

BEFORE THE OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

EXHIBIT NO. 16 - CASE NO. 14981

SUBMITTED BY: OXY

HEARING DATE: MAY 9, 2013



South Hobbs Unit Working Interest Owners

Name	Street Address/PO Box	City/State/Zip Code
20 ACRES LLC	801 GARCIA STREET	SANTA FE NM 87505
ADELAIDE F COHU TRUST KEVIN J McGRAWATTN: ANTHONY KOCHEVAR C/O MINTZ & FRAADE PC	488 MADISON AVE	NEW YORK NY 10022-5001
AGHORN ENERGY ATTN: FROSTY GILLIAM JR	P O BOX 12663	ODESSA TX 79768
ANN H TAYLOR	P O BOX 3487	MIDLAND TX 79702-3487
BARBARA J DEVOSS JUNKER	P O BOX 5346	LUBOCK TX 79453-3546
BILLIE S DEVOSS	15311 E LA SALOS DRIVE	WHITTIER CA 90603-2243
BUTTRAM ENERGIES INC	2601 NW EXPRESSWAY 501 OIL CENTER WEST	OKLAHOMA CITY OK 73112- 7269
C M E OIL & GAS COMPANY	P O BOX 10621	MIDLAND TX 79702-7621
CARA V UMPLEBY LOCKETT ROYALTY TRUST	5110 S YALE #400	TULSA OK 74135
CATHERINE CUSACK	2223 PAJARITO SW	ALBUQUERQUE NM 87105
CBR OIL PROPERTIES LLC	P O BOX 1518	ROSWELL NM 88202-1518
CEC TRUST FBO PARTICK EDWARD CORRIGAN PATRICK EDWARD CORRIGAN TRUSTEE	8750 N CENTRAL EXPY #510	DALLAS TX 75231
CEC TRUST FBO HUGH CORRIGAN IV	3809 SHENADOAH ST	DALLAS TX 75205
CHARTER PRIVATE EQUITY	47 HIGHLAND PARK VILLAGE #200	DALLAS TX 75205
CHRISTEN SCHUTTE SANDERS	1408 CARSON	FORT WORTH TX 76117-6107
CHRISTOPHER R CUSACK	2114 HOLMBY	LOS ANGELES CA 90025
CLIFF T MILFORD	12019 BROWNING LANE	DALLAS TX 75230-2851
COLLEEN M WALLACE NEWMAN	24 CLUB CIRCLE	SHERWOOD AR 72120
CONNIE HINMAN	1833 DEVONDALE CIRCLE	CHARLESTON WV 25314-2205
CRAIG CUSACK	P O BOX 250	ROSWELL NM 88202-0250
CUSACK FAMILY REV OCABLE TRUST	P O BOX 25	WILLOW CITY TX 78675
CYNTHIA ANN AVARA TAVERNA	3808 HIGHWEED	EL PASO TX 79928
CYNTHIA S GREGG	P O BOX 724	SUNDOWN TX 79372-0724
DINAH GEMELLE	P O BOX 486	VAUGHN WA 98394-0486
EDWARD ALLAN DUNBAR	P O BOX 885	ROCKSPRINGS TX 7880-0885
EDYTHE OWEN PRIKRYL	12 AUSTIN DOUGLAS WAY	CONGERS NY 10920-2466
ELEANOR CHRISTIE CORRIGAN TR U/W/O CE CORRIGANJ PAT CORRIGAN TRUSTEE	P O BOX 63869	COLORADO SPRINGS CO 80962
EVELYN CLAY OHARA TRUST	5022 BUFFALO COURT SOUTH	FORT WORTH TX 76119-7857
FIRST ROSWELL COMPANY	P O BOX 1797	ROSWELL NM 88202-1797
GAVIN R GARRETT: JP MORGAN CHASE BANK NA ATTN: PHILLIP METTHAM	P O BOX 2605	FORT WORTH TX 76113-2605
GEORGE G SNOWDEN III TRUST ANN H SNOWDEN TRUSTEE	93 BEACH ST	WESTERLY RI 02891
GEORGE H ETZ SR TRUST GEORGE ETZ JR TRUSTEE	1105 XANTHISMA	McALLEN TX 78504-3519
GEORGE L AVARA	3108 TIERRA ENCINO DR	EL PASO TX 79338-4521

Name	Street Address/PO Box	City/State/Zip Code
GOODRICH TRUST NUMBER ONE U/W DAVID E GOODRICH BK ONE TX TRUSTEE/ACCT 5555	P O BOX 99084	FORT WORTH TX 76199-0084
GOODRICH TRUST NUMBER TWO U/W DAVID E GOODRICH BK ONE TX TRUSTEE/ACCT 5556	P O BOX 99084	FORT WORTH TX 76199-0084
HARVEY L JOHNSON R D GOODRICH ASSET PARTNERS LP	P O BOX 2605	FORT WORTH TX 76113-2605
HUGH CORRIGAN III	P O BOX 50460	MIDLAND TX 79710-0460
HUGH DANIEL S CORRIGAN TRUST U/W/O C E CORRIGAN J PAT CORRIGAN TRUSTEE	P O BOX 690068	VERO BEACH FL 32969-0068
J H MORRIS AGENT	P O BOX 1588	TULSA OK 74101-1588
JAMES B THOMAS	3304 CENTENARY AVE	DALLAS TX 75225-4833
JAMES C BROWN	P O BOX 10521	MIDLAND TX 79702-7621
JAMES M SNOWDEN TRUST	12 FORDYCE LANE	ST LOUIS MO 63124-1354
JAMES PATRICK CORRIGAN JR TR	P O BOX 690068	VERO BEACH FL 32969-0068
JEAN CHRISTINE THOMPSON TRUST 2 JAMES CLEO THOMPSON JR TRUSTEE	325 NORTH ST PAUL STE 5300	DALLAS TX 75201
JENNIFER ANN CLAY CATHER	4300 VERSAILLES AVE	DALLAS TX 75205-3009
JOAN CLAY	26242 VIA MISTRAL	SAN JUAN CAPISTRANO CA 92675-4452
JOANNE GRIES	P O BOX 516	BUENA VISTA CO 81211-0516
JOHN P CUSACK III	19945 KIRK AVENUE	EAGLE RIVER AR 99577
JOHN PATRICK CUSACK JR	2808 WOODWIND DRIVE	ARLINGTON TX 76013-3132
JOHN W CLAY III	1924 MEMPHIS	BEDFORD TX 76022-0312
KAREN CUSACK PASQUIER	P O BOX 46138	RIO RANCHO NM 87174
KDCB GARRETT HOLDING LLC	P O BOX 17001	SAN ANTONIO TX 78217
L SANDERS THOMPSON III	4420 GLENWICK	DALLAS TX 75205
LA SOMBRA MINERAL LLC	P O BOX 17001	SAN ANTONIO TX 78217
LANDRETH COMPANY STOCKHOLDERS	3207 W 4 TH STREET	FORT WORTH TX 76107-2114
LAVON JOHNSON	10433 LAKE PARK DR	HURST TX 76053
LAWSON PETROLEUM COMPANY	401 SOUTH BOSTON #2100	TULSA OK 74103-4103
LEGACY RESERVES	P O BOX 10848	MIDLAND TX 79702
LINDA THOMPSON GORDON	325 NORTH ST PAUL STE 4300	DALLAS TX 75201
LOMA INC	4201 E 64 TH STREET	TULSA OK 74136
LOUIS H KUNTZ	2118 HILLTOP COURT	FULLERTON CA 92831-1311
LOYD WHITLEY	P O BOX 168	MIDLAND TX 79702
LYNN T CONNOLLY	605 PRAIRIE WAY	WICHITA FALLS TX 76310
MALLOY OIL & GAS PROPERTIES LLP	P O BOX 18414	OKLAHOMA CITY OK 73154
MARGARET COUCH TRUST JAMES C BROWN & WILLIAM C COUCH	P O BOX 10621	MIDLAND TX 7,9702-7621
MARTHA THOMPSON	45116 UNIVERSITY UNIT A	DALLAS TX 75205
MARY ALICE LAFLIN MEHAFFEY	6138 S IOLA WAY	ENGLEWOOD CO 80111-5706
MARY ANN MYERS AYRES	P O BOX 25231	DALLAS TX 75226
McPETERS FAMILY REVOCABLE TRUST	502 W GOLD	HOBBS NM 88240-1805

Name	Street Address/PO Box	City/State/Zip Code
MICHAEL F CUSACK II	6003 VALKEITH	HOUSTON TX 77096-3832
MICHAEL HARRISON MOORE 2006 TR MICHAEL HARRISON MOORE TRUSTEE	P O BOX 51570	MIDLAND TX 79710
MICHAEL HARRISON MOORE TRUSTEE	P O BOX 51570	MIDLAND TX 79710
OBO INC	P O BOX 22577	HIALEAH FL 33002
PAT CORRIGAN TRUST	P O BOX 690068	VERO BEACH FL 32969-0068
PATRICIA LAND CO LTD	P O BOX 10621	MIDLAND TX 79704
PATRICIA P SCHIEFFER TEST TRUST	P O BOX 2546	FORT WORTH TX 76113-2546
PATRICK CUSACK	1837 SOUTH DUNSMUIR AVE	LOS ANGELES CA 90019
PAULINE DUNBAR EREKSON	P O BOX 213	ROCKSPRINGS TX 7880-0213
PRODUCERS AND REFINERS CORP	P O BOX 1765	ENID OK 73702
RDG MINERAL LTD F/B/O JANE GARRETT HEINRICHS	P O BOX 17001	SAN ANTONIO TX 78217
REEF OIL & GAS COMPANY	1901 NORTH CENTRAL EXPRESSWAY	RICHARDSON TX 75080-3609
RICHARD LYONS MOORE 2006 TRUST	P O BOX 94077	SOUTHLAKE TX 76092
RKC INC ATTN: ANTHONY KOICHEVAR	7500 ARAPAHOE RD #380	CENTENNIAL CO 80112-6116
ROBERT F LONG TESTAMENTARY TR FBO TERRENCE R BARKER #1143959008	P O BOX 25128	DALLAS TX 75225
ROBERT LEE MYERS	3812 MARQUETTE ST	DALLAS TX 75225
ROGER D JOHNSON	P O BOX 3516	HOBBS NM 88241-3516
ROUND HILL ROYALTY LP ATTN: SETH WOODBERRY	P O BOX 25127	DALLAS TX 75225
RUFUS GORDON PETE CLAY TRUST	P O BOX 10621	MIDLAND TX 79702-7621
SAGECREST OIL & GAS LLC	P O BOX 630	FORT WORTH TX 76101
SANDRA SNOWDEN TRUMP	42 NECK RD	TIVERTON RI 02878-4010
SCOTT JOHNSONv JACK CHANDLER MYERS	4709 WEST LOVERS LANE #200	DALLAS TX 75029
SEA PROPERTIES INC	P O BOX 1486	ARDMORE OK 73402-1486
STEPHANIE DOSHER	209 NE AVE D	SEMINOLE TX 79360
STEVE CUSACK	2910 ANNA J DRIVE	ROSWELL NM 88201
STUART A UMPLEBY TRUST	4141 N HENDERSON RD #1207	ARLINGTON VA 22203-2475
SUSAN G UMPLEBY PEASNER	5110 S YALE #400	TULSA OK 74135
SUSAN MARIE MAIER	13129 BLUFFTON AVENUE	BATON ROUGH LA 70817
TIMOTHY J CUSACK	P O BOX 250	ROSWELL NM 88202-0250
TY JOHNSON	3304 TEXAS TRAIL CT	HURST TX 76054
VEJA INC	P O BOX 18442	OKLAHOMA CITY OK 73154- 0442
VIRGINIA HINMAN	2334 CHRISWOOD RD	TOLEDO OH 43617-1250
WESTBOURNE LLC	P O BOX 1401	LUBBOCK TX 79408

7006 2760 0001 6376 1413

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: **APR 12 2013**

Sent To: OBO INC
 Street or PO Box: P O BOX 22577
 City, State: HIALEAH FL 33002

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL

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:
 OBO INC
 P O BOX 22577
 HIALEAH FL 33002

2. Article Number: 7006 2760 0001 6376 1413
 (Transfer from ser...)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Millie Colon* Agent Addressee

B. Received by (Printed Name): *Millie Colon*

C. Date of Delivery: *2013 APR 12*

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

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

4. Restricted Delivery? (Extra Fee) Yes

BEFORE THE OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico
 Exhibit No. 16
 Submitted by: **OXY**
 Hearing Date: May 9, 2013

7006 0100 0005 5769 9308

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: **APR 12 2013**

Sent To: C M E OIL & GAS COMPANY
 Street or PO Box: P O BOX 10621
 City, State: MIDLAND TX 79702-7621

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:
 C M E OIL & GAS COMPANY
 P O BOX 10621
 MIDLAND TX 79702-7621

2. Article Number: 7006 0100 0005 5769 9308
 (Transfer from service...)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *James C. Brown* Agent Addressee

B. Received by (Printed Name): *James C. Brown*

C. Date of Delivery: *4/18/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

7006 0100 0005 5769 9261

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent to:
 Cara V Umpleby Lockett Royalty Trust
 Farmers National Co Agent
 5110 S Yale #400
 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:
 Cara V Umpleby Lockett Royalty Trust
 Farmers National Co Agent
 5110 S Yale #400
 Tulsa, OK 74135

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 9261

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Shannon Ford

C. Date of Delivery
 4-15-13

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

Postmark Here
APR 15 2013

7006 0100 0005 5769 8660

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 18 2013

Sent to:
 PATRICIA LAND CO LTD
 P O BOX 10621
 MIDLAND TX 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:
 PATRICIA LAND CO LTD
 P O BOX 10621
 MIDLAND TX 79702

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 8660

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 James C. Brown

C. Date of Delivery
 4/18/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8677

U.S. Postal Service™
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For delivery information visit **OFFIC** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 12 2013 Postmark Here

Sent To: JOHN P CUSACK III
 Street or PO: 19945 KIRK AVENUE
 City, State: EAGLE RIVER AR 99577

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:
 JOHN P CUSACK III
 19945 KIRK AVENUE
 EAGLE RIVER AR 99577

2. Article Number 11 7006 0100 0005 5769 8677
 (Transfer from service label)

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 No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8684

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For delivery information visit **OFFIC** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 12 2013 Postmark Here

Sent To: CHRISTEN SCHUTTE SANDERS
 Street or PO: 1408 CARSON
 City, State: FORT WORTH TX 76117-6107

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:
 CHRISTEN SCHUTTE SANDERS
 1408 CARSON
 FORT WORTH TX 76117-6107

2. Article Number 7006 0100 0005 5769 8684
 (Transfer from service label)

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 No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8691

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For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: Michael Harrison Moore 2006 Trust
 Street or PO: Michael Harrison Moore Trustee
 P O BOX 51570
 City: Midland, TX 79710

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Terri Turner</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Terri Turner</i></p> <p>C. Date of Delivery <i>4/16/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Michael Harrison Moore 2006 Trust Michael Harrison Moore Trustee P O BOX 51570 Midland, TX 79710</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: 7006 0100 0005 5769 8691 (Transfer from service label)</p>	

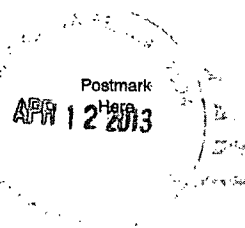
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 8707

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: CYNTHIA ANN AVARA TAVERNA
 Street or PO: 3808 HIGHWEED
 City: EL PASO TX 79928

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8714

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52	Postmark APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: Susan G. Umpleby Peasner Royalty Trust
 Street, or PO Box: Farmers National Co Agent
 City, St: 5110 S YALE #400
 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:
 Susan G. Umpleby Peasner Royalty Trust
 Farmers National Co Agent
 5110 S YALE #400
 TULSA OK 74135

2. Article Number: 7006 0100 0005 5769 8714
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Shannon Tond... C. Date of Delivery: APR 15 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8721

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52	Postmark APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: JAMES B THOMAS
 Street, or PO Box: 3304 CENTENARY AVE
 City, St: DALLAS TX 75225-4833

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:
 JAMES B THOMAS
 3304 CENTENARY AVE
 DALLAS TX 75225-4833

2. Article Number: 7006 0100 0005 5769 8721
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): James B Thomas C. Date of Delivery: APR 15 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8369

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 Here
APR 12 2013

Sent To
 Street, Apt. or PO Box
CONNIE HINMAN
1833 DEVONDALE CIRCLE
 City, State
CHARLESTON WV 25314-2205
 PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8370

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 Here
APR 12 2013

Sent To
 Street, Apt. or PO Box
VIRGINIA HINMAN
2334 CHRISWOOD RD
 City, State
TOLEDO OH 43617-1250
 PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Virginia Hinman</i> 4-12-13</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No YES, enter delivery address below:</p>
1. Article Addressed to:	<p>RETURNS CENTER TO APR 17 2013 5457</p>
<p>VIRGINIA HINMAN 2334 CHRISWOOD RD TOLEDO OH 43617-1250</p>	
2. Article Number: 7006 0100 0005 5769 8370 <small>(Transfer from service label)</small>	3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 8387

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To
 STUART A UMPLEBY TRUST
 Street, A or PO Box 4141 N HENDERSON RD #1207
 City, State ARLINGTON VA 22203-2475

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:
 STUART A UMPLEBY TRUST
 4141 N HENDERSON RD #1207
 ARLINGTON VA 22203-2475

2. Article Number (Transfer from service) 7006 0100 0005 5769 8387

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 4/15/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8394

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To
 CEC TRUST FBO HUGH CORRIGAN
 IV
 Street, A or PO HUGH CORRIGAN IV TRUSTEE
 City, State 3809 SHENADOAH ST
 DALLAS TX 75205

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:
 CEC TRUST FBO HUGH CORRIGAN
 IV
 HUGH CORRIGAN IV TRUSTEE
 3809 SHENADOAH ST
 DALLAS TX 75205

2. Article Number (Transfer from service) 7006 0100 0005 5769 8394

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 4/15

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8400

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent CEC TRUST FBO PARTICK EDWARD
 CORRIGAN PATRICK EDWARD
 CORRIGAN TRUSTEE
 8750 N CENTRAL EXPY #510
 DALLAS TX 75231

PS Form 3811, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Judy Miller</i>
	B. Received by (Printed Name) <i>Judy Miller</i>
	C. Date of Delivery <i>4-24-13</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
CEC TRUST FBO PARTICK EDWARD CORRIGAN PATRICK EDWARD CORRIGAN TRUSTEE 8750 N CENTRAL EXPY #510 DALLAS TX 75231	
2. Article Number (Transfer from serv.)	3. Service Type
7006 0100 0005 5769 8400	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5769 8417

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent ELEANOR CHRISTIE CORRIGAN TR
 U/W/O CE CORRIGAN J PAT
 CORRIGAN TRUSTEE
 P O BOX 63869
 COLORADO SPRINGS CO 80962

PS Form 3811, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8424

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013
 DE VERO BEACH POST OFFICE

Sent To: **JAMES PATRICK CORRIGAN JR TR**
U/W/O CE CORRIGAN J PAT
 Street, Apt. or PO Box: **CORRIGAN TRUSTEE**
P O BOX 690068
 City, State: **VERO BEACH FL 32969-0068**

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:
JAMES PATRICK CORRIGAN JR TR
U/W/O CE CORRIGAN J PAT
CORRIGAN TRUSTEE
P O BOX 690068
VERO BEACH FL 32969-0068

2. Article Number (Transfer from ser): **7006 0100 0005 5769 8424**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Timothy G. Youngblood** Agent Addressee

B. Received by (Printed Name): **Timothy G. Youngblood** 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

7006 0100 0005 5769 8431

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013
 DE VERO BEACH POST OFFICE

Sent To: **HUGH DANIEL S CORRIGAN TRUST**
U/W/O C E CORRIGAN J PAT
 Street, Apt. or PO Box: **CORRIGAN TRUSTEE**
P O BOX 690068
 City, State: **VERO BEACH FL 32969-0068**

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:
HUGH DANIEL S CORRIGAN TRUST
U/W/O C E CORRIGAN J PAT
CORRIGAN TRUSTEE
P O BOX 690068
VERO BEACH FL 32969-0068

2. Article Number (Transfer from ser): **7006 0100 0005 5769 8431**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Timothy G. Youngblood** Agent Addressee

B. Received by (Printed Name): **Timothy G. Youngblood** 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

7006 0100 0005 5769 8446

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 Street: PAULINE DUNBAR EREKSON
 or PO/P O BOX 213
 City, State: ROCKSPRINGS TX 7880-0213

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:
 PAULINE DUNBAR EREKSON
 P O BOX 213
 ROCKSPRINGS TX 7880-0213

2. Article Number:
 (Transfer from service label) 7006 0100 0005 5769 8446

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Pauline Dunbar Erekson* Agent Addressee

B. Received by (Printed Name) *Pauline D Erekson* C. Date of Delivery *4-16-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8455

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 Street, Apt or PO Box: EDWARD ALLAN DUNBAR
 P O BOX 885
 City, State: ROCKSPRINGS TX 7880-0885

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:
 EDWARD ALLAN DUNBAR
 P O BOX 885
 ROCKSPRINGS TX 7880-0885

2. Article Number:
 (Transfer from se 7006 0100 0005 5769 8455

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Pauline D Erekson* Agent Addressee

B. Received by (Printed Name) *Pauline D Erekson* C. Date of Delivery *4-16-13*

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

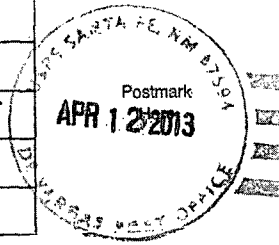
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8462

