. O. Box 1933
City, State, ZIP+4: Roswell New Mexico 88202

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 4971

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.
P. O. Box 1933
Roswell New Mexico 88202

2. Article Number: 7010 3090 0001 8453 4971

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total
Sent To T.I.G. Properties
Street, Apt. No., or PO Box No. P. O. Box 10508
City, State, ZIP+4 Midland, Texas 79702

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8453 4995

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:

T.I.G. Properties
P. O. Box 10508
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Burke ☒ Agent ☐ Addressee

B. Received by (Printed Name) PAM BURKE
C. Date of Delivery 12/13/11

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) 7010 3090 0001 8453 4995

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

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OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total
Sent To Stacy Welch Green
Street, Apt. No., or PO Box No. P. O. Box 164
City, State, ZIP+4 Sonoita AZ 85637

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8453 4988

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:

Stacy Welch Green
P. O. Box 164
Sonoita AZ 85637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stacy Green ☐ Agent ☐ Addressee

B. Received by (Printed Name) STACY W. GREEN
C. Date of Delivery 12-5-11

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) 7010 3090 0001 8453 4988

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

7010 3090 0001 8453 5015

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total P
Sent To Sanders Thomas Welch
Street, Apt. No., or PO Box No. 3240 Penland Pkwy SPC 212
City, State, ZIP+4 Anchorage AK 99508-1913

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8453 5008

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total P
Sent To S. J. Iverson III
Street, Apt. No., or PO Box No. P. O. Box 4095
City, State, ZIP+4 Midland, Texas 79704

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sanders Thomas Welch
3240 Penland Pkwy SPC 212
Anchorage AK 99508-1913

2. Article Number (Transfer from service label) 7010 3090 0001 8453 5015

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

COMPLETE THIS SECTION ON DELIVERY

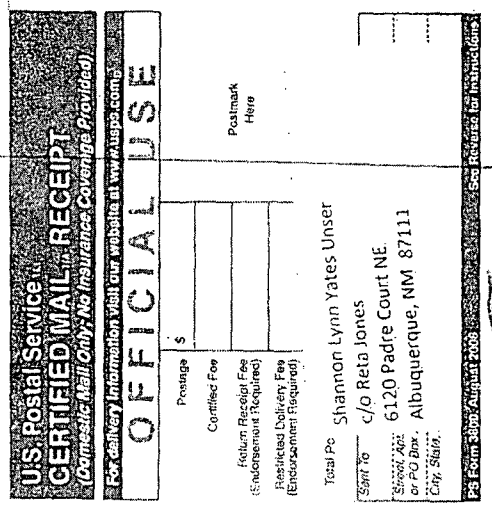
A. Signature
X
☐ Agent
☐ Addressee

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



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:

Shannon Lynn Yates Unser
c/o Reta Jones
6120 Padre Court NE
Albuquerque, NM 87111

2. Article Number (Transfer from service label) 7010 3090 0001 8453 5022

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

COMPLETE THIS SECTION ON DELIVERY

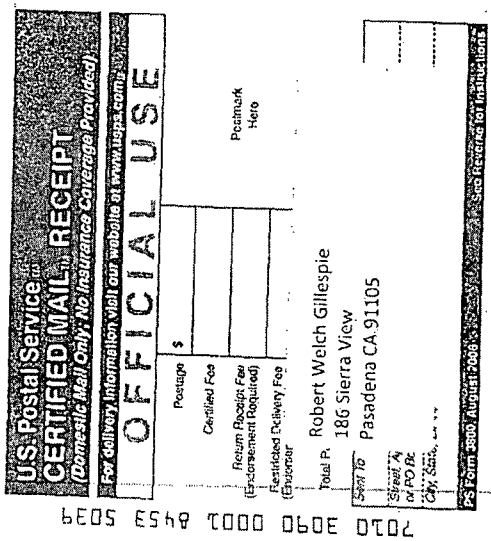
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Reta D. Jones C. Date of Delivery 7/15/11

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Welch Gillespie
186 Sierra View
Pasadena CA 91105