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No International Services Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt. or PO Box: MARY ALICE LAFLIN MEHAFFEY
 City, State: ENGLEWOOD CO 80111-5706

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:
 MARY ALICE LAFLIN MEHAFFEY
 6138 S IOLA WAY
 ENGLEWOOD CO 80111-5706

2. Article Number (Transfer from service): 7006 0100 0005 5769 8462

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *John MehaFFEY* C. Date of Delivery: *4/11*

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

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

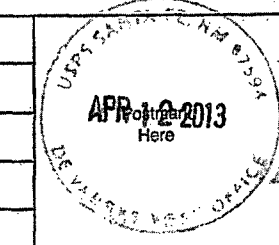
4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8479

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No International Services Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt. or PO Box: ROUND HILL ROYALTY LP
 City, State: ATTN: SETH WOODBERRY P O BOX 25127 DALLAS TX 75225

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:
 ROUND HILL ROYALTY LP
 ATTN: SETH WOODBERRY
 P O BOX 25127
 DALLAS TX 75225

2. Article Number (Transfer from service): 7006 0100 0005 5769 8479

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Seth Woodberry* C. Date of Delivery: *4/17/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8486

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

USPS SANTA FE, NM 87504
 APR 12 2013
 DE VARGAS POST OFFICE

Sent To: KDCB GARRETT HOLDING LLC
 Street, or PO Box: P O BOX 17001
 City, St: SAN ANTONIO TX 78217

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:
 KDCB GARRETT HOLDING LLC
 P O BOX 17001
 SAN ANTONIO TX 78217

2. Article Number: 7006 0100 0005 5769 8486
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 4/15/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8493

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

USPS SANTA FE, NM 87504
 APR 12 2013
 DE VARGAS POST OFFICE

Sent To: ROBERT F LONG TESTAMENTARY TR FBO
 TERRENCE R BARKER #1143959008 ROUND
 Street, or PO Box: HILL ROYALTY LP
 ATTN: SETH WOODBERRY
 City, St: P O BOX 25128
 DALLAS TX 75225

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:
 ROBERT F LONG TESTAMENTARY TR FBO
 TERRENCE R BARKER #1143959008 ROUND
 HILL ROYALTY LP
 ATTN: SETH WOODBERRY
 P O BOX 25128
 DALLAS TX 75225

2. Article Number: 7006 0100 0005 5769 8493
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 4/17/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8509

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To: **GEORGE G SNOWDEN III TRUST**
 Street or PO: **ANN H SNOWDEN TRUSTEE**
 City, St: **WESTERLY RI 02891**

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:
GEORGE G SNOWDEN III TRUST
ANN H SNOWDEN TRUSTEE
93 BEACH ST
WESTERLY RI 02891

2. Article Number
 (Transfer from service) **7006 0100 0005 5769 8509**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Signature]

B. Received by (Printed Name) **Ann Snowden**

C. Date of Delivery **4/16/13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8516

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

For delivery information visit our **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To: **RKC INC**
 Street or PO: **ATTN: ANTHONY KOICHEVAR**
 City, St: **7500 ARAPAHOE RD #380**
CENTENNIAL CO 80112-6116

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:
RKC INC
ATTN: ANTHONY KOICHEVAR
7500 ARAPAHOE RD #380
CENTENNIAL CO 80112-6116

2. Article Number
 (Transfer from service) **7006 0100 0005 5769 8516**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Signature]

B. Received by (Printed Name) **V. Keebles**

C. Date of Delivery **4/15/13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8523

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

For delivery information, visit **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 12 2013

Sent To: TIMOTHY J CUSACK
 Street, or PO: P O BOX 250
 City, St: ROSWELL NM 88202-0250

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:
 TIMOTHY J CUSACK
 P O BOX 250
 ROSWELL NM 88202-0250

2. Article Number (Transfer from ser): 7006 0100 0005 5769 8523

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): ET G... Agent Addressee

C. Date of Delivery: [Stamp]

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8530

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

For delivery information, visit **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 12 2013

Sent To: STEVE CUSACK
 Street, or PO: 2910 ANNA J DRIVE
 City, St: ROSWELL NM 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:
 STEVE CUSACK
 2910 ANNA J DRIVE
 ROSWELL NM 88201

2. Article Number (Transfer from ser): 7006 0100 0005 5769 8530

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): [Blank] Agent Addressee

C. Date of Delivery: [Blank]

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

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

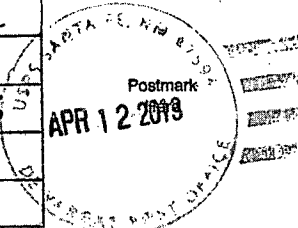
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8547

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent Street or PO City

PRODUCERS AND REFINERS CORP
 P O BOX 1765
 ENID OK 73702

PS Form 3800, June 2002 See Reverse for Instructions

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

SECTION ON DELIVERY

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

1. Article Addressed to:

PRODUCERS AND REFINERS CORP
 P O BOX 1765
 ENID OK 73702

2. Article Number (Transfer from): 7006 0100 0005 5769 8547

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

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Carla Sue* C. Date of Delivery *4-15-13*

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

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

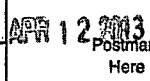
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8554

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent Street or PO City

CATHERINE CUSACK
 2223 PAJARITO SW
 ALBUQUERQUE NM 87105

PS Form 3800, June 2002 See Reverse for Instructions

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

SECTION ON DELIVERY

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

1. Article Addressed to:

CATHERINE CUSACK
 2223 PAJARITO SW
 ALBUQUERQUE NM 87105

2. Article Number (Transfer from service label): 7006 0100 0005 5769 8554

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

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Catherine Cusack* C. Date of Delivery *4/17/13*

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

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

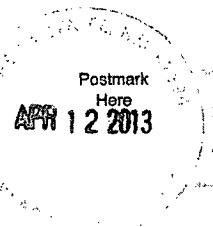
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8653

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

For delivery information visit usps.com

OFFICIAL MAIL MHF/OXY

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt or PO Box
 City, State
 KAREN CUSACK PASQUIER
 P O BOX 46138
 RIO RANCHO NM 87174

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:
 KAREN CUSACK PASQUIER
 P O BOX 46138
 RIO RANCHO NM 87174

2. Article Number (Transfer from service label): 7006 0100 0005 5769 8653

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Jeff Pasquier Agent Addressee

B. Received by (Printed Name)
 Jeff Pasquier

C. Date of Delivery
 4-16-13

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

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

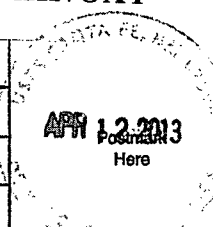
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8646

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

For delivery information visit usps.com

OFFICIAL MAIL MHF/OXY

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt or PO Box
 City, State
 ADELAIDE F COHU TRUST
 KEVIN J McGRAW
 C/O MINTZ & FRAADE PC
 488 MADISON AVE
 NEW YORK NY 10022-5001

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:
 ADELAIDE F COHU TRUST
 KEVIN J McGRAW
 C/O MINTZ & FRAADE PC
 488 MADISON AVE
 NEW YORK NY 10022-5001

2. Article Number (Transfer from service label): 7006 0100 0005 5769 8646

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Diwana Ahmed 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

7006 0100 0005 5769 8639

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52	APR 12 2013 Postmark Here
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: PATRICIA P SCHIEFFER TEST TRUST
 PATRICIA P SCHIEFFER SUCCESSOR
 TRUSTEE
 BANK OF AMERICA NA
 P O BOX 2546
 FORT WORTH TX 76113-2546

PS Form 3811, February 2004 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:
 PATRICIA P SCHIEFFER TEST TRUST
 PATRICIA P SCHIEFFER SUCCESSOR
 TRUSTEE
 BANK OF AMERICA NA
 P O BOX 2546
 FORT WORTH TX 76113-2546

2. Article Number: 7006 0100 0005 5769 8639
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *C. Collins* C. Date of Delivery: APR 18 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8622

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52	APR 12 2013 Postmark Here
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: LINDA THOMPSON GORDON
 325 NORTH ST PAUL STE 4300
 DALLAS TX 75201

PS Form 3811, February 2004 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:
 LINDA THOMPSON GORDON
 325 NORTH ST PAUL STE 4300
 DALLAS TX 75201

2. Article Number: 7006 0100 0005 5769 8622
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4/15/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8615

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

For delivery information visit **OFFICIAL MAIL SERVICE** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To

Street, Apt or PO Box JEAN CHRISTINE THOMPSON TRUST 2
 JAMES CLEO THOMPSON JR TRUSTEE
 City, State, DALLAS TX 75201

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:

JEAN CHRISTINE THOMPSON TRUST 2
 JAMES CLEO THOMPSON JR TRUSTEE
 325 NORTH ST PAUL STE 5300
 DALLAS TX 75201

2. Article Number: 7006 0100 0005 5769 8615
(Transfer from service)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Agent Addressee

C. Date of Delivery: 4/15/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8608

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

For delivery information visit **OFFICIAL MAIL SERVICE** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To

Street, Apt or PO, Box L SANDERS THOMPSON III
 4420 GLENWICK
 City, State, DALLAS TX 75205

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:

L SANDERS THOMPSON III
 4420 GLENWICK
 DALLAS TX 75205

2. Article Number: 7006 0100 0005 5769 8608
(Transfer from service)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Agent Addressee

C. Date of Delivery:

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8592

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 ANN H TAYLOR
 Street, or PO Box P O BOX 3487.
 City, State MIDLAND TX 79702-3487

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:
 ANN H TAYLOR
 P O BOX 3487
 MIDLAND TX 79702-3487

2. Article Number (Transfer from service label) 7006 0100 0005 5769 8592

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
 Agent
 Addressee

B. Received by (Printed Name): [Signature]
 C. Date of Delivery: APR 12 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8585

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 JAMES M SNOWDEN TRUST
 Street, or P O Box JAMES M SNOWDEN AND
 City, State MARIE KIELY SNOWDEN TRUSTEES
 12 FORDYCE LANE
 ST LOUIS MO 63124-1354

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:
 JAMES M SNOWDEN TRUST
 JAMES M SNOWDEN AND
 MARIE KIELY SNOWDEN TRUSTEES
 12 FORDYCE LANE
 ST LOUIS MO 63124-1354

2. Article Number (Transfer from service label) 7006 0100 0005 5769 8585

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
 Agent
 Addressee

B. Received by (Printed Name): [Signature]
 C. Date of Delivery: APR 15 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8578

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

For delivery information visit **OFFIC** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To: VEJA INC
 Street, or PO: P O BOX 18442
 City, St: OKLAHOMA CITY OK 73154-0442

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:
 VEJA INC
 P O BOX 18442
 OKLAHOMA CITY OK 73154-0442

2. Article Number: 7006 0100 0005 5769 8578
 (Transfer from service)

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): J Davidson
 C. Date of Delivery: APR 12 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8561

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

For delivery information visit **OFFIC** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To: CRAIG CUSACK
 Street, or PO: P O BOX 250
 City, St: ROSWELL NM 88202-0250

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:
 CRAIG CUSACK
 P O BOX 250
 ROSWELL NM 88202-0250

2. Article Number: 7006 0100 0005 5769 8561
 (Transfer from Service)

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): ET Gallegos
 C. Date of Delivery: APR 12 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8967

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 12 2013
VALKEITH POST OFFICE

Sent _____
 Street or P.O. MICHAEL F CUSACK II
 6003 VALKEITH
 City HOUSTON TX 77096-3832

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8974

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

For delivery information: **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 12 2013
VALKEITH POST OFFICE

Sent To _____
 Street or P.O. PAT CORRIGAN TRUST
 PAT CORRIGAN TRUSTEE
 P O BOX 690068
 City, St. VERO BEACH FL 32969-0068

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>with Yalton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Timothy Gourbon</i> C. Date of Delivery	
PAT CORRIGAN TRUST PAT CORRIGAN TRUSTEE P O BOX 690068 VERO BEACH FL 32969-0068		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7006 0100 0005 5769 8974	
		102595-02-M-1540	

7006 0100 0005 5769 8981

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To: MARGARET COUCH TRUST
 Street or PO: JAMES C BROWN & WILLIAM C COUCH
 CO-TRUSTEES
 City: P O BOX 10621
 MIDLAND TX 79702-7621

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE)

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature Agent Addressee
x James C. Brown

B. Received by (Printed Name) *James C. Brown* C. Date of Delivery *4/18/13*

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

1. Article Addressed to:
 MARGARET COUCH TRUST
 JAMES C BROWN & WILLIAM C COUCH
 CO-TRUSTEES
 P O BOX 10621
 MIDLAND TX 79702-7621

2. Article Number (Transfer from service label) **7006 0100 0005 5769 8981**

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8998

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To: EVELYN CLAY OHARA TRUST
 Street or PO: 5022 BUFFALO COURT SOUTH
 City: FORT WORTH TX 76119-7857

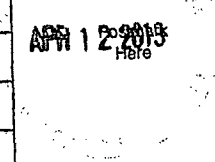
PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9001

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: RUFUS GORDON PETE CLAY TRUST
 RUFUS P CLAY & JAMES C BROWN
 CO TRUSTEES
 P O BOX 10621
 MIDLAND TX 79702-7621

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:
 RUFUS GORDON PETE CLAY TRUST
 RUFUS P CLAY & JAMES C BROWN
 CO TRUSTEES
 P O BOX 10621
 MIDLAND TX 79702-7621

2. Article Number (Transfer from service label) **7006 0100 0005 5769 9001**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x James C. Brown

B. Received by (Printed Name) *James C. Brown* C. Date of Delivery *4/18/13*

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

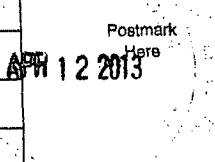
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9001

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: CHRISTOPHER R CUSACK
 2114 HOLMBY
 LOS ANGELES CA 90025

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9025

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

For delivery information, visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 Street, or PO Box, City, State
PATRICK CUSACK
1837 SOUTH DUNSMUIR AVE
LOS ANGELES CA 90019

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:
PATRICK CUSACK
1837 SOUTH DUNSMUIR AVE
LOS ANGELES CA 90019

2. Article Number (Transfer from sender)
7006 0100 0005 5769 9025

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lisa Cusack* 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

7006 0100 0005 5769 9032

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

For delivery information, visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 Street, or PO Box, City, State
LYNN T CONNOLLY
605 PRAIRIE WAY
WICHITA FALLS TX 76310

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:
LYNN T CONNOLLY
605 PRAIRIE WAY
WICHITA FALLS TX 76310

2. Article Number (Transfer from service)
7006 0100 0005 5769 9032

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lynn Connolly* 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

7006 0100 0005 5769 9049

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	Postmark APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent to
 Street or PO **MARTHA THOMPSON**
 City **45116 UNIVERSITY UNIT A**
DALLAS TX 75205

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:
MARTHA THOMPSON
45116 UNIVERSITY UNIT A
DALLAS TX 75205

2. Article Number **7006 0100 0005 5769 9049**
 (Transfer from service la)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 9056

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	Postmark APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent to
 Street or PO **GEORGE L AVARA**
 City **3108 TIERRA ENCINO DR**
EL PASO TX 79338-4521

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:
GEORGE L AVARA
3108 TIERRA ENCINO DR
EL PASO TX 79338-4521

2. Article Number **7006 0100 0005 5769 9056**
 (Transfer from service la)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X George Avara

B. Received by (Printed Name) C. Date of Delivery
George Avara 4-17-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8158

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our **OFFICIAL** website at **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
Here
APR 12 2013

Sent To: _____
 Street, or PO Box: JAMES C BROWN
 City, State, ZIP+4: P O BOX 10521
 MIDLAND TX 79702-7621

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:

 JAMES C BROWN
 P O BOX 10521
 MIDLAND TX 79702-7621

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *4-29-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7006 0100 0005 5769 8158
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 8141

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our **OFFICIAL** website at **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
Here
APR 12 2013

Sent To: _____
 Street, or PO Box: DINAH GEMELLE
 City, State, ZIP+4: P O BOX 486
 VAUGHN WA 98394-0486

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

Signature: *Dinah Gemelle* Agent Addressee

B. Received by (Printed Name): *Dinah Gemelle* C. Date of Delivery: *4-25-13*

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

1. Article Addressed to:

 DINAH GEMELLE
 P O BOX 486
 VAUGHN WA 98394-0486

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: 7006 0100 0005 5769 8141
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 8134

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our **MHF/OXY** OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To: GEORGE H ETZ SR TRUST
 GEORGE ETZ JR TRUSTEE
 Street, Apt. or PO Box: 1105 XANTHISMA
 City, State: McALLEN TX 78504-3519

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:
 GEORGE H ETZ SR TRUST
 GEORGE ETZ JR TRUSTEE
 1105 XANTHISMA
 McALLEN TX 78504-3519

2. Article Number: 7006 0100 0005 5769 8134
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *George Etz* 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

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

7006 0100 0005 5769 8127

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our **MHF/OXY** OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To: JOHN PATRICK CUSACK JR
 C/O F C NEWBURN CPA
 Street, Apt. or PO Box: 2808 WOODWIND DRIVE
 City, State: ARLINGTON TX 76013-3132

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:
 JOHN PATRICK CUSACK JR
 C/O F C NEWBURN CPA
 2808 WOODWIND DRIVE
 ARLINGTON TX 76013-3132

2. Article Number: 7006 0100 0005 5769 8127
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John Patrick Cusack Jr* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 4-15-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8110

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 CUSACK FAMILY REV OCABLE TRUST
 P O BOX 25
 WILLOW CITY TX 78675

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:
 CUSACK FAMILY REV OCABLE TRUST
 P O BOX 25
 WILLOW CITY TX 78675

2. Article Number: 7006 0100 0005 5769 8110
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4-16-13
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8103

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 20 ACRES LLC
 801 GARCIA STREET
 SANTA FE NM 87505

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:
 20 ACRES LLC
 801 GARCIA STREET
 SANTA FE NM 87505

2. Article Number: 7006 0100 0005 5769 8103
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4/16/13
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8097

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

For delivery information visit [ou.gov](#) **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 1 2013

Sent To: COLLEEN M WALLACE NEWMAN
 Street, Apt. or PO Box: 24 CLUB CIRCLE
 City, State: SHERWOOD AR 72120

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:
 COLLEEN M WALLACE NEWMAN
 24 CLUB CIRCLE
 SHERWOOD AR 72120

2. Article Number: 7006 0100 0005 5769 8097
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Colleen M Newman* Agent Addressee

B. Received by (Printed Name): Colleen M. Newman C. Date of Delivery: APR 1 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8080

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

For delivery information visit [ou.gov](#) **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 1 2013

Sent To: LOYD WHITLEY
 Street, Apt. or PO Box: P O BOX 168
 City, State: MIDLAND TX 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:
 LOYD WHITLEY
 P O BOX 168
 MIDLAND TX 79702

2. Article Number: 7006 0100 0005 5769 8080
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Marilyn Schwab* Agent Addressee

B. Received by (Printed Name): MARILYN SCHWAB C. Date of Delivery: APR 1 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8073

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 Street, Apt. or PO Box | **J H MORRIS AGENT**
 City, State | **P O BOX 1588**
TULSA OK 74101-1588

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:
J H MORRIS AGENT
P O BOX 1588
TULSA OK 74101-1588

2. Article Number **7006 0100 0005 5769 8073**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X [Signature]

B. Received by (Printed Name) **APR 12 2013** C. Date of Delivery
[Signature]

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8066

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 Street, Apt. or PO Box | **LEGACY RESERVES**
 City, State | **P O BOX 10848**
MIDLAND TX 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:
LEGACY RESERVES
P O BOX 10848
MIDLAND TX 79702

2. Article Number **7006 0100 0005 5769 8066**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X [Signature]

B. Received by (Printed Name) **4-17-13** C. Date of Delivery
Eugen Ceballos

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8868

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2013

Sent To: CBR OIL PROPERTIES LLC
 Street: P O BOX 1518
 or PO City, St: ROSWELL NM 88202-1518

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **ON DELIVERY**

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

■ 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:
 CBR OIL PROPERTIES LLC
 P O BOX 1518
 ROSWELL NM 88202-1518

2. Article Number: 7006 0100 0005 5769 8868
 (Transfer from service)

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

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *66 Ruffell* C. Date of Delivery: *4/15/13*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8875

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2013

Sent To: BUTTRAM ENERGIES INC
 Street: 2601 NW EXPRESSWAY
 or PO City, St: OKLAHOMA CITY OK 73112-7269

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COM **ON DELIVERY**

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

■ 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:
 BUTTRAM ENERGIES INC
 2601 NW EXPRESSWAY
 501 OIL CENTER WEST
 OKLAHOMA CITY OK 73112-7269

2. Article Number: 7006 0100 0005 5769 8875
 (Transfer from service)

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

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *SARAH* C. Date of Delivery: *4/15/13*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8882

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

For delivery information visit usps.com MHF/OXY

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 10 2013

Sent To: GAVIN R GARRETT
 JP MORGAN CHASE BANK NA
 ATTN: PHILLIP METTHAM
 P O BOX 2605
 FORT WORTH TX 76113-2605

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:
 GAVIN R GARRETT
 JP MORGAN CHASE BANK NA
 ATTN: PHILLIP METTHAM
 P O BOX 2605
 FORT WORTH TX 76113-2605

2. Article Number:
 (Transfer from service label) 7006 0100 0005 5769 8882

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Robert Boley*
 Agent
 Addressee

B. Received by (Printed Name): *Robert Boley* C. Date of Delivery: *4/15*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8899