2. Article Number (Transfer from service label) 7010 3090 0001 8453 5039

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

COMPLETE THIS SECTION ON DELIVERY

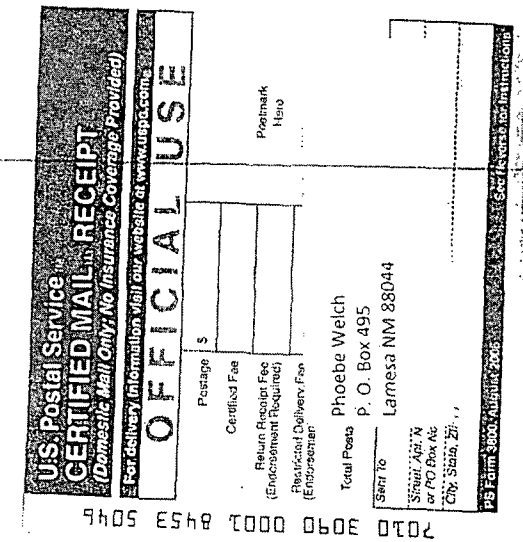
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JUL 21 2011 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


U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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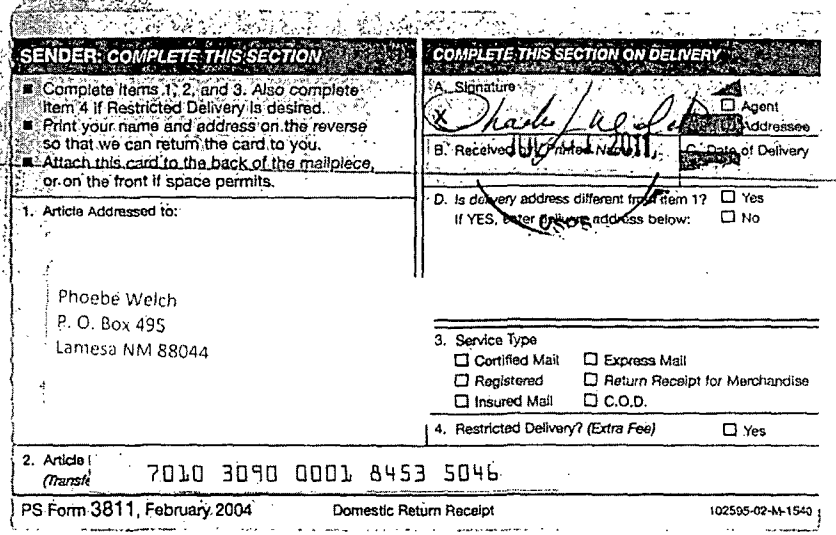
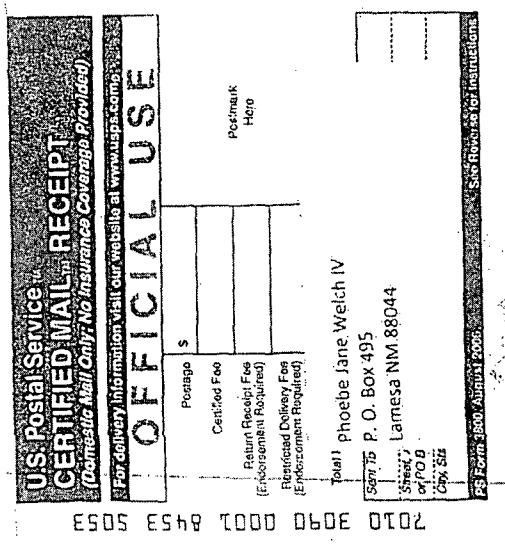
For delivery information visit our website at www.usps.com
OFFICIAL USE
Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
Total Postage
Sent To
Phoebe Welch
P. O. Box 495
Lamesa NM 88044
Street, Apt. No. or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006
See Reverse for Instructions
7010 3090 0001 8453 5046


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:
Phoebe Welch
P. O. Box 495
Lamesa NM 88044
COMPLETE THIS SECTION ON DELIVERY
A. 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
(Transfe
7010 3090 0001 8453 5046
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540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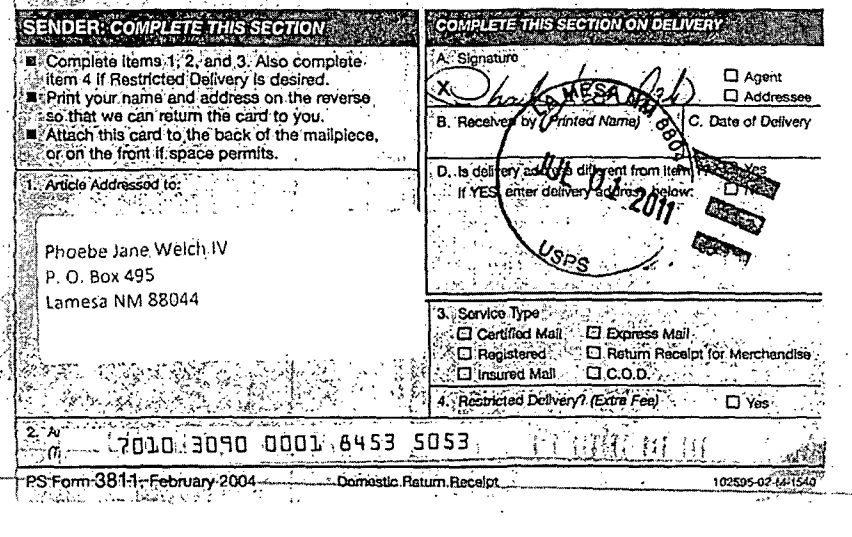
OFFICIAL USE
Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
Total Postage
Sent To
Phoebe Jane Welch IV
P. O. Box 495
Lamesa NM 88044
Street, Apt. No. or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006
See Reverse for Instructions
7010 3090 0001 8453 5053


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:
Phoebe Jane Welch IV
P. O. Box 495
Lamesa NM 88044
COMPLETE THIS SECTION ON DELIVERY
A. 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
7010 3090 0001 8453 5053
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

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

Postmark Here

Sent To: Pamela J. Burke, Trustee of the Siegfried James Iverson III Revocable Living Trust, UTA dtd 11-22-05

Street, Apt. or PO Box: P. O. Box 10508

City, State, ZIP+4: Midland Texas 79702

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5077

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:

Pamela J. Burke, Trustee of the Siegfried James Iverson III Revocable Living Trust, UTA dtd 11-22-05
P. O. Box 10508
Midland Texas 79702

2. Article Number (Transfer from service label): 7010 3090 0001 8453 5077

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): PAM BURKE C. Date of Delivery: 7/13/11

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

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

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

Postmark Here

Sent To: Patsy Iverson Page

Street, Apt. or PO Box: 1155 Muirlands Vista Way

City, State, ZIP+4: LaJolla, CA 92037

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5060

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:

Patsy Iverson Page
1155 Muirlands Vista Way
LaJolla, CA 92037

2. Article Number (Transfer from service label): 7010 3090 0001 8453 5060

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

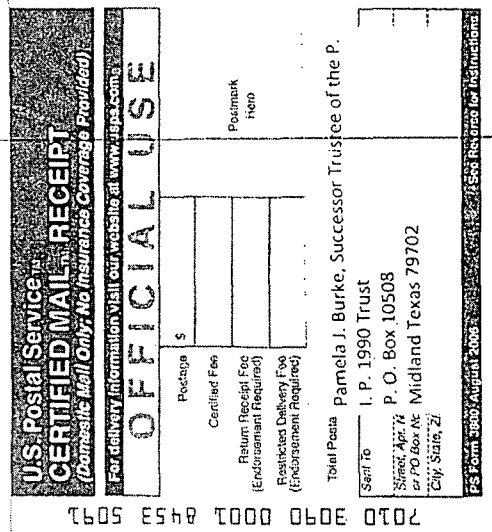
COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): [illegible] C. Date of Delivery: JUL 07