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

For delivery information visit usps.com MHF/OXY

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 12 2013
 Here

Sent To: LAWSON PETROLEUM COMPANY
 401 SOUTH BOSTON #2100
 TULSA OK 74103-4103

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:
 LAWSON PETROLEUM COMPANY
 401 SOUTH BOSTON #2100
 TULSA OK 74103-4103

2. Article Number:
 (Transfer from service label) 7006 0100 0005 5769 8899

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kim Parks*
 Agent
 Addressee

B. Received by (Printed Name): *Kim Parks* C. Date of Delivery: *4-15-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8905

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

For delivery information visit **MHF/OXY**
OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To
 Street, Apt. or PO Box LOMA INC
 4201 E 64TH STREET
 City, State TULSA OK 74136

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:
 LOMA INC
 4201 E 64TH STREET
 TULSA OK 74136

2. Article Number (Transfer from service) 7006 0100 0005 5769 8905

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Ned Harney

B. Received by (Printed Name) C. Date of Delivery
 NED HARNEY 4-15-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8912

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

For delivery information visit **MHF/OXY**
OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To
 Street, Apt. or PO Box MARY ANN MYERS AYRES
 P O BOX 25231
 City, State DALLAS TX 75226

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:
 MARY ANN MYERS AYRES
 P O BOX 25231
 DALLAS TX 75226

2. Article Number (Transfer from service) 7006 0100 0005 5769 8912

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X M. A. Ayres

B. Received by (Printed Name) C. Date of Delivery
 MARY ANN AYRES 4-17-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8929

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent **McPETERS FAMILY REVOCABLE TRUST**
 or PC **502 W GOLD**
 City, **HOBBS NM 88240-1805**

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:
McPETERS FAMILY REVOCABLE TRUST
502 W GOLD
HOBBS NM 88240-1805

2. Article Number
 (Transfer from service) **7006 0100 0005 5769 8929**

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

A. Signature Agent
 Addressee

B. Received by (Printed Name) **[Signature]** C. Date of Delivery **4/12/13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8936

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52	Postmark Here APR 15 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To **SEA PROPERTIES INC**
 Street, or P.O. Box **P O BOX 1486**
 City, State **ARDMORE OK 73402-1486**

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:
SEA PROPERTIES INC
P O BOX 1486
ARDMORE OK 73402-1486

2. Article Number
 (Transfer from service) **7006 0100 0005 5769 8936**

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

A. Signature Agent
 Addressee

B. Received by (Printed Name) **[Signature]** C. Date of Delivery **APR 15 2013**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8943

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2013

Sent To:
 Street, Apt. or PO Box: JOANNE GRIES, P O BOX 516
 City, State: BUENA VISTA CO 81211-0516

PS Form 3800, June 2002. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 JOANNE GRIES
 P O BOX 516
 BUENA VISTA CO 81211-0516

2. Article Number: 7006 0100 0005 5769 8943
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): JOANNE GRIES

C. Date of Delivery: APR 12 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8950

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2013

Sent To:
 Street, Apt. or PO Box: SANDRA SNOWDEN TRUMP, 42 NECK RD
 City, State: TIVERTON RI 02878-4010

PS Form 3800, June 2002. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 SANDRA SNOWDEN TRUMP
 42 NECK RD
 TIVERTON RI 02878-4010

2. Article Number: 7006 0100 0005 5769 8950
 (Transfer from s)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): SANDRA SNOWDEN TRUMP

C. Date of Delivery: APR 25 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8776

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To _____

Street, or PO Box: FIRST ROSWELL COMPANY
 P O BOX 1797
 City, State: ROSWELL NM 88202-1797

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:
 FIRST ROSWELL COMPANY
 P O BOX 1797
 ROSWELL NM 88202-1797

2. Article Number (Transfer from service): 7006 0100 0005 5769 8776

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Kay Sradu* Agent Addressee

B. Received by (Printed Name): *Kay Sradu*

C. Date of Delivery: APR 16 2013

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

3. Service Type: 8201
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8763

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To _____

Street, or PO Box: HUGH CORRIGAN III
 P O BOX 50460
 City, State: MIDLAND TX 79710-0460

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8790

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To: **LANDRETH COMPANY**
 Street, or PO: **STOCKHOLDERS**
 City, State: **3207 W 4TH STREET**
FORT WORTH TX 76107-2114

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:
LANDRETH COMPANY
STOCKHOLDERS
3207 W 4TH STREET
FORT WORTH TX 76107-2114

2. Article Number **7006 0100 0005 5769 8790**
(Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Cherise Phillips

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8806

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To: **RICHARD LYONS MOORE 2006**
TRUST
 Street, or PO Box: **RICHARD LYONS MOORE TRUSTEE**
 City, State: **P O BOX 94077**
SOUTHLAKE TX 76092

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:
RICHARD LYONS MOORE 2006
TRUST
RICHARD LYONS MOORE TRUSTEE
P O BOX 94077
SOUTHLAKE TX 76092

2. Article Number **7006 0100 0005 5769 8806**
(Transfer from serv)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Richard Lyons Moore

B. Received by (Printed Name) C. Date of Delivery
Richard Lyons Moore 4-18-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8813

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

For delivery information visit **OFFIC** **MHF/OXY**

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt. or PO Box: BILLIE S DEVOSS
 15311 E LA SALOS DRIVE
 City, State: WHITTIER CA 90603-2243

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:
 BILLIE S DEVOSS
 15311 E LA SALOS DRIVE
 WHITTIER CA 90603-2243

2. Article Number (Transfer from serv): 7006 0100 0005 5769 8813

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8820

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

For delivery information visit **OFFIC** **MHF/OXY**

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt. or PO Box: BARBARA J DEVOSS JUNKER
 P O BOX 5346
 City, State: LUBOCK TX 79453-3546

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:
 BARBARA J DEVOSS JUNKER
 P O BOX 5346
 LUBOCK TX 79453-3546

2. Article Number (Transfer from serv): 7006 0100 0005 5769 8820

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): LONNIE A. LEWIS C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

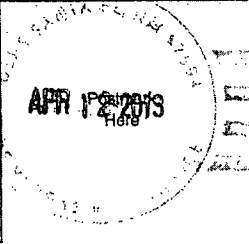
7006 0100 0005 5769 8837

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 JOAN CLAY
 Street, Apt or PO Box
 26242 VIA MISTRAL
 City, State
 SAN JUAN CAPISTRANO CA 92675-4452

PS Form 3800, June 2002 See Reverse for Instructions

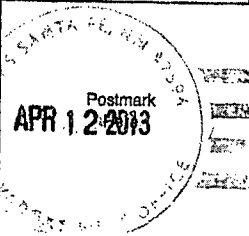
7006 0100 0005 5769 8844

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 JENNIFER ANN CLAY CATHER
 Street, Apt or PO B
 4300 VERSAILLES AVE
 City, State
 DALLAS TX 75205-3009

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>JOAN CLAY 26242 VIA MISTRAL SAN JUAN CAPISTRANO CA 92675-4452</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>(Transfer from service) 7006 0100 0005 5769 8837</p>	

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

7006 0100 0005 5769 8851

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: JOHN W CLAY III
 Street, or PO Box: 1924 MEMPHIS
 City, State: BEDFORD TX 76022-0312

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:
 JOHN W CLAY III
 1924 MEMPHIS
 BEDFORD TX 76022-0312

2. Article Number (Transfer from service): 7006 0100 0005 5769 8851

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): P. Smith
 C. Date of Delivery: 4/16

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8769

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	Postmark Here APR 12 2013
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: SUSAN MARIE MAIER
 Street, or PO Box: 13129 BLUFFTON AVENUE
 City, State: BATON ROUGH LA 70817

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:
 SUSAN MARIE MAIER
 13129 BLUFFTON AVENUE
 BATON ROUGH LA 70817

2. Article Number (Transfer from service): 7006 0100 0005 5769 8769

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): S. Maier
 C. Date of Delivery: 4/26/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 9162

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
APR 12 2013

Sent To
 EDYTHE OWEN PRIKRYL
 12 AUSTIN DOUGLAS WAY
 CONGERS NY 10920-2466

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

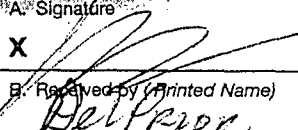
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 EDYTHE OWEN PRIKRYL
 12 AUSTIN DOUGLAS WAY
 CONGERS NY 10920-2466

2. Article Number
 (Transfer from) **7006 0100 0005 5769 9162**

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) **Del Prior** C. Date of Delivery **4/15**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9179

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
APR 12 2013

Sent To
 GOODRICH TRUST NUMBER ONE
 U/W DAVID E GOODRICH
 BK ONE TX TRUSTEE/ACCT 5555
 P O BOX 99084
 FORT WORTH TX 76199-0084

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

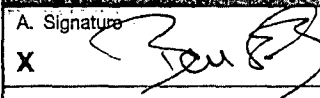
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 GOODRICH TRUST NUMBER ONE
 U/W DAVID E GOODRICH
 BK ONE TX TRUSTEE/ACCT. 5555
 P O BOX 99084
 FORT WORTH TX 76199-0084

2. Article Number
 (Transfer from service label) **7006 0100 0005 5769 9179**

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

7006 0100 0005 5769 9186

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 12 2013

Sent To: **GOODRICH TRUST NUMBER TWO**
 U/W DAVID E GOODRICH
 Street, or PO Box: **BK ONE TX TRUSTEE/ACCT 5556**
 City, State: **P O BOX 99084**
FORT WORTH TX 76199-0084

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:
GOODRICH TRUST NUMBER TWO
U/W DAVID E GOODRICH
BK ONE TX TRUSTEE/ACCT 5556
P O BOX 99084
FORT WORTH TX 76199-0084

2. Article Number (Transfer from service label) **7006 0100 0005 5769 9186**

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) _____ C. Date of Delivery _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9186

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 12 2013

Sent To: **CLIFF T MILFORD**
 Street, or PO Box: **12019 BROWNING LANE**
 City, State: **DALLAS TX 75230-2851**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9209

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent to:
 Street: LOUIS H KUNTZ
 or PO 2118 HILLTOP COURT
 City: FULLERTON CA 92831-1311

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:
 LOUIS H KUNTZ
 2118 HILLTOP COURT
 FULLERTON CA 92831-1311

2. Article Number
 (Transfer from service label) **7006 0100 0005 5769 9209**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 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

7006 0100 0005 5769 9216

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent to:
 Street: AGHORN ENERGY
 or PO ATTN: FROSTY GILLIAM JR
 City: P O BOX 12663
 ODESSA TX 79768

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:
 AGHORN ENERGY
 ATTN: FROSTY GILLIAM JR
 P O BOX 12663
 ODESSA TX 79768

2. Article Number
 (Transfer from service label) **7006 0100 0005 5769 9216**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 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

7006 0100 0005 5769 9223

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 Street, or PO E
 City, St
**WESTBOURNE LLC
 P O BOX 1401
 LUBBOCK TX 79408**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Place sticker at top of envelope to the right of the return address, fold at dotted line.

- 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:
**WESTBOURNE LLC
 P O BOX 1401
 LUBBOCK TX 79408**

2. Article Number (Transfer from service label) **7006 0100 0005 5769 9223**

THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Sonia Lopez

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 9230

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 Street, or PO E
 City, St
**SAGECREST OIL & GAS LLC
 P O BOX 630
 FORT WORTH TX 76101**

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:
**SAGECREST OIL & GAS LLC
 P O BOX 630
 FORT WORTH TX 76101**

2. Article Number (Transfer from service label) **7006 0100 0005 5769 9230**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
GR Garrett

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

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

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

4. Restricted Delivery? (Extra Fee) Yes


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

7006 0100 0005 5769 9247

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To **MALLOY OIL & GAS PROPERTIES**

Street, Apt, or PO Box **LLP**

City, State **P O BOX 18414 OKLAHOMA CITY OK 73154**

PS Form 3800, June 2002 See Reverse for Instructions


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>MALLOY</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type
MALLOY OIL & GAS PROPERTIES LLP P O BOX 18414 OKLAHOMA CITY OK 73154	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 0100 0005 5769 9247	

7006 0100 0005 5769 9254

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To **ROGER D JOHNSON**

Street, Apt, or PO Box **P O BOX 3516**

City, State **HOBBS NM 88241-3516**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>JOHNSON</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type
ROGER D JOHNSON P O BOX 3516 HOBBS NM 88241-3516	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 0100 0005 5769 9254	

7006 0100 0005 5769 9063

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 R D GOODRICH ASSET PARTNERS LP
 Street or PO C/O BANK ONE TEXAS NA AGENT
 City, State P O BOX 2605
 FORT WORTH TX 76113-2605

PS Form 3811, February 2004 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:
 R D GOODRICH ASSET PARTNERS LP
 C/O BANK ONE TEXAS NA AGENT
 P O BOX 2605
 FORT WORTH TX 76113-2605

2. Article Number
 (Transfer from service) **7006 0100 0005 5769 9063**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) **Robert B. Dyer** C. Date of Delivery **4/15**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 9070

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 CYNTHIA S GREGG
 Street or PO B P O BOX 724
 City, State SUNDOWN TX 79372-0724

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:
 CYNTHIA S GREGG
 P O BOX 724
 SUNDOWN TX 79372-0724

2. Article Number
 (Transfer from service) **7006 0100 0005 5769 9070**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) **Cynthia S. Gregg** C. Date of Delivery **4/15**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 9087

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 12 2013**

Sent To

Street, or PO Box: **STEPHANIE DOSHER**
209 NE AVE D
City, State: **SEMINOLE TX 79360**

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:

STEPHANIE DOSHER
209 NE AVE D
SEMINOLE TX 79360

2. Article Number (Transfer from service label) **7006 0100 0005 5769 9087**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) **Stephanie Dosher** C. Date of Delivery **4-12-13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9094

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 12 2013**

Sent To

Street, or PO Box: **LAVON JOHNSON**
10433 LAKE PARK DR
City, State: **HURST TX 76053**

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:

LAVON JOHNSON
10433 LAKE PARK DR
HURST TX 76053

2. Article Number (Transfer from service label) **7006 0100 0005 5769 9094**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9100

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 LA SOMBRA MINERAL LLC
 Street, Apt. or PO Box: F/B/O JULIA GARRETT HEINRICHS
 City, State: P O BOX 17001
 SAN ANTONIO TX 78217

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:
 LA SOMBRA MINERAL LLC
 F/B/O JULIA GARRETT HEINRICHS
 P O BOX 17001
 SAN ANTONIO TX 78217

2. Article Number
 (Transfer from service) 7006 0100 0005 5769 9100

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *J Brown* C. Date of Delivery: *4-15-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9117

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 12 2013

Sent To
 TY JOHNSON
 Street or PO Box: 3304 TEXAS TRAIL CT
 City: HURST TX 76054

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:
 TY JOHNSON
 3304 TEXAS TRAIL CT
 HURST TX 76054

2. Article Number
 (Transfer from serv) 7006 0100 0005 5769 9117

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ty Johnson* Agent Addressee

B. Received by (Printed Name): *Ty Johnson* C. Date of Delivery: *4/15/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9124

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information, visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2013

Sent To: CHARTER PRIVATE EQUITY
 Street, or PO # 47 HIGHLAND PARK VILLAGE #200
 City, St DALLAS TX 75205

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:
 CHARTER PRIVATE EQUITY
 47 HIGHLAND PARK VILLAGE #200
 DALLAS TX 75205

2. Article Number (Transfer from s) 7006 0100 0005 5769 9124

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *[Signature]*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9124

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

For delivery information, visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2013

Sent To: JACK CHANDLER MYERS
 Street, or PO # 4709 WEST LOVERS LANE #200
 City, St DALLAS TX 75029

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:
 JACK CHANDLER MYERS
 4709 WEST LOVERS LANE #200
 DALLAS TX 75029

2. Article Number (Transfer from service) 7006 0100 0005 5769 9124

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: 4/17/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9148

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 12 2013

Sent To: ROBERT LEE MYERS
 Street or PO Box: 3812 MARQUETTE ST
 City: DALLAS TX 75225

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:
 ROBERT LEE MYERS
 3812 MARQUETTE ST
 DALLAS TX 75225

2. Article Number (Transfer from sender) 7006 0100 0005 5769 9148

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Sam Myers* Agent Addressee

B. Received by (Printed Name): *Sam Myers* C. Date of Delivery: APR 17-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

Postmark: APR 17 2013 DALLAS TX 75225-9998

7006 0100 0005 5769 9155

U.S. Postal Service™
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For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 12 2013

Sent To: REEF OIL & GAS COMPANY
 Street or PO Box: 1901 NORTH CENTRAL EXPRESSWAY
 City, State: RICHARDSON TX 75080-3609

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:
 REEF OIL & GAS COMPANY
 1901 NORTH CENTRAL EXPRESSWAY
 RICHARDSON TX 75080-3609

2. Article Number (Transfer from service) 7006 0100 0005 5769 9155

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): *[Signature]* C. Date of Delivery:

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8738

U.S. Postal Service[™]
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For delivery information visit [usps.com](#) **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, Apt. or PO Box
 City, State
 RDG MINERAL LTD
 F/B/O JANE GARRETT HEINRICH
 P O BOX 17001
 SAN ANTONIO TX 78217

PS Form 3811, February 2004 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:

RDG MINERAL LTD
 F/B/O JANE GARRETT HEINRICH
 P O BOX 17001
 SAN ANTONIO TX 78217

2. Article Number

7006 0100 0005 5769 8738

(Transfer from s)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *J. Bean* C. Date of Delivery *4-15-13*

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

North Hobbs Unit Working Interest Owners

Name	Street Address/PO Box	City/State/Zip Code
A GAYLE HUDGENS	P O BOX 1195	MANCHACA TX 78652
ANN H TAYLOR	P O BOX 3487	MIDLAND TX 79702
BARRY ANTWEIL	12610 STILLWOOD PARK CT	CYPRESS TX 77433
BETTYE CONRAD TREADWAY	9507 GODSTONE LANE	SPRING TX 77379
CARY MURDOCH	1277 CR 2415	LEESBURG TX 75451
CATHERINE CUSACK	2223 PAJARITO SW	ALBUQUERQUE NM 87105
CHEMILY MANAGEMENT COMPANY	11131 McCracken Circle Ste A	CYPRESS TX 77429-4462
CHEVRON MIDCONTINENT LP ATTN: NOJV MANAGER	P O BOX 2100	HOUSTON TX 77252
CHRISTOPHER R CUSACK	2114 HOLMBY	LOS ANGELES CA 90025
CRAIG CUSACK	P O BOX 250	ROSWELL NM 88202
CUSACK FAMILY REV TRUST	P O BOX 25	WILLOW CITY TX 78675
DAN C BERRY III	P O BOX 160	EUNICE NM 88231
DR HENRY YEAGER JR	5624 KNOLLWOOD	BETHESDA MD 20816
ESTATE OF HATTIE C WILLIAMS C/O AMERICAN STATE BANK	P O BOX 1401	LUBBOCK TX 79408
EVER LIVING CHURCH TRUST FIRST UNITED METHODIST CHURCH ATTN: KEITH BELL TRUSTEE	1411 BROADWAY	LUBBOCK TX 79401
F & M BANK & TRUST CO TRUSTEE FOR THE CHARLES NOBLE FORBES FAMILY TRUST	P O BOX 3688	TULSA OK 74101
FIRST ROSWELL COMPANY	P O BOX 1767	ROSWELL NM 88202
FORBES INVESTMENT COMPANY	P O BOX 842	TULSA OK 74101
GY GROUP	P O BOX 990	MIDLAND TX 79702-0990
JOHN P CUSACK III	19945 KIRK AVENUE	EAGLE RIVER AR 99577
JOHN P CUSACK JR TR UNDER	2808 WOOD WIND DRIVE	ARLINGTON TX 76013
JULIE ANTWEIL SILVERMAN	4408 CANYON COURT NE	ALBUQUERQUE NM 87111
K D McPETERS	502 W GOLD	HOBBS NM 88240
KAREN CUSACK PASQUIER	P O BOX 46138	RIO RANCHO NM 87174
KATHRYN LOUISE CONRAD McCARTHY	4435 SAN GABRIEL	DALLAS TX 75229
LANDRETH COMPANY STOCKHOLDERS	3207 W 4 TH STREET	FORT WORTH TX 76107-2114
LEGACY RESERVES	P O BOX 10848	MIDLAND TX 79702
LOYD WHITLEY	P O BOX 168	MIDLAND TX 79702
MARATHON OIL CO ATTN: COLLIN HOOVER	5555 SAN FELIPE	HOUSTON TX 77056
MARJORIE DANIEL WINN	920 DANIELDALE ROAD	DE SOTO TX 75115
MARK ANTWEIL	P O BOX 365	LARCHMONT NY 10538
MARSHALL & WINSTON INC	P O BOX 50880	MIDLAND TX 79710
MARY ALICE LAFLIN MEHAFFEY	6138 IOLA WAY	ENGLEWOOD CO 80111
MARY ANN CURTIS LLC JOYCE E SILVERNAIL SUCTTEE	P O BOX 58095	OKLAHOMA CITY OK 73157-8095
MICHAEL F CUSACK II	6003 VALKEITH	HOUSTON TX 77096

North Hobbs Unit Working Interest Owners

Name	Street Address/PO Box	City/State/Zip Code
A GAYLE HUDGENS	P O BOX 1195	MANCHACA TX 78652
MRS FRANCY'S I CONRAD HOY	3849 PALLOS VERDAS	DALLAS TX 75229-2743
NOBLE ISSUE TRUST	P O BOX 26883	OKLAHOMA CITY OK 73126-0883
OBO INC	P O BOX 22577	HIALEAH FL 33002
OIL & GAS DISTRICT ACCT ARMSTRONG ACCT NO 050515113500 WELLS FARGO BANK NA TRUSTEE	P O BOX 40909	AUSTIN TX 78704
P G P HOLDINGS 1 LLC	104 TOWNPARK DR	KENNESAW GA 30144
P H INC	P O BOX 3142	MIDLAND TX 79702-3142
PATRICK CUSACK	1837 SOUTH DUNSMUIR AVE	LOS ANGELES CA 90019
PHILLIP BERRY	P O BOX 1551	LOVINGTON NM 88260
RORCO LLC CAROLYN K LISLE MANAGING MEMBERS	2540 WARWICK DRIVE	OKLAHOMA CITY OK 73116
RUTH ANNE YEAGER HANSEN ESTATE	4642 LORRAINE	DALLAS TX 75209
SARA WARD SIMS SUCCESSOR TRUSTEE OF THE JS WARD & MARGARET WARD TRUST OF 1985	101 S FOURTH STREET	ARTESIA NM 88210-2177
SEA PROPERTIES LTD	P O BOX 1486	ARDMORE OK 73402
SEVEN WAYS VENTURE CAPITAL LTD	214 WEST TEXAS AVENUE #200	MIDLAND TX 79701-4621
STEVE CUSACK	2910 ANNA J DRIVE	ROSWELL NM 88210-3406
STEVENS ENHANCED RECOVERY PARTNERS ATTN: N L STEVENS III	1000 LOUISIANA #3400	HOUSTON TX 77002-5007
SUNDOWN ENERGY LP	13455 NOEL RD #2000	DALLAS TX 75240
THOMAS AQUINAS COLLEGE	10000 NORTH OJAI RD	SANTA PAULA CA 93060
TIMOTHY CUSACK	P O BOX 250	ROSWELL NM 88202
TRABAJO DEL SPEAR LP	P O BOX 1684	MIDLAND TX 79702-1684
TWO STATES OIL COMPANY	4925 GREENVILLE AVE #940	DALLAS TX 75206
WANDA T MILLIGAN	151 MATTHEWS ROAD	OAKDALE NY 11769
XTO ENERGY INC	810 HOUSTON STREET #2000	FT WORTH TX 76102-6298
YATES PETROLEUM CORPORATION	105 SOUTH 4 TH STREET	ARTESIA NM 88210

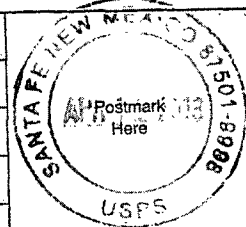
7006 0100 0005 5769 7861

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: Ruth Anne Yeager Hansen Estate
 Street, or PO: 4642 Lorraine
 City, St: Dallas, TX 75209

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:
 Ruth Anne Yeager Hansen Estate
 4642 Lorraine
 Dallas, TX 75209

2. Article Number (Transfer from service label) **7006 0100 0005 5769 7861**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Ruth Anne Hansen

B. Received by (Printed Name) **RUTH ANNE HANSEN** C. Date of Delivery **4-15-13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

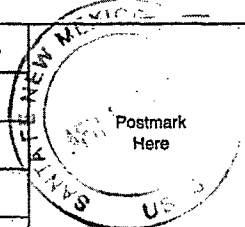
7006 0100 0005 5769 7878

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: Patrick Cusack
 Street, or PO: 1837 South Dunsmuir Ave.
 City: Los Angeles, CA 90019

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:
 Patrick Cusack
 1837 South Dunsmuir Ave.
 Los Angeles, CA 90019

2. Article Number (Transfer from service label) **7006 0100 0005 5769 7878**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Simon Wren

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 7885

U.S. Postal Service™
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For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO
 Postmark Here.

Sent To: Mrs. Francy's I Conrad Hoy
 Street, or PO: 3849 Pallos Verdas
 City, St: Dallas, TX 75229-2743

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:
 Mrs. Francy's I Conrad Hoy
 3849 Pallos Verdas
 Dallas, TX 75229-2743

2. Article Number (Transfer from service): 7006 0100 0005 5769 7885

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Delanda Hoy* Agent Addressee

B. Received by (Printed Name): *Delanda Hoy* C. Date of Delivery: *4/16/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7892

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO
 Postmark Here.
 APR 1

Sent To: A Gayle Hudgens
 Street, or PO: P O BOX 1195
 City, St: Manchaca, TX 78652

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:
 A Gayle Hudgens
 P O BOX 1195
 Manchaca, TX 78652

2. Article Number (Transfer from service): 7006 0100 0005 5769 7892

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Gayle Hudgens* Agent Addressee

B. Received by (Printed Name): *Gayle Hudgens* C. Date of Delivery: *4-17-2013*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7908

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

For delivery information visit **OFFIC** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO 87501-8888
 Postmark Here
 APR 12 2013
 USPS

Sent To: Christopher R. Cusack
 Street or P.O.: 2114 Holmby
 City: Los Angeles, CA 90025

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7915

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

For delivery information visit **OFFIC** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO 87501-8888
 Postmark Here
 APR 12 2013
 USPS

Sent To: Mary Alice Laffin Mehaffey
 Street or P.O.: 6138 IOLA WAY
 City: Englewood, CO 80111

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

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

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

1. Article Addressed to:
 Mary Alice Laffin Mehaffey
 6138 IOLA WAY
 Englewood, CO 80111

2. Article Number: 7006 0100 0005 5769 7915
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4/15

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

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

7006 0100 0005 5769 7922

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO 87501-9898
 Postmark Here
 USPS

Sent To: **RORCO LLC**
 Carolyn K. Lisle
 Managing Members
 2540 WARWICK DRIVE
 Oklahoma City, OK 73116

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:
RORCO LLC
Carolyn K. Lisle
Managing Members
2540 WARWICK DRIVE
Oklahoma City, OK 73116

2. Article Number: **7006 0100 0005 5769 7922**
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: **X. [Signature]** Agent Addressee
 B. Received by (Printed Name): **TOM HALL**
 C. Date of Delivery: **4/18/15**

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

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

7006 0100 0005 5769 7939

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO 87501-9898
 Postmark Here
 USPS

Sent To: **MARATHON OIL CO**
 ATTN: COLLIN HOOVER
 5555 SAN FELIPE
 HOUSTON TX 77056

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:
MARATHON OIL CO
ATTN: COLLIN HOOVER
5555 SAN FELIPE
HOUSTON TX 77056

2. Article Number: **7006 0100 0005 5769 7939**
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: **X. Maria Sapon** Agent Addressee
 B. Received by (Printed Name): **MARIA SAPON**
 C. Date of Delivery: **4/13/15**

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

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

7006 0100 0005 5769 7946

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO 87501-8935
 Postmark Here
 APR 12 2004
 USPS

Sent To
 Street, Apt. or PO Box MARSHALL & WINSTON INC
 City, State P O BOX 50880
 MIDLAND TX 79710

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: CC ON ON DELIVERY

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

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

A. Signature
 X *Mila Barton* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Mila Barton 4/12/04

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

1. Article Addressed to:
 MARSHALL & WINSTON INC
 P O BOX 50880
 MIDLAND TX 79710

2. Article Number (Transfer from service label) 7006 0100 0005 5769 7946

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 7953

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO 87501-8935
 Postmark Here
 APR 12 2004
 USPS

Sent To
 Street, Apt. or PO Box KATHRYN LOUISE CONRAD McCARTHY
 City, State 4435 SAN GABRIEL
 DALLAS TX 75229

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION ON DELIVERY

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

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

A. Signature
 X *Kathryn Conrad* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Kathryn Conrad 4/15/04

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

1. Article Addressed to:
 KATHRYN LOUISE CONRAD McCARTHY
 4435 SAN GABRIEL
 DALLAS TX 75229

2. Article Number (Transfer from service label) 7006 0100 0005 5769 7953

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 7960

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 SANTA FE NEW MEXICO 87501-8908

Sent To
 K D McPETERS
 502 W GOLD
 HOBBS NM 88240

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:
 K D McPETERS
 502 W GOLD
 HOBBS NM 88240

2. Article Number (Transfer from service label) 7006 0100 0005 5769 7960

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X

B. Received by (Printed Name) C. Date of Delivery 2/15/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7977

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 NEW YORK NY 10001-8908

Sent To
 WANDA T MILLIGAN
 151 MATTHEWS ROAD
 OAKDALE NY 11769

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:
 WANDA T MILLIGAN
 151 MATTHEWS ROAD
 OAKDALE NY 11769

2. Article Number (Transfer from service label) 7006 0100 0005 5769 7977

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X T. Milligan

B. Received by (Printed Name) C. Date of Delivery 2/15/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7984

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

For delivery information visit **offic** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 NEW MEXICO 87301-8888
 USPS

Sent To
 CARY MURDOCH
 Street, Apt. or PO Box: 1277 CR 2415
 City, State: LEESBURG TX 75451

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **SECTION ON DELIVERY**

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

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

A. Signature Agent
 Addressee

B. Received by (Printed Name) **C. Date of Delivery**
CR MURDOCH 4-15-13

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

1. Article Addressed to:
 CARY MURDOCH
 1277 CR 2415
 LEESBURG TX 75451

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 **7006 0100 0005 5769 7984**
 (Transfer from service lab)

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

7006 0100 0005 5769 7991

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

For delivery information visit **offic** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 NEW MEXICO 87501-8888
 USPS

Sent To
 NOBLE ISSUE TRUST
 Street, Apt. or PO Box: P O BOX 26883
 City, State: OKLAHOMA CITY OK 73126-0883

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **SECTION ON DELIVERY**

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

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

A. Signature Agent
 Addressee

B. Received by (Printed Name) **C. Date of Delivery**
Jay Lamb 4-15-13

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

1. Article Addressed to:
 NOBLE ISSUE TRUST
 P O BOX 26883
 OKLAHOMA CITY OK 73126-0883

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 **7006 0100 0005 5769 7991**
 (Transfer from service lab)

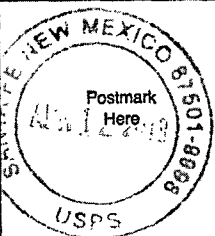
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 8004

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

For delivery information visit **OFFICIAL** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
THOMAS AQUINAS COLLEGE
Street, Apt. or PO Box
10000 NORTH OJAI RD
City, State
SANTA PAULA CA 93060

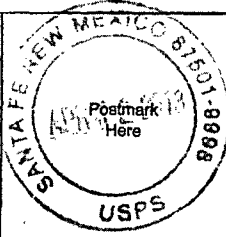
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8011

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

For delivery information visit **OFFICIAL** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
P H INC
Street, Apt. or PO Box
P O BOX 3142
City, State
MIDLAND TX 79702-3142

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

SECTION ON DELIVERY

1. Article Addressed to:
P H INC
P O BOX 3142
MIDLAND TX 79702-3142

2. Article Number:
(Transfer from service label) 7006 0100 0005 5769 8011

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 Agent
 Addressee
Shirley Lester

B. Received by (Printed Name)
 Shirley Lester

C. Date of Delivery
 4/18/13

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

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

7006 0100 0005 5769 8028

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO
 Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State
**LEGACY RESERVES
 P O BOX 10848
 MIDLAND TX 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:
**LEGACY RESERVES
 P O BOX 10848
 MIDLAND TX 79702**

2. Article Number
 (Transfer from service label) **7006 0100 0005 5769 8028**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Evan Caballos Agent Addressee

B. Received by (Printed Name)
Evan Caballos

C. Date of Delivery
4-18-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8035

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO
 Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State
**SEA PROPERTIES LTD
 P O BOX 1486
 ARDMORE OK 73402**

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:
**SEA PROPERTIES LTD
 P O BOX 1486
 ARDMORE OK 73402**

2. Article Number
 (Transfer from service label) **7006 0100 0005 5769 8035**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Fernando Johnson Agent Addressee

B. Received by (Printed Name)
Fernando Johnson

C. Date of Delivery
APR 15 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes


7006 0100 0005 5769 8042

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: JULIE ANTWEIL SILVERMAN
 Street, Apt. or PO Box: 4408 CANYON COURT NE
 City, State: ALBUQUERQUE NM 87111

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:
 JULIE ANTWEIL SILVERMAN
 4408 CANYON COURT NE
 ALBUQUERQUE NM 87111

2. Article Number: 7006 0100 0005 5769 8042
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Julie Antweil Silverman* 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

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


7006 0100 0005 5769 8042

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: TRABAJA DEL SPEAR LP
 Street, Apt. or PO Box: P O BOX 1684
 City, State: MIDLAND TX 79702-1684

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:
 TRABAJA DEL SPEAR LP
 P O BOX 1684
 MIDLAND TX 79702-1684

2. Article Number: 7006 0100 0005 5769 8059
 (Transfer from ser...)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lori Saunders* Agent Addressee

B. Received by (Printed Name): LORI SAUNDERS C. Date of Delivery: 4-17-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

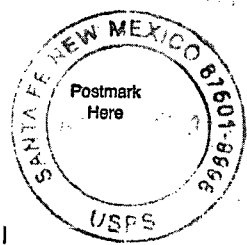
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 8165

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



EVER LIVING CHURCH TRUST
FIRST UNITED METHODIST
CHURCH
or ATTN: KEITH BELL TRUSTEE
1411 BROADWAY
LUBBOCK TX 79401

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:

GY GROUP
P O BOX 990
MIDLAND TX 79702-0990

2. Article Number (Transfer from service label): 7006 0100 0005 5769 8172

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Shirley Lester* Agent Addressee

B. Received by (Printed Name): *Shirley Lester* C. Date of Delivery: *4-18-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:

EVER LIVING CHURCH TRUST
FIRST UNITED METHODIST CHURCH
ATTN: KEITH BELL TRUSTEE
1411 BROADWAY
LUBBOCK TX 79401

2. Article Number (Transfer from service label): 7006 0100 0005 5769 8165

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Keith Bell* Agent Addressee

B. Received by (Printed Name): *TA7 LA TEL* C. Date of Delivery: *4/15/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8169

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO 87501-8998
 Postmark Here
 USPS

Sent To: STEVENS ENHANCED RECOVERY PARTNERS
 Street or PO: ATTN: N L STEVENS III
 City, St: 1000 LOUISIANA #3400 HOUSTON TX 77002-5007

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8169

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE NEW MEXICO 87501-8998
 Postmark Here
 USPS

Sent To: TIMOTHY CUSACK
 Street or PO: P O BOX 250
 City, St: ROSWELL NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

DELIVER TO THE ADDRESSEE 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:

TIMOTHY CUSACK
 P O BOX 250
 ROSWELL NM 88202

2. Article Number: 7006 0100 0005 5769 8169
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *E.T. Gallegos* Agent

B. Received by (Printed Name): *E.T. Gallegos* Addressee

C. Date of Delivery: *APR 12 2003* Office of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 8202

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

For delivery information via **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2012 501-868

Sent To: ANN H TAYLOR
 Street, Apt. or PO Box: P O BOX 3487
 City, State: MIDLAND TX 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:
 ANN H TAYLOR
 P O BOX 3487
 MIDLAND TX 79702

2. Article Number (Transfer from service label): 7006 0100 0005 5769 8202

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: APR 18 2012

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8219

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

For delivery information via **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 11 2013 501-868

Sent To: CHEVRON MIDCONTINENT LP
 Street, Apt. or PO Box: P O BOX 2100
 City, State: HOUSTON TX 77252

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:
 CHEVRON MIDCONTINENT LP
 ATTN: NOJV MANAGER
 P O BOX 2100
 HOUSTON TX 77252

2. Article Number (Transfer from service label): 7006 0100 0005 5769 8219

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Anthony Alleyne C. Date of Delivery: 4-16-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8226

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

For delivery information via **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip
MARY ANN CURTIS LLC
JOYCE E SILVERNAIL SUCTTEE
P O BOX 58095
OKLAHOMA CITY OK 73157-8095

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:
MARY ANN CURTIS LLC
JOYCE E SILVERNAIL SUCTTEE
P O BOX 58095
OKLAHOMA CITY OK 73157-8095

2. Article Number (Transfer from service label) **7006 0100 0005 5769 8226**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Joyce E Silvernail

B. Received by (Printed Name) Agent
Joyce E Silvernail Addressee

C. Date of Delivery **4/16/13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8233

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

For delivery information via **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 SANTA FE, NM 87501
 SANTA FE MAIN POST OFFICE

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip
BETTYE CONRAD TREADWAY
9507 GODSTONE LANE
SPRING TX 77379

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:
BETTYE CONRAD TREADWAY
9507 GODSTONE LANE
SPRING TX 77379

2. Article Number (Transfer from service label) **7006 0100 0005 5769 8233**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Bettye Conrad Treadway

B. Received by (Printed Name) Agent
Bettye Conrad Treadway Addressee

C. Date of Delivery **4-17-13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8240

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 SANTA FE, NM 87501
 SANTA FE, NM MAIN POST OFFICE

Sent To
 Street, Apt or PO Box
 City, State

JOHN P CUSACK III
 19945 KIRK AVENUE
 EAGLE RIVER AR 99577

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:
 JOHN P CUSACK III
 19945 KIRK AVENUE
 EAGLE RIVER AR 99577

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 8240

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) 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

APR 17 2013
 EAGLE RIVER AK 99577
 USPS

7006 0100 0005 5769 8257

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 SANTA FE, NM 87501
 SANTA FE, NM MAIN POST OFFICE

Sent To
 Street, Apt or PO Box
 City, State

TWO STATES OIL COMPANY
 4925 GREENVILLE AVE #940
 DALLAS TX 75206

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:
 TWO STATES OIL COMPANY
 4925 GREENVILLE AVE #940
 DALLAS TX 75206

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 8257

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) 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

7006 0100 0005 5769 7663

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

For delivery information visit **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 2 2013

Sent To: SARA WARD SIMS SUCCESSOR
 TRUSTEE OF THE JS WARD &
 MARGARET WARD TRUST OF 1985
 Street, Apt. or PO Box: 101 S FOURTH STREET
 City, State: ARTESIA NM 88210-2177

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:
 SARA WARD SIMS SUCCESSOR
 TRUSTEE OF THE JS WARD &
 MARGARET WARD TRUST OF 1985
 101 S FOURTH STREET
 ARTESIA NM 88210-2177

2. Article Number: 7006 0100 0005 5769 7663
 (Transfer from service)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *S. Mathews* Agent Addressee

B. Received by (Printed Name): *S. Mathews* C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7670

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 2 2013

Sent To: LOYD WHITLEY
 P O BOX 168
 Street, Apt. 1 or PO Box N: MIDLAND TX 79702
 City, State, Z: _____

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:
 LOYD WHITLEY
 P O BOX 168
 MIDLAND TX 79702

2. Article Number: 7006 0100 0005 5769 7670
 (Transfer from service)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Marilyn Schwamb* Agent Addressee

B. Received by (Printed Name): *MARILYN SCHWAMB* C. Date of Delivery: *4-18-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7687

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here

Sent To: ESTATE OF HATTIE C WILLIAMS
 Street, Apt. or PO Box: C/O AMERICAN STATE BANK
 City, State: ATTN: JOHN COMMACKK
 P O BOX 1401
 LUBBOCK TX 79408

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 HATTIE C WILLIAMS
 C/O AMERICAN STATE BANK
 ATTN: JOHN COMMACKK
 P O BOX 1401
 LUBBOCK TX 79408

2. Article Number (Transfer from service) 7006 0100 0005 5769 7687

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sonia Lopez* Agent Addressee

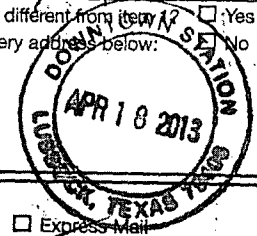
B. Received by (Printed Name) *Sonia Lopez* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

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



7006 0100 0005 5769 7694

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here

Sent To: MARJORIE DANIEL WINN
 Street, Apt. or PO Box: 920 DANIELDALE ROAD
 City, State: DE SOTO TX 75115

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:
 MARJORIE DANIEL WINN
 920 DANIELDALE ROAD
 DE SOTO TX 75115

2. Article Number (Transfer from service) 7006 0100 0005 5769 7694

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Beulah Cook* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *4/15/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 7700

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To: YATES PETROLEUM CORP
 S P YATES; ABO PETR;
 Street, Ap or PO Box: ATTN: LAND DEPT
 City, State: 105 SOUTH 4TH STREET
 ARTESIA NM 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 CORP
 S P YATES; ABO PETR;
 ATTN: LAND DEPT
 105 SOUTH 4TH STREET
 ARTESIA NM 88210

2. Article Number (Transfer from service label) **7006 0100 0005 5769 7700**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Anderson

B. Received by (Printed Name) *Anderson* C. Date of Delivery **4-15-13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 7717

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

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013

Sent To: P G P HOLDINGS 1 LLC
 Street, Ap or PO Box: 104 TOWNPARK DR
 City, State: KENNESAW GA 30144

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:
 P G P HOLDINGS 1 LLC
 104 TOWNPARK DR
 KENNESAW GA 30144

2. Article Number (Transfer from service label) **7006 0100 0005 5769 7717**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
E. Williams

B. Received by (Printed Name) C. Date of Delivery **4-15-13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 7724

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 12 2013**

Sent To: **SEVEN WAYS VENTURE CAPITAL LTD**
 Street, Apt or PO Box **214 WEST TEXAS AVENUE #200**
 City, State **MIDLAND TX 79701-4621**

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:
SEVEN WAYS VENTURE CAPITAL LTD
214 WEST TEXAS AVENUE #200
MIDLAND TX 79701-4621