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

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540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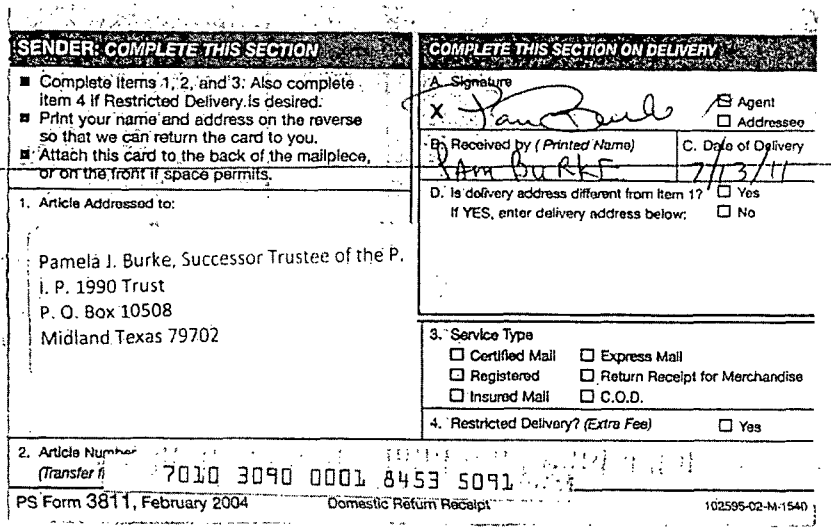
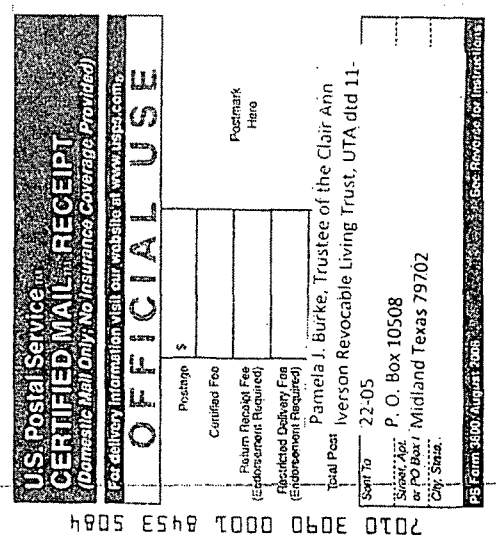
Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
Total Postage
Pamela J. Burke, Successor Trustee of the P.
I. P. 1990 Trust
P. O. Box 10508
Midland Texas 79702
PS Form 3800, August 2006
7010 3090 0001 8453 5091


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:
Pamela J. Burke, Successor Trustee of the P.
I. P. 1990 Trust
P. O. Box 10508
Midland Texas 79702
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Pam Burke
Agent
Addressee
B. Received by (Printed Name)
PAM BURKE
C. Date of Delivery
7/13/11
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 fi
7010 3090 0001 8453 5091
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540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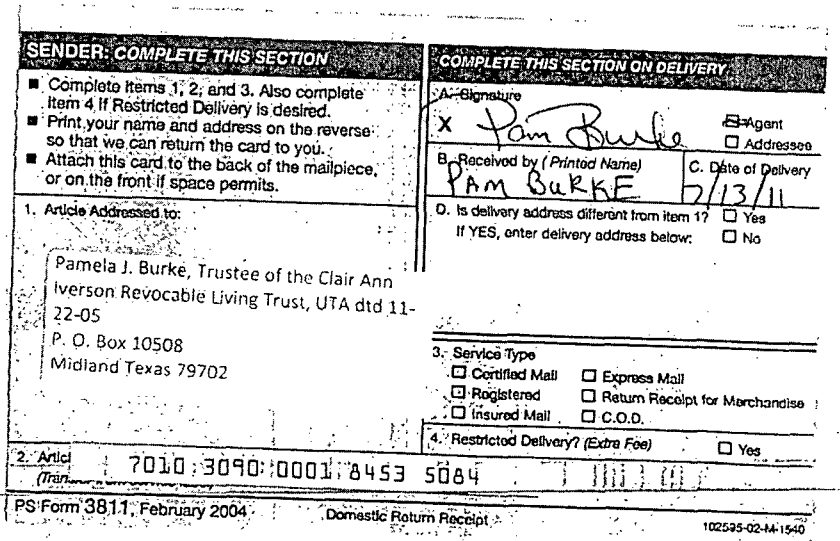
For delivery information, visit our website at www.usps.com
OFFICIAL USE
Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
Total Postage
Pamela J. Burke, Trustee of the Clair Ann
Iverson Revocable Living Trust, UTA dtd 11-
22-05
P. O. Box 10508
Midland Texas 79702
PS Form 3800, August 2006
7010 3090 0001 8453 5084


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:
Pamela J. Burke, Trustee of the Clair Ann
Iverson Revocable Living Trust, UTA dtd 11-
22-05
P. O. Box 10508
Midland Texas 79702
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Pam Burke
Agent
Addressee
B. Received by (Printed Name)
PAM BURKE
C. Date of Delivery
7/13/11
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
(Trans
7010 3090 0001 8453 5084
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Postage & Fees: Michael Irwin Welch