2. Article Number: **7006 0100 0005 5769 7724**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Kay Cummings** Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7731

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 12 2013**

Sent To: **DR HENRY YEAGER JR**
 Street, Apt or PO Box **5624 KNOLLWOOD**
 City, State **BETHESDA MD 20816**

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:
DR HENRY YEAGER JR
5624 KNOLLWOOD
BETHESDA MD 20816

2. Article Number: **7006 0100 0005 5769 7731**
 (Transfer from service label)

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

ON DELIVERY

A. Signature **X Sandra Yeager** Agent Addressee

B. Received by (Printed Name) **Sandra Yeager** C. Date of Delivery **4/15/13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7748

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

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE, NEW MEXICO 87501-8988
 APR 12 2013
 Postmark Here

Sent To
 Street, or PO Box
 City, State
XTO ENERGY INC
ATTN: LAND - PERMIAN
810 HOUSTON STREET #2000
FT WORTH TX 76102-6298

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
ATTN: LAND - PERMIAN
810 HOUSTON STREET #2000
FT WORTH TX 76102-6298

2. Article Number
 (Transfer from service label) **7006 0100 0005 5769 7748**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **APR 15 2013**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 7755

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

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

SANTA FE, NEW MEXICO 87501-8988
 APR 12 2013
 Postmark Here

Sent To
 Street, or PO Box
 City, State
LANDRETH COMPANY STOCKHOLDERS
ATTN: W A LANDRETH
3207 W 4TH STREET
FORT WORTH TX 76107-2114

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:
LANDRETH COMPANY STOCKHOLDERS
ATTN: W A LANDRETH
3207 W 4TH STREET
FORT WORTH TX 76107-2114

2. Article Number
 (Transfer from service label) **7006 0100 0005 5769 7755**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

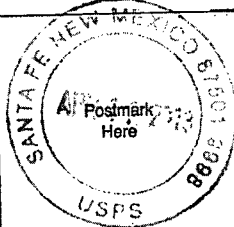
7006 0100 0005 5769 7762

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To

Street, Apt. or PO Box: BARRY ANTWEIL
 12610 STILLWOOD PARK CT
 City, State: CYPRESS TX 77433

PS Form 3800, June 2002 See Reverse for Instructions

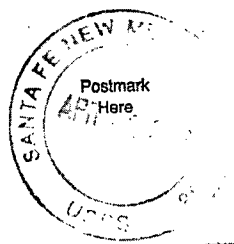
7006 0100 0005 5769 7779

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To

Street, Apt. or PO Box: MARK ANTWEIL
 P O BOX 365
 City, State: LARCHMONT NY 10538

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 ANTWEIL
 P O BOX 365
 LARCHMONT NY 10538

2. Article Number: 7006 0100 0005 5769 7779 (Transfer from service)

ADDRESSEE COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mark Antweil* Agent Addressee

B. Received by (Printed Name): MARK ANTWEIL C. Date of Delivery: 8/25 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

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

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

MEXICO 87504 8898
 Postmark Here
 APR 12 2013
 USPS

Sent To
 STEVE CUSACK
 Street, Apt. N or PO Box
 2910 ANNA J DRIVE
 City, State
 ROSWELL NM 88210-3406

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:
 STEVE CUSACK
 2910 ANNA J DRIVE
 ROSWELL NM 88210-3406

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 7786

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Steven Cusack Agent Addressee

B. Received by (Printed Name)
 STEVEN CUSACK

C. Date of Delivery
 4-15-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

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

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 USPS

Sent To
 DAN C BERRY III
 Street, Apt. N or PO Box No.
 P O BOX 160
 City, State, Zi
 EUNICE NM 88231

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:
 DAN C BERRY III
 P O BOX 160
 EUNICE NM 88231

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 7793

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Libby Berry Agent Addressee

B. Received by (Printed Name)
 LIBBY BERRY

C. Date of Delivery
 APR 17 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5769 7809

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 NEW MEXICO 87501-8889

Sent To
 PHILLIP BERRY
 P O BOX 1551
 LOVINGTON NM 88260

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:
 PHILLIP BERRY
 P O BOX 1551
 LOVINGTON NM 88260

2. Article Number (Transfer from service label) 7006 0100 0005 5769 7809

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 x *Phillip Berry* Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *4/15/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7816

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 NEW MEXICO 87501-8889

Sent To
 CHEMILY MANAGEMENT COMPANY
 ATTN: JOINT INTEREST
 11131 McCRACKEN CIRCLE STE A
 CYPRESS TX 77429-4462

PS Form 3800, June 2002 See Reverse for Instructions

SENDER

- 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:
 CHEMILY MANAGEMENT COMPANY
 ATTN: JOINT INTEREST
 11131 McCRACKEN CIRCLE STE A
 CYPRESS TX 77429-4462

2. Article Number (Transfer from service label) 7006 0100 0005 5769 7816

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 x *Inaci Chapa* Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *4/15/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7823

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: SANTA FE NEW MEXICO 31501-8888 APR 12 2013 USPS

Sent To:
 Street, Apt. or PO Box: CATHERINE CUSACK
 2223 PAJARITO SW
 City, State: ALBUQUERQUE NM 87105

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:
 CATHERINE CUSACK
 2223 PAJARITO SW
 ALBUQUERQUE NM 87105

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7823

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Catherine Cusack* Agent Addressee

B. Received by (Printed Name): CATHERINE CUSACK

C. Date of Delivery: 4/17/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

SPS FIVE POINT STATION APR 17 2013 8888 NM 87105

7006 0100 0005 5769 7830

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 12 2013

Sent To:
 Street, Apt. or PO Box: KAREN CUSACK PASQUIER
 P O BOX 46138
 City, State: RIO RANCHO NM 87174

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:
 KAREN CUSACK PASQUIER
 P O BOX 46138
 RIO RANCHO NM 87174

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7830

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Jeff Pasquier* Agent Addressee

B. Received by (Printed Name): Jeff Pasquier

C. Date of Delivery: 4-16-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7847

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 SANTA FE MAIN POST OFFICE

Sent To
 Street, Apt or PO Box OBO INC
 P O BOX 22577
 City, State HIALEAH FL 33002

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:
 OBO INC
 P O BOX 22577
 HIALEAH FL 33002

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 7847

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mellie Cole* Agent Addressee

B. Received by (Printed Name)
 Mellie Cole Date of Delivery

C. Date of Delivery
 2013 APR 12

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7854

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 SANTA FE MAIN POST OFFICE

Sent To
 Street, Apt or PO Box JOHN P CUSACK JR TR UNDER
 JOHN P CUSACK TESTAMENTARY TR
 2808 WOOD WIND DRIVE
 City, State ARLINGTON TX 76013

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:
 JOHN P CUSACK JR TR UNDER
 JOHN P CUSACK TESTAMENTARY TR
 2808 WOOD WIND DRIVE
 ARLINGTON TX 76013

2. Article Number
 (Transfer from service label) 7006 0100 0005 5769 7854

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *John Nelson Newberry* Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 4-15-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8264

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here 2 2013

Sent To

Street, Ap or PO Box
 City, State

CRAIG CUSACK
 P O BOX 250
 ROSWELL NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CRAIG CUSACK
 P O BOX 250
 ROSWELL NM 88202

2. Article Number (Transfer from service label) 7006 0100 0005 5769 8264

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *ET Galesos*

C. Date of Delivery *2/2/2013*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8271

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here 2 2013

Sent To

Street, Ap or PO Box
 City, State

MICHAEL F CUSACK II
 6003 VALKEITH
 HOUSTON TX 77096

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8288

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

For delivery information visit usps.com **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 12 2013
 SANTA FE MAIN POST OFFICE

Sent To
 Street, Apt or PO Box
 City, State

CUSACK FAMILY REV TRUST
 P O BOX 25
 WILLOW CITY TX 78675

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:
 CUSACK FAMILY REV TRUST
 P O BOX 25
 WILLOW CITY TX 78675

2. Article Number **7006 0100 0005 5769 8288**
 (Transfer from service label)

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

IN DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **R. Thurman** C. Date of Delivery **4-16-13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8295

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

For delivery information visit usps.com **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 12 2013
 SANTA FE MAIN POST OFFICE

Sent To
 Street, Apt or PO Box
 City, State

SUNDOWN ENERGY LP
 TWO GALLERIA TOWER
 13455 NOEL RD #2000
 DALLAS TX 75240

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:
 SUNDOWN ENERGY LP
 TWO GALLERIA TOWER
 13455 NOEL RD #2000
 DALLAS TX 75240

2. Article Number **7006 0100 0005 5769 8295**
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **R. Thurman** 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

7006 0100 0005 5769 8301

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2013

Sent To OIL & GAS DISTRICT ACCT
 ARMSTRONG
Street, Apt or PO Box ACCT NO 050515113500
City, State WELLS FARGO BANK NA TRUSTEE
 P O BOX 40909
 AUSTIN TX 78704

PS Form 3811, February 2004 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:
 OIL & GAS DISTRICT ACCT
 ARMSTRONG
 ACCT NO 050515113500
 WELLS FARGO BANK NA TRUSTEE
 P O BOX 40909
 AUSTIN TX 78704

2. Article Number: 7006 0100 0005 5769 8301
 (Transfer from service)

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): Hank Sullivan C. Date of Delivery: 4-17

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8318

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 12 2013

Sent To FIRST ROSWELL COMPANY
Street, Apt or PO Box P O BOX 1767
City, State ROSWELL NM 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:
 FIRST ROSWELL COMPANY
 P O BOX 1767
 ROSWELL NM 88202

2. Article Number: 7006 0100 0005 5769 8318
 (Transfer from service)

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): Kay Snyder C. Date of Delivery: APR 28 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 8325

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

For delivery information visit **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 12 2013
 SANTA FE MAIN POST OFFICE

Sent To: **F & M BANK & TRUST CO TRUSTEE**
FOR THE CHARLES NOBLE
FORBESFAMILY TRUST
 Street, or P.O.: **P O BOX 3688**
 City, St.: **TULSA OK 74101**

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:
F & M BANK & TRUST CO TRUSTEE
FOR THE CHARLES NOBLE
FORBESFAMILY TRUST
P O BOX 3688
TULSA OK 74101

2. Article Number (Transfer from serial number)
7006 0100 0005 5769 8325

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Steve Bates* Agent Addressee

B. Received by (Printed Name) **Steve BATES** Date of Delivery **18 2013**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

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 APR 12 2013
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Sent To: **FORBES INVESTMENT COMPANY**
ILAMAE FORBES REV TRUST
 Street, or P.O. B.: **P O BOX 842**
 City, St.: **TULSA OK 74101**

PS Form 3800, June 2002 See Reverse for Instructions

Returned

Name	Street Address/PO Box	City/State/Zip Code
A. June Hardy	2733 North Rojo	Hobbs, NM 88240
A.G. Troutt	6011 Moon St. NE, Apt. 1312	Albuquerque, NM 87111-1453
Acme Land Co.	P.O. Box 10280	Midland, TX 79702
Albert D. & Deborah Hobbs	1321 West Dogwood	Lovington, NM 88260
Alden Obering O'Brien, c/o Warrior Oil Company	1580 Lincoln Street, Suite 920	Denver, CO 80203
Alice M. Smith	115 Thompson Drive SE	Cedar Rapids, IA 52403
Alice W. Wickett	5011 Donnelly Ave.	Fort Worth, TX 76107-6006 817-735-1045
Aline Belle Bristow	2737 Colonial Parkway	Fort Worth, TX 76101
Allen W. Ralston	P.O. Box 1737	Hobbs, NM 88240
Alta Ann Garrison	29522 Warm Springs Drive	Menifee, CA 92584 951-679-3448
American Minerals Corp	1331 Lamar Street, Ste. 900	Houston, TX 77010-3025
AmeriTrust, N.A. as trustee Jennette Clift George	P.O. Box 3285	Houston, TX 77253
Anderson Carter	P.O. Box 998	Las Cruces, NM 88004
Andrews Oil & Gas Partnership	14 South Court	Port Washington, NY 11050
Angela Jo Alexander	P.O. Box 482	Marysville, MO 64468
Ann M. Barber	2218 Poplar Park Drive	Kingwood, TX 77339-1756 281-359-0167
Apollo Energy, Inc.	P.O. Box 5315	Hobbs, NM 88241
Archbishopric of New York	P.O. Box 470425	Fort Worth, TX 76147
Armstrong Royalties LLC	1561 N. Dallas Parkway, #900	Addison, TX 75001
Arnold Divine	1500 American National Bank Building	St. Paul, MN 55101
Ashland Exploration Inc.	P.O. Box 218330	Houston, TX 77218
Baber Well Servicing Company	P.O. Box 1772	Hobbs, NM 88240
Bandera Minerals LLC; Bandera Minerals I LLC; Bandera Minerals II LLC	P.O. Box 701228	Tulsa, OK 74170
Bank of America, N.A. & Jeffery W. Foltz as co-trustee of the Allie Gayle Davison Trust #2	P.O. Box 830308	Dallas, TX 75283
Barbara Christman Farrell	224 Providence Road	Duck Hill, MS 38925-9301
Barbara J. DeVoss Junker	2929 East 6th Street, Apt. 140	Tucson, AZ 85716
Barron Properties	P.O. Box 182	Midland, TX 79702
BDT Oil & Gas LP	1308 Lake Street	Fort Worth, TX 76102
Berry Lee Hobbs, Jr. & Linda Sue	1546 5th Avenue SW	Rochester, MN 55902
Betty J. Talley	926 Railhead Drive	Ada, OK 74820
Beverly Boss	East Star Route, Box 9-B	Lovington, NM 88260
Billie S. DeVoss	15311 East La Salos Drive	Whittier, CA 90603
Billy Glenn Spradlin	29 Rim Road	Kilgore, TX 75662
BMCM Partnership, LP	5661 South Crestbrook Drive	Morrison, CO 80465
Bob Callhoon	P.O. Box 98	Eunice, NM 88231
Brad Bassore	P. O. Box 4028	Albuquerque, NM 87196
Bradley McInroe d/b/a Big Al Oil & Gas	P.O. Box 669	Levelland, TX 79336

Name	Street Address/PO Box	City/State/Zip Code
Bradley Nominee Corp.	P.O. Box 1938	Palm City, FL 24990
Bryan E. Lee	777 Main Street, Suite 3200	Fort Worth, TX 76102
Bryan Hal Ussery	5018 Eunice Hwy.	Hobbs, NM 88240
Bryan M. Wortham	1408 North Kelley	Odessa, TX 79763
Buttram Energies Inc.	2601 NW Expressway #501W	Tulsa, OK 74101
Byrl Harris	P.O.Box 426	Hobbs, NM 88240
C.P. Yadon	C/O Wells Fargo 3301 N. Big Spring Street	Midland TX 79705 432-685-8502
Cara Unpleby Lockett Royalty Trust Comerica Bank- Texas and Stanley L. Lockett, Co-Trustees	403 S. Cheyenne, Suite 800	Tulsa, OK 74103
Carol Ann King	7700 Wedlock Lane	Las Vegas, NV 89129
Carol M. Polhamus	P.O. Box 519	Port Angeles, WA 98362
Carole Lynn Luck	P.O. Box 186	Hobbs, NM 88241
Catherine Cusack	2223 Pajarito SW	Albuquerque, NM 87105
Catherine T. Vennes	55 Elm Street	Hartford, CT 06104
Catherine Weinaug	8211 Katy Freeway, #32	Houston, TX
Cathie Auvenshine	P.O. Box 507	Dripping Springs, TX 78620
CEC Trust f/b/o James Patrick Corrigan	3809 Shenandoah Street	Dallas, TX 75205
Cecil P. Bordages II	213 Redbay Rd.	Elgin, SC 29405
Charldee Cochran Sparks & Rudolph	1216 Landsun Circle 1205 W. Orchard Lane	Carlsbad, NM 88220-4012 Carlsbad, NM 88220-4650 575-885-4494
Charles & Beverly Overton trustees of the Charles & Beverly Overton Revocable Trust	P. O. Box 32	Yeso, NM 88136
Charles F. Doornbos trustee of the Charles F. Doornbos Revocable Trust	P.O. Box 639	Bartlesville, OK 74005
Charles Tyson Smith, II	c/o Nowery J. Smith 16420 Park Ten Place, Suite 415	Houston, TX 77084 281-579-8480
Chesapeake Energy Corp.	6100 N. Western Ave.	Oklahoma City, OK 73118
Chesapeake Expl. Ltd. Ptsp.	6100 N. Western Ave.	Oklahoma City, OK 73118
Chevron Oil & Gas Company	P.O. Box 1722	Tulsa, OK 74101
Chevron USA, Inc.	11111 South Wilcrest	Houston, TX 77099
Chevron USA, Inc.	15 Smith Road	Midland, TX 79705
Chevron USA, Inc.	P.O. Box 1635	Houston, TX 77251
Christopher Cusack	2114 Holmby	Los Angeles, CA 90025
City of Hobbs	200 E. Broadway	Hobbs, NM 88240
Clara B. Scallon	1404 East 14th	Pueblo, CO 81001
Clara S. McKim	c/o Ray McKim P.O. Box 2356	Midland, TX 79702
Clarke C. Coll	P.O. Box 1818	Roswell, NM 88202-1818
Clay Burkhart	P.O. Box 1888	Hobbs, NM 88240
Clay Cooper	P.O. Box 117	Canyon, TX 79015
Cleroy, Inc.	601 South Boulder Avenue	Tulsa, OK 74119
CLEROY, Inc.	P.O. Box 3403	Tulsa, OK 74101
Clifford Cone	P.O. Drawer 1629	Lovington, NM 88260
Clinton H. Dean, Jr.	4212 O'Keefe Drive	El Paso, TX 79902

Name	Street Address/PO Box	City/State/Zip Code
Clodette Maner, as Guardian of the Estate of Haley Lowe	3424 61st Street	Lubbock, TX 79413
Coats Energy Int. LTD	P.O. Box 171717	San Antonio, TX 78217
Cochran Family Trust	PO Box 145	Hobbs, NM 88241
Commissioner of Public Lands - State Land Office	P.O. Box 1148	Santa Fe, NM 87504-1148
Connie C. Hinman	1833 Devondale Circle	Charlestonm WV 25314
Conoco-Phillips	3300 North "A" Street, Building 6	Midland, TX 79705
ConocoPhillips Company	P.O. Box 2197	Houston, TX 77252
Coombs, M R	1015 N Dal Paso	Hobbs, NM 88240
Corrigan Southern Land & Cattle	8117 Preston Road, Suite 610	Dallas, TX 75225
Courtney Holt Cowden Jr.	P.O. Box 950	Midland, TX 79702
Coy S. Lowe	3301 42nd Street	Lubbock, TX 79413
Craig Cusack	P.O. Box 250	Roswell, NM 88202
CRJ Resources, LLC	5908 Los Hermanos Court NE	Albuquerque, NM 87111
Cross Timbers Oil Company, LP	810 Houston Street, Suite 2000	Forth Worth, TX 76102
Cusack Family Revocable Living Trust	P.O. Box 25	Willow City, TX 78675
Cyndy Grace St. Clair	Route 1, Box 145C	Waurika, OK 73537
Cynthia A. Thompson	350 Pleasant Drive SE	Cedar Rapids, IA 52403
Cynthis S. Gregg	P.O. Box 724	Sundown, TX 75372
D.C. Well Service	P.O.Box 1449	Denver City, TX 79323
Dalco Oil Company	C/O Hunt Oil Co. 1900 N. Akard Street	Dallas, TX 75201-2300 214-978-8000
Daniel L. Viers	1209 W. Cuthbert	Midland, TX 79701
David B. Talbot, III	1309 East Street	Graham, TX 76046
David Carl Ganz, Jr.; Cathey Ganz Johnsen	87 Crestwood Blvd.	Farmington, NM 11735
David Fred Carr	6401 Mount Ada Road #143	San Diego, CA 92111
DC Energy LLC	105 Oscar Lane	Dallas, GA 30132
DCP Midstream LP	5718 Westheimer Suite 1900	Houston, TX 77057
Debra D. Dye	P.O. Box 834	LaPorte, TX 77572
Debra Lowe Finn	1500 Broadway, Suite 1230	Lubbock, TX 79401
Del-Lea, Inc.	P.O. Box 1889	Hobbs, NM 88240
Denise Lowe	3424 61st Street	Lubbock, TX 79413
Dennis Cox	422 East Main	Hobbs, NM 88240
Devon Energy Corp.	20 N. Broadway, Suite 1500	Oklahoma City, OK 731102
Dianna Beatty Dugger	2407 Latinada Court	Carlsbad, CA 92009-9133
Dinah Gemelle	16117 136 th Ave.	Gig Harbor, WA 98329
Donald A. Turner	4201 Monty Dr.	Midland, TX 79703
Donald H. Greer	P.O. Box 256	Center Point, TX 78010-0256 830-634-7126
Doris Rollins Daugherty	408 Kilpatrick Court	Lexington, KY 40511-1624 859-293-1254
Douglas C. Koch	P.O. Box 540244	Houston, TX 77254
Douglas L. Cone	P.O. Box 64244	Lubbock, TX 79413
Dr. Donna F. Adams	406 West Main Street	Dennison, TX 75020
Dr. Roy Camp	24 Woodlands	Enid, OK 73701

Name	Street Address/PO Box	City/State/Zip Code
E.A. Beck, Jr.	1223 Sheridan	Corona, CA
Edna Louise Miller	1106 Cincinnati	El Paso, TX 79902
Edward Allen Dunbar	P.O. Box 883	Rocksprings, TX 78880
EG Energy LLC	9204 Cherokee Lane	Leawood, KS 66206
Elaine M. Walker & William C.	P.O. Box 11222	Wichita, KS 67211
Eleanor Christie Corrigan	3809 Shenandoah Street	Dallas, TX 75205
Elizabeth Blosser	1601 Fernwood Drive	Oakland, CA 94611
Elizabeth T. Barry	151 Thompson Drive SE	Cedar Rapids, IA 52403
Elwyn Ward White	P.O. Box 918	Greenville, Miss 38702
Enterprise Crude Oil LLC	POBox 4018	Houston, TX 77210
Eric J. Coll	P.O. Box 1818	Roswell, NM 88202-1818
Erma Hoffman	1628 41st Avenue E	Seattle, WA 98112
Ernest B. Alexander	P.O. Box 482	Marysville, MO 64468
Ernest H. Byers, Jr. & Ruth McKissack Byers	8805 Royal Harbor Court	Fort Worth, TX 76179
Estate Hilton Sayle	38 South Dearborn Street, Suite 777	Chicago, IL 60603
Estate John P. Cusack, Jr.	P.O. Box 250	Roswell, NM 88202
Estate Mona Sayle	38 South Dearborn Street, Suite 777	Chicago, IL 60603
Estate of Clara Wright Tedrick Hal Ussery, Personal Rep.	5018 Eunice Hwy.	Hobbs, NM 88240
Estate of Ruth O. Snowden Roy E. Brooks, Pers. Rep.	3404 Purdue Place NE	Albuquerque, NM 87106
Etz Oil Properties, LTD.	P.O. Box 1992	Roswell, NM 88201
Evrett R. Newby	c/o Brian Newby 715 Jones Street, Apt. 201	Fort Worth, TX 76102-5474 817-439-0707
ExxonMobil Corp.	P.O. Box 2305	Houston, TX 77252-2305
Fairway Oil & Gas Company	P.O. Box 1747	Midland, TX 79702
Farley Ranch Lowe Family Partnership LTD	308 Comet	Austin, TX 78734
Featherstone Development Corp.	P.O. Box 429	Roswell, NM 88202
Fernand Robidoux	97 Hanover Avenue	Pawtucket, RI 02861
Finley Production Company LP	1308 Lake Street	Fort Worth, TX 76102
First Baptist Church of Forrest City	507 N. Rosser	Forrest City, AR 76335
First Roswell Company	P.O. Box 1797 111 S. Kentucky	Roswell, NM 88202-1797 575-623-8331
Forest Oil Corp.	3838 North Causeway Blvd., Suite 2300	Metairie, LA 70002
Frank J. Redfern	P.O. Box 50890	Midland, TX 79710
Gabrielle Goust Young	4448 South Shore Drive	Anacortes, WA 98221
Gail Allen Emory	2683 West Ivanhoe Street	Chandler, AZ 85524
Gary J. Lamb	P.O. Box 3383	Midland, TX 79702
Gary L. Finch, Jr.	P.O. Box 12	Stowell, TX 77661
Gary Phillips	777 Main Street, Suite 3200	Fort Worth, TX 76102
Gene C. & Vikki L. Jameson	987 Island Drive	Somerset, WI 54025
George H. Etz, Jr., trustee of the George H. Etz, Sr. Trust	2003 17th Street	Lubbock, TX 79401
George K. Avera	8648 La Gente	El Paso, TX 79907

Name	Street Address/PO Box	City/State/Zip Code
George Wesley Weir	6 Hope Road	Eaton Town, NJ 07724
Glenna Warren	419 East Dunham	Hobbs, NM 88240
Gordon Nees, III	P.O. Box 119	Graham, TX 76046
Grassland Energy LP	1308 Lake Street	Fort Worth, TX 76102
Green River Resources, Inc.	302 Summit Ridge	Leander, TX 78645
Greg & Nancy Vance Family LP, c/o Production Gathering Company	8080 N. Central Expressway	Dallas, TX 75206
Greg Mauzy trustee of the MGM Oil & Gas Co.	P.O. Box 891	Midland, TX 79702
H. Corrigan, III	3809 Shenandoah Street	Dallas, TX 75205
H. Edison Ellis, Jr.	P.O. Box 6700707	Dallas, TX 75367
H.B. Fuqua	210 Pack Saddle Trail	Fort Worth, TX 76108-4268 817-246-8066
H.R. Stasney & Sons, LTD	P.O. Box 3190	Albany, TX 76430
HAG Partnership	7311 Creek Bluff Drive	Austin, TX 78750
Haoho, LTD	P.O. Box 1747	Midland, TX 79702
Harold E. Burke	6777 Camp Bowie, Suite 215	Forth Worth, TX 76116
Harvard Energy Partners Ltd.	c/o Andy Grooms P.O. Box 936	Roswell, NM 88202
Harvey Lee Johnson	3917 Radcliff	Abilene, TX 79603
Hazel Lewelling	702 West Avenue	Levelland, TX 79336
Helen Learmont Bedford Family Trust Edwin L. Bedford, Trustee	P.O. Box 2047	Newport, OR 97365
Helm Energy, LLC	1775 Sherman Street, Suite 1955	Denver, CO 80203
Henry C. Parsons, Sr. & Katherine	Proctor Star Route	Williamsport, PA 17701
Herring's Carter Minerals, LLC	P.O. Box 2036	Roswell, NM 88202
Hickory Timbers LTD	810 Houston Street, Suite 2000	Fort Worth, TX 76102
HNL Royalty Company	P.O. Box 51311	Midland, TX 79710
Hobbs Oil Syndicate	P.O. Box 2980 MC-3-TR	Milwaukee, WI 53201
Hugh A. Thompson	6301 Colony Way 1-A	Edina, MN 55435
Hugh Corrigan III	2 Live Oak Dr.	Midland, TX 79705
Hugh Daniel Corrigan	3809 Shenandoah Street	Dallas, TX 75205
Isaacs Family LP	5 Inverness Srive East	Englewood, CO 80112
J. Cleo Thompson & J.Cleo Thompson Jr. LP	325 North St. Paul, Suite 4300	Dallas, TX 75201
J. Pat Corrigan Family Ltd. Ptsp.	7150 20 th St., Suite E	Vero Beach, FL 32966
J. R. McGinley, Jr., trustee of the J.R. McGinley, Jr.Revocable Trust dated 1/2/1990	P.O. Box 769	Tulsa, OK 74101
J.H. Herd	P.O. Box 130	Midland, TX 79702
J.M. White	HC 74, Box 503	Graham, TX 76450
J.R. McGinley, Jr. Revocable Trust	P.O. Box 769	Tulsa, OK 74101
Jacqueline Gousy Beattie	200 Old River Road, Apt. 14	Lincoln, RI 02865
James B. Thomas	3304 Centenary	Dallas, TX 75225
James E. Byers & Mattie N. Byers trustee of the James E. Byers & Mattie N. Byers Revocable Living Trust	929 Lawnview Lane	Franklin, TN 37064
James H. Wilkes	777 Main Street, Suite 3200	Fort Worth, TX 76102

Name	Street Address/PO Box	City/State/Zip Code
Janetta J. Brown	P.O. Box 482	Marysville, MO 64468
Jayson Lee Ussery	5018 Eunice Hwy.	Hobbs, NM 88240
JCJ Investments, LLC	P.O. Box 1048	Pentwater, MI 49449
Jerry N. Namy	777 Main Street, Suite 3200	Fort Worth, TX 76102
Jim Allen	620 East 23rd	San Angelo, TX 76904
Jim R. Williams	905 West Pine Court	Midland, TX 79705
Jimmie Charles Weir	P.O. Box 777	Jal, NM 88252
JM Bryan Oil LLC	P.O. Box 839	Graham, TX 76450
Joan Miller Ganz & John William Lytle, Jr. co-trustees u/w/o Mary Duke Pearlbrook & Ida Miller	P.O. Box 65	Farmington, NY 11735
Joe Gieb, III	P.O. Box 2434	Midland, TX 79702
John C. Alexander & Diane Alexander 1998 Family Trust u/a 4/21/98	509 Camino Cortez	Yuba City, CA 95911
John H. Hendrix Corp.	P.O. Box 3040	Midland, TX 79702
John Hays Hammonds, Jr.	2618 Cheverny Drive	McKinney, TX 75070-4745 972-529-2678
John J. Redfern, III	P.O. Box 50890	Midland, TX 79710
John P. Cusack, III	19945 Kirk Avenue	Eagle River, AK 99573
John R. Bryant	911 Silver	Hobbs, NM 88240
John Thompson	6209 Minesal Point Road	Madison, WI 53705
John W. Crotty	18064 Shore Dr.	Flint, TX 75762
Johnny W. Finch	303 Stephanie	Kerrville, TX 78028
Jon F. Coll, II	P.O. Box 1818	Roswell, NM 88202-1818
Jon M. Morgan	P.O. Box 1015	Midland, TX 79702
Joy F. Davis & Larry C. Davis	Box 53	Hobbs, NM 88240
Judith O. McGinn	777 Main Street, Suite 3200	Fort Worth, TX 76102
Judith O. McGinn	777 Main Street, Suite 3200	Fort Worth, TX 76102
Karen Cusack Limas	P.O. Box 46138	Rio Rancho, NM 87174-6138
Karen Keith Tindell	1004 Ridgeview	Carrollton, TX 75007
Katherine Cecelia Grief	315 Jefferson Ave.	Indianapolis, IN 46201-3141
Kay Lowe Hughes	3914 54th Street	Lubbock, TX 79412
Kay Salem, as Guardian of Lauren Lowe	4513 13th Street	Lubbock, TX 79416
Keith W. Davis	777 Main Street, Suite 3200	Fort Worth, TX 76102
Kenneth C. Leach & Judith Diane Duff Leach co-trustees of the Duff-Leach Family Trust	4015 Altamonk NE	Albuquerque, NM 87110
Kenneth D. McPeters	P.O. Box 1860	Hobbs, NM 88240
Kenneth G. Cone	P.O. Box 11310	Midland, TX 79702
Kirby D. Schenck	P.O. Box 1627	Lovington, NM 88260
Kirby Minerals LC, c/o Minerals Acquisition Partners, Inc. GP	100 Park Avenue, Suite 1008	Oklahoma City, OK 73102
Knackwurst Properties	P.O. Box 10484	Midland, TX 79702
Kyle L. Stallings	P.O. Box 10217	Midland, TX 79702
Landmark Mineral Corp.	300 Paseo De Peralta, Suite 100	Santa Fe, NM 87501
Landreth Company Stockholders	P.O. Box 277120	Atlanta, GA 30384
Lanroy, Inc.	20 East 5th Street	Tulsa, OK 74103

Name	Street Address/PO Box	City/State/Zip Code
Larry K. Lowe	2313 Broadway	Lubbock, TX 79401
Larry O. Hulsey	P.O. Box 1143	Graham, TX 76046
Larry Threadgill	1210 Sellman	Hobbs, NM 88240
Lasca, Inc.	500 Throckmorton Street	Fort Worth, TX 76102-3708
Lavon Johnson c/o Leonard Johnson	3666 Janice Lane	Abilene, TX 79603
LaWayne E. Jones, Mary LuAnn Walker, Kalkman Habeck Co., Enertree LLC, Carkel Energy, Dail C. West LP, H.w. Allen Co., Frank Dale C/O JWK <u>Minerals Mangement</u>	P.O. Box 1169	Duncan, OK 73534
Lawson Petroleum Company	2100 Philtower Building	Tulsa, OK 74103
LDL Lowe Family Partnership LTD.	308 Comet	Austin, TX 78734
Legacy Reserves Operating, LP	303 West Wall, Suite 1600	Midland, TX 79701
Legacy Reserves Operating, LP	PO Box 5677	Abilene, TX 79608
Leo A. Szcotka	2867 Vista Mariana	Carlsbad, CA 92009-7112
Leonard Ross Johnson	3666 Janice Lane	Abilene, TX 79603
Lewis Oil & Gas Inc.	P.O. Box 80035	Midland, TX 79705
Linda B. Parrish & Linda Ann Parrish Richardson, co-trustees u/w/o M.C. Parrish, Jr.	P.O. Box 525	Willis, TX 77328
Lise Robidoux	30 Wilson Street	Pawtucket, RI 02861
LM Robinson, LLC	P.O. Box 847	Ruidoso, NM 88255
Lois A. Hankamp	5432 Shelley Way	Carmichael, CA 95608
Lois A. LaMar	230 South State Street, Apt. 28	Zeeland, MI 49464
Lola Carpenter	P.O. Box 31073	El Paso, TX
Lonye Wade	Route 4, Box 90-A	Stephenville, TX 76401
Loretta D. Lowe	30040 Royal Mustang Circle	Beorne, TX 78006
Loretta Mary Voss	13 Bellaire Road	Wellesey, MA 02181
Lorraune S. Black Trust Lorraine S. Black, Trustee	6608 North Western Avenue #262	Oklahoma City, OK 73116
Lyn Kent Jones	547 South Ash	Kermit, TX 79745
M. Dion Lowe	2306 Cypress Point West	Austin, TX 78746
M. Ralph Lowe, Inc.	4600 Post Oak Place, Suite 307	Houston, TX 77027
M.Y. Merchant	P.O. Box 5315	Hobbs, NM 88240
Mack H. Wooldridge	P.O. Box 3217	Albany, TX 76430
Marathon Oil Company	P.O. Box 552	Midland, TX 79702
Margaret D. Wiley	P.O. Box #1	Cape Vincent, NY 13618
Margaret Lewis Lidren	1243 NE 168th Street	Seattle, WA 98115
Margot Stone c/o Roy Lee Cain	Rt. 1 Box 38	Mountainair, NM 87036
Marguerite McKim Kent	2110 Nebraska Street	Pecos, TX 79772-6713 432-586-2937
Marilyn Cone, trustee of the D.C. Cone Trust	P.O. Box 64244	Lubbock, TX 79464
Marion C. Bowers	Route 4 Box 352	Seminole, TX 79360
Marjorie Cone Kastman	P. O. Box 5930	Lubbock, TX 79408
Marjory J. Dye Trust	5331 85th Street	Lubbock, TX 79424
Mark Boner	3728 James Rd.	Memphis, TN 38128

Name	Street Address/PO Box	City/State/Zip Code
Mark P Godsey trustee of the Mark P. Godsey Revocable Trust u/t/a 12/22/1994	3701 S. Orange Circle	Broken Arrow, OK 74011-1103 918-249-0915
Marshall & Winston, Inc.	P.O. Box 50880	Midland, TX 79710
Marshall T. Steves trustee of the Galt Trusts	P.O.Box 171312	San Antonio, TX 782217
Martha Lou Hester Beaird & Dan L. Beaird trustees of th Beaird Revocable Trust, c/o Oklahoma Foundation	5121 McKinney Avenue	Dallas, TX 75205
Martha Maki	5942 46th Avenue SW	Seattle, WA 98136
Marx Robidoux	30 Bellevue Avenue	Cumberland, RI 02864
Mary Birdwell	Box 157	Dimmitt, TX
Mary Carol Lay Jackson	81 Deerwoods Lane	Brevard, NC 28712
Mary Lee Saunders	210 Calhoun Street	Cuero, TX 77954-4719 361-275-6315
Mary Matthews	1239 Stillwell	Wichita, KS 67213
Mary Worthington & Joe	715 Grant Avenue	Dimmitt, TX
Max W. Coll, III	7625-2 El Centro Blvd.	Las Cruces, NM 88012
McCaw & Nix c/o William J. McCaw	P.O. Box 376	Artesia, NM 88211
Melanie Coll DeTempe	5653 Tobias Avenue	Van Nuys, CA 91411
Metcalfe Oil, LP	1308 Lake Street	Fort Worth, TX 76102
Michael C. Dean	6006 Balcones #32	El Paso, TX 79912
Michael E. Chapman	777 Main Street, Suite 3200	Fort Worth, TX 76102
Michael F. Cusack, II	6003 Valkeith	Houston, TX 77096
Michael F. Gilmer	P.O. Box 384	Columbia, TN 38402
Michael Harrison Moore 2006 Trust Michael Harrison Moore, Trustee	P.O. Box 51570	Midland, TX 79710
Middle Bay Oil Company	115 South Dearborn Street	Mobile, AL 36602
Mildred M. Welch	P.O. Box 4308	Parkersburg, WV 26101
Minnie Mae Dalmont Cartlidge	P.O. Box 14119	Albuquerque, NM
MJK Mineral Partners Ltd.	500 W. Texas Ave., Suite 1230	Midland, TX 79701
Mohammed Yamin Merchant	P.O. Box 5970	Hobbs, NM 88240
Moranco	P.O. Box 1860	Hobbs, NM 88240
Moss M. Kent	907 Shoshoni	Cheyenne, WY 82009
Mrs. M.J. Baker c/o Tedrick Hal Ussery	5018 Eunice Hwy.	Hobbs, NM 88240
Namy Energy, LP	777 Main Street, Suite 3200	Fort Worth, TX 76102
Nancy L. Thompson	320 Pleasant Drive SE	Cedar Rapids, IA 52403
Nell P. Lowe	P.O. Box 53775	Lubbock, TX 79453
Nowery J. Smith	16420 Park Ten Place, Suite 415	Houston, TX 77084 281-579-8480
Odell L. Lowe	P.O. Box 53775	Lubbock, TX 79453
Opal Scallon	1706 Alexander	Pueblo, CO 81001
Optometric Extension Program Foundation, Inc.	1921 East Carnegie Avenue, Suite 3-L	Santa Ana, CA 92705-5510
Orval Dalmont	Route 1, Box 95	McAllister, OK 74501
Overton Energy Investments VI, LLC	4265 San Felipe #800	Houston, TX 77027
P.L.Duncan	P.O. Box 7	Wesley, AR 72773

Other Affected Parties

Name	Street Address/PO Box	City/State/Zip Code
Pacific Enterprises Royalty Company	C/O Provident Royalties LLC 15660 N. Dallas Parkway, Ste 700	Dallas, TX 75248-3348 214-580-2252
Panhandle Oil & Gas Inc.	5400 N Grand Blvd., Ste 300	Oklahoma City, Ok 73112-5654 405-948-1560
Pat Bryan, III	P.O. Box 833	Graham, TX 76046
Patricia Ann Barnhart	P.O. Box 482	Marysville, MO 64468
Patricia D. McKnight	2208 Private Road 2545	Quinlan, TX 75474-7853
Patricia Kasch	50 Oakridge	Algona, IA 50511
Patricia Umpleby Royalty Trust Comerica Bank – Texas, Trustee	403 S. Cheyenne, Suite 800	Tulsa, OK 74103
Patrick A. McGinley Revocable Trust	P.O. Box 3126	Tulsa, OK 74101
Patrick Cusack	1837 South Dunsmuir Avenue	Los Angeles, CA 90019
Patterson Drilling Company LP	200 S 10th St,	Richmond, TX 77469
Pauline B. Lowe	317 Atlantic	Austin, TX 78734
Pauline Dunbar Erekson	P.O. Box 264	Rocksprings, TX 78880
Pauline R. Lucas	504 Shadylawn Avenue	Nokomis, FL 34275
Phillip J. Pennington	9239 Rowan Lane	Houston, TX 77036
Phyllis Audrey Hennessee	Route 1 Box 1174	Elkhart, TX 75839
Pogo Producing Company	700 Milam, Suite 3100	Houston, TX 77002
Ponderosa Royalty LLC	P.O. Box 10428	Midland, TX 79702
Preglar Oil Company, LLC	P.O. Box 1722	Tulsa, OK 74101
Preston G. Northrup	C/O Trinity Univeristy 1 trinity Place	San Antonio TX 78212-4674 210-736-7301
Quail Creek Royalty LLC	13831 Quail Pointe Drive	Oklahoma City, OK 73134
Randall R. Fort	P.O. Box 13693	Albuquerque, NM 87192
Randall V. Polhamus	P.O. Box 519	Port Angeles, WA 98362
Ray L. McKim trustee of the Ray & Helen McKim Revocable Trust	P.O. Box 60855	San Angelo, TX 76906
Ray Shonhor	118 Manor Place	Commerce, GA 30530
Realeza Del Spear LP	P.O. Box 1684	Midland, TX 79702
Rebel Oil Company	P.O. Box 1684	Midland, TX 79702-1684 432-683-8420
Rector Oil Ltd.	777 Main Street, Suite 3200	Fort Worth, TX 76102
Richard L. Lutrell	P.O. Box 2421	Midland, TX 79702
Richard Lyons Moore 2006 Trust Richard Lyons Moore, Trustee	1150 N. Carroll Ave.	Southlake, TX 76092
Richard Lyons Moore et al	P. O. Box 94077	Southlake TX 76092
Rio Grande Investment Partners Inc.	P.O. Box 290748	Kerrville, TX 78029
Robert C. Crotty	3521 S. Western	Dallas, TX 75225
Robert G. Polhamus	9321 McCabe	El Paso, TX 79925
Robert Hannifin	P.O. Box 218	Midland, TX 79702
Robert Hooper	P.O. Box 733	Roswell, NM 88202
Robert J. Anderson	31 Skyline Drive	Wellesey, MA 02181
Robert L. Menk	319 7th NW, Suite B	Albuquerque, NM 87102
Robert Martin Moran	P.O. Box 1860	Hobbs, NM 88240