Sent To: 8640 Kenosha Drive

Street, Apt. No. or PO Box No.: Lubbock, Texas 79423

City, State, ZIP+4:

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5114

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:

Michael Irwin Welch
8640 Kenosha Drive
Lubbock, Texas 79423

2. Article Number (Transfer from service label): 7010 3090 0001 8453 5114

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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Postage & Fees: Pamela J. Burke Successor Trustee of the

Sent To: W. W. I. 1990 Trust

Street, Apt. No. or PO Box No.: P. O. Box 10508

City, State, ZIP+4: Midland Texas 79702

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5107

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:

Pamela J. Burke Successor Trustee of the
W. W. I. 1990 Trust
P. O. Box 10508
Midland Texas 79702

2. Article Number (Transfer from service label): 7010 3090 0001 8453 5107

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): PAM BURKE — C. Date of Delivery: 8/3/11

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total Postage & Fees $

Sent To: Lucas Properties, LLC
Street, Apt. No., or PO Box No.: 2424 Cagua Drive, NE
City, State, ZIP+4: Albuquerque New Mexico 87110

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5121

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:

Lucas Properties, LLC
2424 Cagua Drive, NE
Albuquerque New Mexico
87110

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M.F. Lackey ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/14/11

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

M.F. LACKEY manager

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): 7010 3090 0001 8453 5121

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

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total Postage & Fees $

Sent To: Kelly Longley and Lucien J. Longley, Trustees of the Kelly Longley Revocable Trust uta dtd 3-10-99
Street, Apt. No., or PO Box No.: 6120 Padre Court NE
City, State, ZIP+4: Albuquerque New Mexico 87111

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5138

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:

Kelly Longley and Lucien J. Longley,
Trustees of the Kelly Longley Revocable
Trust uta dtd 3-10-99
6120 Padre Court NE
Albuquerque New Mexico 87111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7/15/2011

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): 7010 3090 0001 8453 5138

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

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Postage & Fees $

Sent To: Sanders Thomas Welch
Street, Apt. No., or PO Box No.: 12701 Smokey Rd.
City, State, ZIP+4: La Mesa, NM 88044

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5213

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Postage & Fees $

Sent To: Phoebe Welch
Street, Apt. No., or PO Box No.: 20350 Marsh Creek Rd
City, State, ZIP+4: Brentwood, CA 94513

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5220

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:

Sanders Thomas Welch
12701 Smokey Rd.
La Mesa, NM 88044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 3090 0001 8453 5220

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

Re Turned

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Postage & Fees

Sent To: The Trustee of the Eileen Mary Kunkel Revocable Trust

Street, Apt. No., or PO Box No.: 46183 State Highway 74, Apt #19

City, State, ZIP+4: Palm Desert, CA 92260

PS Form 3800, August 2006 — See Reverse for Instructions

7010 3090 0001 8453 5237

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:

The Trustee of the Eileen Mary Kunkel
Revocable Trust
46183 State Highway 74, Apt #19
Palm Desert, CA 92260

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) 7010 3090 0001 8453 5237

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:

Phoebe Welch
20350 Marsh Creek Rd
Brentwood, CA 94513

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)
PS Form 38 7010 3090 0001 8453 5213 102595-02-M-1540

eog resources
P. O. Box 2267
Midland, TX 79702
first class
Address Correction Requested

To:
Phoebe Welch
20350 Marsh Creek Rd
Brentwood, CA 94513

UNCLAIMED

7010 3090 0001 8453 5213

CERTIFIED MAIL

[redacted]

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:

Thomas W. Flynn
P. O. Box 223
Ruskin FL 33575

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 7010 3090 0001 8453 4957

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

eog resources
4000 N. Big Spring, Suite 500 • Midland, Texas 79705
P.O. Box 2267, Midland, Texas 79702

First Class
Address Correction Requested

To
Thomas W. Flynn
P. O. Box 223
Ruskin FL 33575

NO DELIVERY AS ADDRESSED UNABLE TO FORWARD

CERTIFIED MAIL

7010 3090 0001 8453 4957

[redacted]

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0301960719 JUN 19 2011