Name	Street Address/PO Box	City/State/Zip Code
Robert O. Lane, Individually and Trustee of Virginia Bell Lane Family Trust	13845 Creekside Place	Dallas, TX 75240
Robert R. Dean	6006 Balcones #32	El Paso, TX 79912
Robert S. Kent, Jr.	1901 Horse Wagon Drive	Austin, TX 78754
Robert S. Long Trusts fbo Amanda Susan Barker and Terrance Robert Barker Liberty Bank & Trust Co., Trustee	P.O. Box 25848	Oklahoma City, OK 73125
Robert T. Hartley	P.O. Box 1402	Clovis, NM 88101
Roberts Family Living Trust f/b/o W.V. & Earldeen Roberts	P.O. Box 3636	Midland, TX 79702
Robertson Resources Inc.	P.O. Box 9415	Midland, TX 79708
Rocky Mountain Resources	3310 Dentcrest	Midland, TX 79707
Roger Dale Johnson c/o Leonard Johnson	3666 Janice Lane	Abilene, TX 79603
Roger L. Gousy	1038 Old River Road	Manville, RI
Ronnie Westbrook	P.O. Box 3171	Midland, TX 79702
Ronny P. Lowe	6400 Coors Road, NW	Albuquerque, NM 87120
Rosalind Redfern	C/O Waikiki Minerals, 303 W. Wall	Midland, TX 79701
Rosalind Redfern	P.O. Box 2127	Midland, TX 79702
Roy Barton, Jr.	1919 North Turner Street	Hobbs, NM 88240
Roy E. Brooks et ux Connie	3404 Purdue Place NE	Albuquerque, NM 87106
Roy G. Barton & Opal Barton Revocable Trust Roy G. Barton Jr., Trustee	1919 N. Turner	Hobbs, NM 88240
Roy G. Barton, Jr. trustee Roy G. Barton, Sr. & Opal Barton Revocable Trust	P.O. Box 978	Hobbs, NM 88240
Roy Lee Cain Revocable Trust Roy Lee Cain, Trustee Rt. 1 Box 38 Mountainair, NM 87036	Rt. 1 Box 38	Mountainair, NM 87036
Ruth Elizabeth Nordyke	19120 West Melvin	Buckeye, AZ 85326
S.B. Crabtree	702 Sahara Drive	Greenville, TX 75402-4016 903-455-7826
Saber Oil and Gas Ventures LLC	400 W. III Ave. #950	Midland, TX 79701-4399
Sabine Royalty Corp.	LBX 840887	Dallas, TX 75284
Saga Petroleum Corp.	415 West Wall, Suite 1900	Midland, TX 79701
Salient Zarvona Energy Fund	4265 San Felipe #800	Houston, TX 77027
Sally Rodgers	152 Arroyo Hondo Road	Santa Fe, NM 87505
Sam Dalmont & Mary Josephine Dalmont	17087 Century Plant Road	Apple Valley, CA 92307
Sam Dalmont, Jr.	8611 West Avenue E-4	Lancaster, CA 93534
Sambaiah Kankala	Medicals Art Building #12	Hobbs, NM 88240
Samuel Edwin Beatty	6531 FM 1488 RD	Magnolia, TX 77354-3266
Scarborough, Steven	411 E Baja	Hobbs, NM 88240
Schumacher Partners II Ltd.	777 Main Street, Suite 3200	Fort Worth, TX 76102

Name	Street Address/PO Box	City/State/Zip Code
Scott Johnson c/o Leonard Johnson	3666 Janice Lane	Abilene, TX 79603
Scott Little	1508 Pecan Place	Andrews, TX 79714
Shana Lowe Conine	405 Oak Forrest Circle	Waco, TX 76710
Shane Harvey	P.O. Box 1449	Denver City, TX 79323
Shea Oil & Gas Royalties, LLC	198 Mills Street	Morristown, NJ 07960
Sherry Alexander Morin	P.O. Box 482	Marysville, MO 64468
Shirley Rich	6312 Blue Stem West Road	Oklahoma City, OK 73162
Spindletop Exploration Co., Inc.	P.O. Box 25163	Dallas, TX 75225
Stadium 5 LLC	8117 Preston Road, Suite 520	Dallas, TX 75225
Stanford University	450 Serra Mall	Stanford, CA 94305-2004 650-723-2300
Stephanie Coy Doshier	209 NE Ave. E	Seminole, TX 79360
Steve Cusack	2910 Anna J Drive	Roswell, NM 88201
Stuart A. Umpleby	4007 49 th Sr. NW	Washington DC 200166
Stuart A. Umpleby, et al	4141 North Henderson Road	Arlington, VA 22203
Stuart S. Umpleby Marital Trust Comerica Bank – Texas and Cara V. Lockett, Co-Trustees	403 S. Cheyenne, Suite 800	Tulsa, OK 74103
Susan Umpleby Peasner Royalty Tr. Comerica Bank- Texas and Cara U. Lockett, Co-Trustees	403 S. Cheyenne, Suite 800	Tulsa, OK 74103
Synergex Inc.	3750 W. Memorial Rd., Suite 1401	Oklahoma City, OK 73134
Teddy L. Hartley	P.O. Box 309	Clovis, NM 88101
Terrence Scott Blankenship	2109 County Road 301 S	Dayton, TX 77535-3943 281-659-9295
The Allar Company	P.O. Box 630	Graham, TX 76046
The Cochran Trust, c/o D. A. Cochran	P.O. Box 145	Hobbs, NM 88241
The Long Trusts	118 South Kilgore Street	Kilgore, TX 75663
The Long Trusts	P.O. Box 3069	Kilgore, TX 75663
The University of Oklahoma Foundation, Inc.	100 Timberdell Road	Norman, OK 73019
Tidemark Corporation	6116 North Central Parkway	Dallas, TX
Tierra Oil Company LLC	P.O. Box 700968	San Antonio, TX 78270
Timothy C. Williams	3931 Tall Birch Cove	Memphis, TN 38115
Timothy J. Cusack	P.O. Box 250	Roswell, NM 88202
Tom R. Cone	P.O. Box 400	Southwest City, MO 64863
Tom R. Cone	P.O. Box 778	Jay, OK 74346
Tommy L. Fort	P.O. Box 2044	Midland, TX 79702
Toni H. Beare	189 S. Rembert St.	Memphis, TN 38104
Trilogy Operating Company	P.O. Box 7606	Midland, TX 79708
Troy D. Blackburn successor trustee of the Black Irrevocable Trusts	247 Blackburn Road	Abilene, TX 79602
Ty Johnson	401 W. 18 th St., #19	Fort Stockton, TX 79735
V.E. Gourley, III	P.O. Box 572782	Houston, TX 77057
Veja Inc.	6300 NW Grand Blvd.	Oklahoma City, OK 73116
Verna Runnels	48 Hobart, Space #7	Canadian, TX 79014

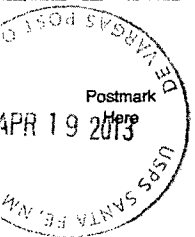
Name	Street Address/PO Box	City/State/Zip Code
Virginia C. Hinman	2334 Chriswood	Toledo, OH 43617
Vivian Lowe Anseimi	1500 Broadway, Suite 1230	Lubbock, TX 79401
Vora L. Hartley	4915-C 94th Street	Lubbock, TX 79424
W.R. Hill	200 East 37th Street, #3	Odessa, TX 79762
Waikiki Partners, LP	P.O. Box 2127	Midland, TX 79702
Wayne A. Bissett	P.O. Box 2101	Midland, TX 79702
Weslynn McCallister Holway	7350 S. Tamiami Trail, Apt. 229	Sarasota, FL 34231-7004
Wes-Tex Drilling Company	P.O. Box 3739	Abilene, TX 79604
WFM Minerals, LTD	P.O. Box 339	Bridger, Montana 59014
White Star Energy, Inc.	P.O. Box 51108	Midland, TX 79710
Wilbur C. Bradley trustee of the O.E. Bradley Trust	One Main Place, Suite 608	Wichita, KS 67202
Wilda C. Collins	East 431 Dalby Road	Union, WA 98592
William E. Walker trustee of the William E. Walker Living Trust, 7/27/00	P.O. Box 113	Wichita, KS 67201
William F. Pendleton	777 Main Street, Suite 3200	Fort Worth, TX 76102
Windlands Corp.	P.O. Box 591	Midland, TX 79702
Winnie Dalmont Menk	P.O. Box 14110	Albuquerque, NM
Winnie Pearl Hale as trustee of the Hale Family Trust	4007 15th Street	Lubbock, TX 79416
Woodland P. Saunders	8404 Goodnight Trail	Amarillo, TX 79110-5030 806-353-2924
Xeric Oil & Gas Corp.	P.O. Box 51311	Midland, TX 79710
XTO Energy Inc.	810 Houston St., Suite 2000	Fort Worth, TX 76102
ZPZ Delaware I LLC	2000 Post Oak Blvd., Suite 100	Houston, TX 77056
ZPZ Delaware I LLC	P.O. Box 840133	Dallas, TX 75284

7006 0100 0005 5770 2312

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information via **MHF/OXY**
OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, P.O. Box, or POB
 City, State
 A. June Hardy
 2733 North Rojo
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2329

U.S. Postal Service™
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Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, P.O. Box, or POB
 City, State
 A.G. Troutt
 6011 Moon St. NE, Apt. 1312
 Albuquerque, NM 87111-1453

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 2336

U.S. Postal Service™
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For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, Apt. or PO Box 1
Acme Land Co.
P.O. Box 10280
 City, State,
Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:
Acme Land Co.
P.O. Box 10280
Midland, TX 79702

2. Article Number: **7006 0100 0005 5770 2336**
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
Hannah Doshier

B. Received by (Printed Name) **Hannah Doshier** C. Date of Delivery **4/29/13**

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

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

7006 0100 0005 5770 2343

U.S. Postal Service™
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(Domestic Mail Only; No Ir...)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, Apt. 1 or PO Box N
Albert D. & Deborah Hobbs
1321 West Dogwood
 City, State, Z
Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:
Albert D. & Deborah Hobbs
1321 West Dogwood
Lovington, NM 88260

2. Article Number: **7006 0100 0005 5770 2343**
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
Deborah Hobbs

B. Received by (Printed Name) **Deborah Hobbs** C. Date of Delivery **4/26/13**

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

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

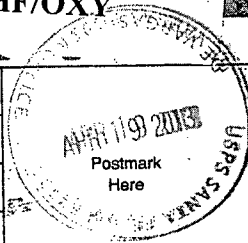
7006 0100 0005 5770 2350

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Postage Necessary for Return Receipt)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here


Sent To: Alden Obering O'Brien,
 c/o Warrior Oil Company
 1580 Lincoln Street, Suite 920
 Denver, CO 80203

PS Form 3800, June 2002 See Reverse for Instructions


7006 0100 0005 5770 2367

U.S. Postal Service™
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OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here


Sent To: Alice M. Smith
 115 Thompson Drive SE
 Cedar Rapids, IA 52403

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>X Alice M. Smith</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>ALICE SMITH</i> C. Date of Delivery: <i>4/22/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	
<p>Alice M. Smith 115 Thompson Drive SE Cedar Rapids, IA 52403</p>	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
2. Article Number	
(Transfer from service) 7006 0100 0005 5770 2367	

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

7006 0100 0005 5770 2396

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
Alice W. Wickett
5011 Donnelly Ave.
Fort Worth, TX 76107-6006

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2396

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
Aline Belle Bristow
2737 Colonial Parkway
Fort Worth, TX 76101

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 2404

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013
Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State
 Allen W. Ralston
 P.O. Box 1737
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 2411

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013
Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State
 Alta Ann Garrison
 29522 Warmsprings Drive
 Menifee, CA 92584

PS Form 3800, June 2002 See Reverse for Instructions

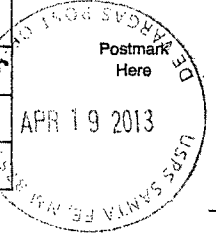
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Alta King <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Alta King</p> <p>C. Date of Delivery 4-23-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	
<p>Alta Ann Garrison 29522 Warmsprings Drive Menifee, CA 92584</p>	
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
2. Article Number (Transfer to)	7006 0100 0005 5770 2411

7006 0100 0005 5770 2428

U.S. Postal Service™
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For delivery information visit
OFFICE **MHF/OXY**

Postage	\$	1.52
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.17



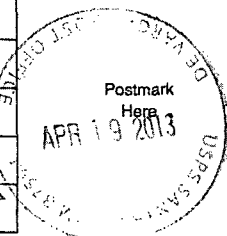
Sent To
American Minerals Corp
1331 Lamar Street, Ste. 900
Houston, TX 77010-3025

7006 0100 0005 5770 2435

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

For delivery information visit
OFFICE **MHF/OXY**

Postage	\$	1.52
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.17



Sent To
Ameritrust, N.A. as trustee
Jennette Clift George
P.O. Box 3285
Houston, TX 77253

7006 0100 0005 5770 2442

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

For delivery information: **MHF/OXY**

OFFICIAL USE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here APR 19 2013

Sent To: Anderson Carter
 Street, Apt. or PO Box: P.O. Box 998
 City, State: Las Cruces, NM 88004

PS Form 3800, June 2002. See Reverse for Instructions.

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

For delivery information: **MHF/OXY**

OFFICIAL USE

Postmark Here APR 19 2013

Sent To: Anderson Carter
 Street, Apt. or PO Box: P.O. Box 998
 City, State: Las Cruces, NM 88004

PS Form 3800, June 2002. See Reverse for Instructions.

7006 0100 0005 5770 2459

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

For delivery information: **MHF/OXY**

OFFICIAL USE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here APR 19 2013

Sent To: Andrews Oil & Gas Partnership
 Street, Apt. or PO Box: 14 South Court
 City, State: Port Washington, NY 11050

PS Form 3800, June 2002. See Reverse for Instructions.

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

For delivery information: **MHF/OXY**

OFFICIAL USE

Postmark Here APR 19 2013

Sent To: Andrews Oil & Gas Partnership
 Street, Apt. or PO Box: 14 South Court
 City, State: Port Washington, NY 11050

PS Form 3800, June 2002. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

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

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

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

1. Article Addressed to:
 Anderson Carter
 P.O. Box 998
 Las Cruces, NM 88004

2. Article Number: 7006 0100 0005 5770 2442
 (Transfer from serial number)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Judy Carter*
 Agent
 Addressee

B. Received by (Printed Name): *Judy Carter*

C. Date of Delivery: APR 29 2013
 Yes
 No

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: _____

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

7006 0100 0005 5770 2466

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

For delivery information: **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013 Postmark Here

Sent To: Angela Jo Alexander
 Street or PO: P.O. Box 482
 City, State: Marysville, MO 64468

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:
 Angela Jo Alexander
 P.O. Box 482
 Marysville, MO 64468

2. Article Number: 7006 0100 0005 5770 2466
 (Transfer from serial number)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Bryan Alexander* Agent Addressee

B. Received by (Printed Name): *Bryan Alexander* C. Date of Delivery: *4-23-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 2473

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

For delivery information: **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013 Postmark Here

Sent To: Ann M. Barber
 Street or PO: 2218 Poplar Park Drive
 City, State: Kingwood, TX 77339-1756

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:
 Ann M. Barber
 2218 Poplar Park Drive
 Kingwood, TX 77339-1756

2. Article Number: 7006 0100 0005 5770 2473
 (Transfer from serial number)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ann Barber* Agent Addressee

B. Received by (Printed Name): *Ann Barber* C. Date of Delivery:

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	APR 19 2013 POSTMARK HERE U.S. POSTAL SERVICE SANTA FE, N.M.
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt. or PO Box | Apollo Energy, Inc.
 City, State, | P.O. Box 5315
 Hobbs, NM 88241

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 **MHF/OXY**

OFFICE

Postage	\$ 1.52	APR 19 2013 POSTMARK HERE U.S. POSTAL SERVICE SANTA FE, N.M.
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt. or PO Box | Archbishopric of New York
 City, State, | P.O. Box 470425
 Fort Worth, TX 76147

PS Form 3800, June 2002 See Reverse for Instructions

SE

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
 Archbishopric of New York
 P.O. Box 470425
 Fort Worth, TX 76147

2. Article Number (Transfer from service label): 7006 0100 0005 5770 2497

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *DEBARBARA* C. Date of Delivery: *4/24/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 2503

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

For delivery information, visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Armstrong Royalties LLC
 1561 N. Dallas Parkway, #900
 Addison, TX 75001

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:
 Armstrong Royalties LLC
 1561 N. Dallas Parkway, #900
 Addison, TX 75001

2. Article Number (Transfer from serv) 111 17006101001000515770 2503

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Latreacia May

B. Received by (Printed Name) *Latreacia May* Date of Delivery *4-22-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 2374

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

For delivery information, visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here (APR) 2013

Sent To
 Arnold Divine
 1500 American National Bank
 Building
 St. Paul, MN 55101

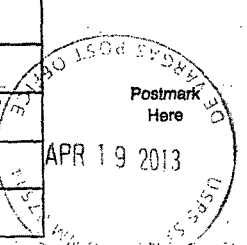
PS Form 3800, June 2002

Returned

7006 0100 0005 5770 2510

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Coverage Provided)
For delivery information **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, A
 or PO Box
 City, State

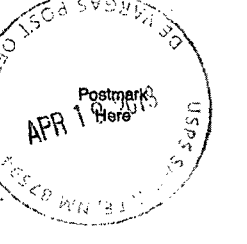
Ashland Exploration Inc.
 P.O. Box 218330
 Houston, TX 77218

Returned

7006 0100 0005 5770 2527

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Coverage Provided)
For delivery information **MHF/OXY**
OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, A
 or P.O. Box
 City, State

Baber Well Servicing Company
 P.O. Box 1772
 Hobbs, NM 88240

7006 0100 0005 5770 2534

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

For delivery information visit our **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.58
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: **Bandera Minerals LLC;
 Bandera Minerals I LLC;
 Bandera Minerals II LLC
 P.O. Box 701228
 Tulsa, OK 74170**

PS Form 3811, February 2004 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:
**Bandera Minerals LLC;
 Bandera Minerals I LLC;
 Bandera Minerals II LLC
 P.O. Box 701228
 Tulsa, OK 74170**

2. Article Number: **7006 0100 0005 5770 2534**
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **C. Hummel** Agent Addressee

B. Received by (Printed Name): **C. Hummel** C. Date of Delivery: **APR 22 2013**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 2541

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.58
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: **Bank of America, N.A. & Jeffery W.
 Foltz as co-trustee of the Allie Gayle
 Davison Trust #2
 P.O. Box 830308
 Dallas, TX 75283**

PS Form 3811, February 2004 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:
**Bank of America, N.A. & Jeffery W.
 Foltz as co-trustee of the Allie Gayle
 Davison Trust #2
 P.O. Box 830308
 Dallas, TX 75283**

2. Article Number: **7006 0100 0005 5770 2541**
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): **[Name]** C. Date of Delivery: **APR 22 2013**

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 2556

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

For delivery information visit our website at usps.com

MHF/OXY

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR Here 2013

Sent To
 Street or PO: Barbara Christman Farrell
 City, St: 224 Providence Road
 Duck Hill, MS 38925-9301

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0561

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

For delivery information visit our website at usps.com

MHF/OXY

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 19 Here 2013

Sent To
 Street or PO: Barbara J. DeVoss Junker
 City, St: 2929 East 6th Street, Apt. 140
 Tucson, AZ 85716

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0578

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 14 2013

Sent To: Barron Properties
 Street, Apt or PO Box: P.O. Box 182
 City, State: Midland, TX 79702

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:
 Barron Properties
 P.O. Box 182
 Midland, TX 79702

2. Article Number (Transfer from serial number): 7006 0100 0005 5770 0578

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X Merdy Starina* Agent Addressee

B. Received by (Printed Name): *Merdy Starina* C. Date of Delivery: *4-24-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0585

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: BDT Oil & Gas LP
 Street, Apt or PO Box: 1308 Lake Street
 City, State: Fort Worth, TX 76102

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:
 BDT Oil & Gas LP
 1308 Lake Street
 Fort Worth, TX 76102

2. Article Number (Transfer from serial number): 7006 0100 0005 5770 0585

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X Spencer Todd* Agent Addressee

B. Received by (Printed Name): *Spencer Todd* C. Date of Delivery: *4/19*

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

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

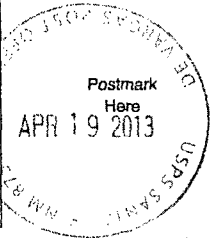
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0592

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

For delivery information: **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: **Berry Lee Hobbs, Jr. & Linda Sue**
 Street, or PO: **1546 5th Avenue SW**
 City, St: **Rochester, MN 55902**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Completes items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Berry Lee Hobbs, Jr.</i> B. Received by (Printed Name): <i>Berry Hobbs</i> C. Date of Delivery: <i>4-29-13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Berry Lee Hobbs, Jr. & Linda Sue 1546 5th Avenue SW Rochester, MN 55902	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number: (Transfer from ser) 7006 0100 0005 5770 0592	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

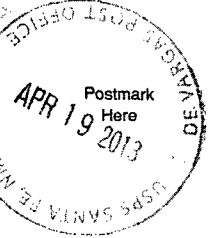
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0608

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

For delivery information: **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: **Betty J. Talley**
 Street, or PO: **926 Railhead Drive**
 City, St: **Ada, OK 74820**

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0615

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

For delivery information, via **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

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

Beverly Boss
 East Star Route, Box 9-B
 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0622

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

For delivery information, via **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

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

Billie S. DeVoss
 15311 East La Salos Drive
 Whittier, CA 90603

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0639

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

For delivery information visit

MHF/OXY

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To

Billy Glenn Spradlin
29 Rim Road
Kilgore, TX 75662

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:

Billy Glenn Spradlin
29 Rim Road
Kilgore, TX 75662

2. Article Number
(Transfer from)

7006 0100 0005 5770 0639

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

[Signature]

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0639

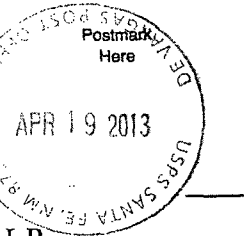
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

MHF/OXY

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To

BMCM Partnership, LP
5661 South Crestbrook Drive
Morrison, CO 80465

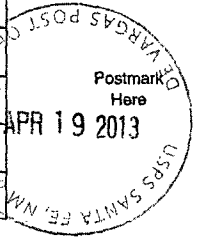
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0660

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

For delivery information: **MHF/OXY**
OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: **Bob Callhoon**
Street, A or PO Box: **P.O. Box 98**
City, State: **Eunice, NM 88231**

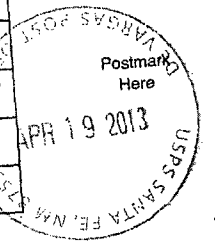
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0677

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

For delivery information: **MHF/OXY**
OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: **Brad Bassore**
Street, A or PO Box: **P. O. Box 4028**
City, State: **Albuquerque, NM 87196**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0684

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

For delivery information vis **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Bradley McInroe d/b/a Big Al
 Oil & Gas
 P.O. Box 669
 Levelland, TX 79336

PS Form 3811, June 2002

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:
 Bradley McInroe d/b/a Big Al
 Oil & Gas
 P.O. Box 669
 Levelland, TX 79336

2. Article Number
 (Transfer from service) 7006 0100 0005 5770 0684

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Shale Abbott* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

APR 22 2013

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

7006 0100 0005 5770 0691

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

For delivery information vis **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Bradley Nominee Corp.
 P.O. Box 1938
 Palm City, FL 24990

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0707

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Return Receipt)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Bryan E. Lee
 777 Main Street, Suite 3200
 Fort Worth, TX 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:
 Bryan E. Lee
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number: 7006 0100 0005 5770 0707
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *W. Westwoodland* C. Date of Delivery: *4-22-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 0714

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Return Receipt)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Bryan Hal Ussery
 5018 Eunice Hwy.
 Hobbs, NM 88240

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:
 Bryan Hal Ussery
 5018 Eunice Hwy.
 Hobbs, NM 88240

2. Article Number: 7006 0100 0005 5770 0714
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Rhonda Ussery* C. Date of Delivery: *4-23-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 0721

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

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

Bryan M. Wortham
 1408 North Kelley
 Odessa, TX 79763

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:

Bryan M. Wortham
 1408 North Kelley
 Odessa, TX 79763

2. Article Number: 7006 0100 0005 5770 0721
 (Transfer from)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) _____

C. Date of Delivery: APR 15 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 0738

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

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

Buttram Energies Inc.
 2601 NW Expressway #501W
 Tulsa, OK 74101

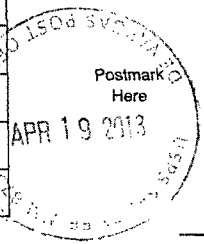
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0745

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

For delivery information visit: **MHF/OXY**

OFFIC

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: **Byrl Harris**
 Street, or PO Box: **P.O. Box 426**
 City: **Hobbs, NM 88240**

PS Form 3800, June 2002 See Reverse for Instructions

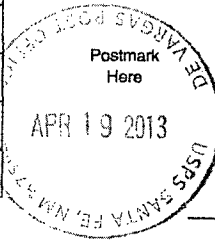
Returned

7006 0100 0005 5770 0752

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

For delivery information visit: **MHF/OXY**

OFFIC

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: **C.P. Yadon**
 Street, or PO Box: **C/O Wells Fargo**
 City, St: **3301 N. Big Spring Street**
Midland TX 79705

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0769

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

For delivery information visit **OFFICE** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.46
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Cara Unpleby Lockett Royalty Trust
 Comerica Bank- Texas and
 Stanley L. Lockett, Co-Trustees
 403 S. Cheyenne, Suite 800
 Tulsa, OK 74103

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0776

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

For delivery information visit **OFFICE** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Carol Ann King
 7700 Wedlock Lane
 Las Vegas, NV 89129

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0783

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Carol M. Polhamus
 P.O. Box 519
 Port Angeles, WA 98362

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0790

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Carole Lynn Luck
 P.O. Box 186
 Hobbs, NM 88241

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0606

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

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87505

Sent To
 Catherine Cusack
 Street, Apt. or PO Box: 2223 Pajarito SW
 City, State: Albuquerque, NM 87105

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0646

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

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87505

Sent To
 Catherine T. Vennes
 Street, Apt. or PO Box: 55 Elm Street
 City, State: Hartford, CT 06104

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:
 Catherine T. Vennes
~~55 Elm Street~~
 Hartford, CT 06104

2. Article Number: 7006 0100 0005 5770 0646
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Isak Hayles* Agent Addressee
 B. Received by (Printed Name): ISAK HAYLES C. Date of Delivery: APR 22 2013
 D. Is delivery address different from item 1? Yes No
 if YES, enter delivery address below: PO Box 120 06141

3. Service Type: Certified Mail Express Mail
 Registered Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 0820

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Catherine Weinaug
 8211 Katy Freeway, #32
 Houston, TX 77024

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0820

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Cathie Auvenshine
 P.O. Box 507
 Dripping Springs, TX 78620

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:
 Cathie Auvenshine
 P.O. Box 507
 Dripping Springs, TX 78620

2. Article Number: 7006 0100 0005 5770 0820
 (Transfer from ser)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 BICCHIERI POST OFFICE

C. Date of Delivery
 4/30/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

DRIPPING SPRINGS POST OFFICE
 APR 23 2013

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

7006 0100 0005 5770 0837

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87505

Sent To: CEC Trust f/b/o James Patrick
 Street or PO: Corrigan
 City: 3809 Shenandoah Street
 Dallas, TX 75205

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:
 CEC Trust f/b/o James Patrick
 Corrigan
 3809 Shenandoah Street
 Dallas, TX 75205

2. Article Number: 7006 0100 0005 5770 0837
 (Transfer from s)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Blank]* C. Date of Delivery: 4-27

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0844

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87505

Sent To: Cecil P. Bordages II
 Street or PO: 213 Redbay Rd.
 City: Elgin, SC 29405

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:
 Cecil P. Bordages II
 213 Redbay Rd.
 Elgin, SC 29405

2. Article Number: 7006 0100 0005 5770 0844
 (Transfer from s)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cecil P. Bordages II* Agent Addressee

B. Received by (Printed Name): Cecil P. Bordages II C. Date of Delivery: 4/22

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

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

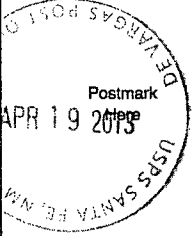
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0851

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: Charldee Cochran Sparks & Rudolph
 Street, or PO Box: 1205 W. Orchard Lane
 City, State: Carlsbad, NM 88220-4650

PS Form 3800, June 2002

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:
 Charldee Cochran Sparks & Rudolph
 1205 W. Orchard Lane
 Carlsbad, NM 88220-4650

2. Article Number: 7006 0100 0005 5770 0851
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Keith Sparks*

C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

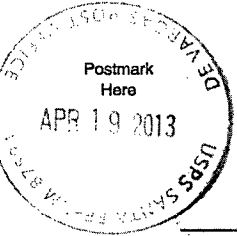
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0866

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: Charldee Cochran Sparks & Rudolph
 Street, or PO Box: 1216 Landsun Circle
 City, State: Carlsbad, NM 88220-4012

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0875

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Charles & Beverly Overton trustees of the Charles & Beverly Overton Revocable Trust
 P. O. Box 32
 Yeso, NM 88136

PS Form 3800, June 2002

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:
 Charles & Beverly Overton trustees of the Charles & Beverly Overton Revocable Trust
 P. O. Box 32
 Yeso, NM 88136

2. Article Number (Transfer from service label): 7006 0100 0005 5770 0875

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Beverly Overton* Agent Addressee

B. Received by (Printed Name): *Beverly Overton* C. Date of Delivery: *4-25-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0882

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Charles F. Doornbos trustee of the Charles F. Doornbos Revocable Trust
 P.O. Box 639
 Bartlesville, OK 74005

PS Form 3800, June 2002

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:
 Charles F. Doornbos trustee of the Charles F. Doornbos Revocable Trust
 P.O. Box 639
 Bartlesville, OK 74005

2. Article Number (Transfer from service label): 7006 0100 0005 5770 0882

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Debi Brim* Agent Addressee

B. Received by (Printed Name): *Debi Brim* C. Date of Delivery: *4-25-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0899

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

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM

Sent To
 Charles Tyson Smith, II
 c/o Nowery J. Smith
 16420 Park Ten Place, Suite 415
 Houston, TX 77084

Street, Apt or PO Box
 City, State

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:
 Charles Tyson Smith, II
 c/o Nowery J. Smith
 16420 Park Ten Place, Suite 415
 Houston, TX 77084

2. Article Number (Transfer from service) **7006 0100 0005 5770 0899**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
 Nowery Smith

C. Date of Delivery
 APR 23 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0905

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

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM

Sent To
 Chesapeake Energy Corp.
 6100 N. Western Ave.
 Oklahoma City, OK 73118

Street, Apt or PO Box
 City, State

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:
 Chesapeake Energy Corp.
 6100 N. Western Ave.
 Oklahoma City, OK 73118

2. Article Number (Transfer from service) **7006 0100 0005 5770 0905**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 RECEIVED

B. Received by (Printed Name) Agent Addressee
 APR 23 2013

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Endorsement Required)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Chesapeake Expl. Ltd. Ptsp.
 6100 N. Western Ave.
 Oklahoma City, OK 73118

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Endorsement Required)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Chevron Oil & Gas Company
 P.O. Box 1722
 Tulsa, OK 74101

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:
 Chesapeake Expl. Ltd. Ptsp.
 6100 N. Western Ave.
 Oklahoma City, OK 73118

2. Article Number: 7006 0100 0005 5770 0912
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X RECEIVED** Agent Addressee

B. Received by (Printed Name): **APR 23 2013** C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:
 Chevron Oil & Gas Company
 P.O. Box 1722
 Tulsa, OK 74101

2. Article Number: 7006 0100 0005 5770 0929
 (Transfer from service label)

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): **CLW** C. Date of Delivery: **4-24-13**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0936

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: **Chevron USA, Inc.**
 1111 South Wilcrest
 Houston, TX 77099

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0943

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: **Chevron USA, Inc.**
 15 Smith Road
 Midland, TX 79705

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Chevron USA, Inc.
15 Smith Road
Midland, TX 79705

2. Article Number: 7006 0100 0005 5770 0943
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Chris Lawrence* Agent Addressee

B. Received by (Printed Name): *Chris Lawrence*

C. Date of Delivery: *4-22*

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

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

4. Restricted Delivery? (Extra Fee) Yes No

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

7006 0100 0005 5770 0950

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

For delivery information: **MHF/OXY**

OFFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Chevron USA, Inc.
 Street, or PO B: P.O. Box 1635
 City, St: Houston, TX 77251

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:
 Chevron USA, Inc.
 P.O. Box 1635
 Houston, TX 77251

2. Article Number: 7006 0100 0005 5770 0950
 (Transfer from service)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4-23-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0967

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

For delivery information: **MHF/OXY**

OFFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 13 2013

Sent To: Christopher Cusack
 Street, A or PO B: 2114 Holmby
 City, St: Los Angeles, CA 90025

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:
 Christopher Cusack
 2114 Holmby
 Los Angeles, CA 90025

2. Article Number: 7006 0100 0005 5770 0967
 (Transfer from service)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *CHRIS CUSACK* C. Date of Delivery: *4/23/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0974

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Clara B. Scallon
 Street or PO 1404 East 14th
 City, State, ZIP+4® Pueblo, CO 81001

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0981

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Clara S. McKim
 Street or PO c/o Ray McKim
 City, State, ZIP+4® P.O. Box 2356
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION **THIS SECTION ON DELIVERY**

1. Article Addressed to:
 Clara S. McKim
 c/o Ray McKim
 P.O. Box 2356
 Midland, TX 79702

2. Article Number: 7006 0100 0005 5770 0981
 (Transfer from service)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 Agent Addressee
 B. Received by (Printed name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

7006 0100 0005 5770 0998

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Clarke C. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

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:
 Clarke C. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

2. Article Number: 7006 0100 0005 5770 0998
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 Agent
 Addressee

B. Received by (Printed Name): *[Signature]*
 C. Date of Delivery: APR 19 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1001

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Clay Burkhart
 P.O. Box 1888
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1018

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **OFFICIAL** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box
 City, State
 Clay Cooper
 P.O. Box 117
 Canyon, TX 79015

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Clay Cooper
 P.O. Box 117
 Canyon, TX 79015

2. Article Number (Transfer from service) 7006 0100 0005 5770 1018

SECTION ON DELIVERY

A. Signature
 x Charles E. Cooper Agent Addressee

B. Received by (Printed Name) Charles E. Cooper C. Date of Delivery 4-22-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1025

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Ins...)
 For delivery information visit **OFFICIAL** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box
 City, State
 Cleroy, Inc.
 601 South Boulder Avenue
 Tulsa, OK 74119

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Cleroy, Inc.
 601 South Boulder Avenue
 Tulsa, OK 74119

2. Article Number (Transfer from service) 7006 0100 0005 5770 1025

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x [Signature] Agent Addressee

B. Received by (Printed Name) N.W. [Signature] C. Date of Delivery 4-22

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1032

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
CLEROY, Inc.
P.O. Box 3403
Tulsa, OK 74101

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:

CLEROY, Inc.
P.O. Box 3403
Tulsa, OK 74101

2. Article Number: 7006 0100 0005 5770 1032
(Transfer from serv)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *NURKIN* C. Date of Delivery *APR 24 2013*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1049

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
Clifford Cone
P.O. Drawer 1629
Lovington, NM 88260

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: **MHF/OXY**

OFFII

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Clinton H. Dean, Jr.
 4212 O'Keefe Drive
 El Paso, TX 79902

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:
 Clinton H. Dean, Jr.
 4212 O'Keefe Drive
 El Paso, TX 79902

2. Article Number
 (Transfer from serv) **7006 0100 0005 5770 1056**

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

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: **MHF/OXY**

OFFII

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Clodette Maner, as Guardian of
 the Estate of Haley Lowe
 3424 61st Street
 Lubbock, TX 79413

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1070

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No International Service Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 9 2013

Sent To
 Coats Energy Int. LTD
 P.O. Box 171717
 San Antonio, TX 78217

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1087

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No International Service Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 19 2013

Sent To
 Connie C. Hinman
 1833 Devondale Circle
 Charleston WV 25314

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Connie C. Hinman
 1833 Devondale Circle
 Charleston WV 25314

2. Article Number (Transfer from service) 7006 0100 0005 5770 1087

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Virginia C. Hinman

B. Received by (Printed Name) *Virginia C. Hinman*

C. Date of Delivery *5-3-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
 MAY - 3 2013
 5851

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

7006 0100 0005 5770 1094

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87505

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

Conoco-Phillips
 3300 North "A" Street,
 Building 6
 Midland, TX 79705

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **R PRATT** C. Date of Delivery **4-22-13**

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

1. Article Addressed to:
 Conoco-Phillips
 3300 North "A" Street,
 Building 6
 Midland, TX 79705

2. Article Number
 (Transfer from service label) 7006 0100 0005 5770 1094

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

7006 0100 0005 5770 1100

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87505

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

ConocoPhillips Company
 P.O. Box 2197
 Houston, TX 77252

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1117

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box 1
 City, State
 Corrigan Southern Land & Cattle
 8117 Preston Road, Suite 610
 Dallas, TX 75225

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *D. Holland* Agent Addressee

B. Received by (Printed Name) *D. Holland* C. Date of Delivery *4-22-13*

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

1. Article Addressed to:
 Corrigan Southern Land & Cattle
 8117 Preston Road, Suite 610
 Dallas, TX 75225

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 5770 1117

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

7006 0100 0005 5770 1124

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box 1
 City, State
 Courtney Holt Cowden Jr.
 P.O. Box 950
 Midland, TX 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Holt Cowden* Agent Addressee

B. Received by (Printed Name) *Holt Cowden* C. Date of Delivery *4-29-13*

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

1. Article Addressed to:
 Courtney Holt Cowden Jr.
 P.O. Box 950
 Midland, TX 79702

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 5770 1124

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

7006 0100 0005 5770 1131

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. 1 or PO Box N
 City, State, ZIP
 Coy S. Lowe
 3301 42nd Street
 Lubbock, TX 79413

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:
 Coy S. Lowe
 3301 42nd Street
 Lubbock, TX 79413

2. Article Number:
 (Transfer from service label) 7006 0100 0005 5770 1131

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lillian Koontz* Agent Addressee

B. Received by (Printed Name)
 Lillian Koontz

C. Date of Delivery
 APR 23 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1148

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP
 Craig Cusack
 P.O. Box 250
 Roswell, NM 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:
 Craig Cusack
 P.O. Box 250
 Roswell, NM 88202

2. Article Number:
 (Transfer from service label) 7006 0100 0005 5770 1148

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *ET Gailos* Agent Addressee

B. Received by (Printed Name)
 ET Gailos

C. Date of Delivery
 APR 22 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1155

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Postage Necessary for Delivery)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 CRJ Resources, LLC
 Street, A or PO Box 5908 Los Hermanos Court NE
 City, State Albuquerque, NM 87111

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:
 CRJ Resources, LLC
 5908 Los Hermanos Court NE
 Albuquerque, NM 87111

2. Article Number (Transfer from service) 7006 0100 0005 5770 1155

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 [Signature]

B. Received by (Printed Name) LEE JONES
 C. Date of Delivery 4-29-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1162

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Postage Necessary for Delivery)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Cross Timbers Oil Company, LP
 Street, A or PO Box 810 Houston Street, Suite 2000
 City, State Fort Worth, TX 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:
 Cross Timbers Oil Company, LP
 810 Houston Street, Suite 2000
 Fort Worth, TX 76102

2. Article Number (Transfer from service) 7006 0100 0005 5770 1162

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 xKenia Lacy - Brown

B. Received by (Printed Name)
 C. Date of Delivery 4-29-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1179

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N...)
 For delivery information visit **MHF/OXY**
OFFICIAL

Postage	\$ 1.52
Certified Fee	3.40
Return Receipt Fee (Endorsement Required)	2.155
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Cusack Family Revocable Living Trust
 P.O. Box 25
 Willow City, TX 78675

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1186

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N...)
 For delivery information visit **MHF/OXY**
OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Cyndy Grace St. Clair
 Route 1, Box 145C
 Waurika, OK 73537

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1193

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

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DEARBORN, MI

Sent To
 Cynthia A. Thompson
 350 Pleasant Drive SE
 Cedar Rapids, IA 52403

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:
 Cynthia A. Thompson
 350 Pleasant Drive SE
 Cedar Rapids, IA 52403

2. Article Number
 (Transfer from service label) 7006 0100 0005 5770 1193

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Cynthia A. Thompson

C. Date of Delivery
 4/21/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1209

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

For delivery information visit **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DEARBORN, MI

Sent To
 Cynthia S. Gregg
 P.O. Box 724
 Sundown, TX 75372

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:
 Cynthia S. Gregg
 P.O. Box 724
 Sundown, TX 75372

2. Article Number
 (Transfer from service label) 7006 0100 0005 5770 1209

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Cynthia S. Gregg

C. Date of Delivery
 APR 19 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1216

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: **APR 19 2013**

Sent To: **D.C. Well Service**
 Street, Apt. or PO Box: **P.O. Box 1449**
 City, State: **Denver City, TX 79323**

PS Form 3800, June 2002. See Reverse for Instructions.

Returned

7006 0100 0005 5770 1223

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: **APR 19 2013**

Sent To: **Dalco Oil Company**
 Street, Apt. or PO Box: **C/O Hunt Oil Co.**
 City, State: **1900 N. Akard Street**
Dallas, TX 75201-2300

PS Form 3800, June 2002.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Carol Steadman</i></p> <p>C. Date of Delivery: <i>4/23/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Dalco Oil Company C/O Hunt Oil Co. 1900 N. Akard Street Dallas, TX 75201-2300</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: 7006 0100 0005 5770 1223</p> <p>(Transfer from sender)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

7006 0100 0005 5770 1230

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

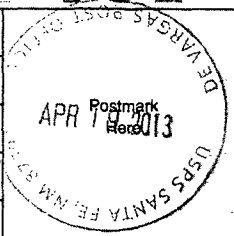
For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To: Daniel L. Viers
 1209 W. Cuthbert
 Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions



Returned

7006 0100 0005 5770 1247

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

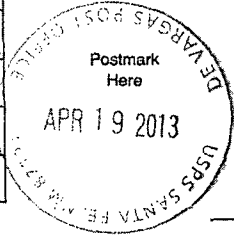
For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To: David B. Talbot, III
 1309 East Street
 Graham, TX 76046

PS Form 3800, June 2002



Returned

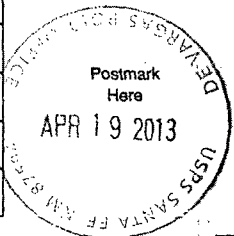
7006 0100 0005 5770 1254

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: David Carl Ganz, Jr.; Cathey Ganz Johnsen
 Street, Apt. or PO Box: 87 Crestwood Blvd.
 City, State: Farmington, NM 11735

7006 0100 0005 5770 1254

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: David Fred Carr
 Street, Apt. or PO Box: 6401 Mount Ada Road #143
 City, State: San Diego, CA 92111

7006 0100 0005 5770 1276

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box: Debra D. Dye
 City, State: P.O. Box 834
 LaPorte, TX 77572

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1285

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box: Debra Lowe Finn
 City, State: 1500 Broadway, Suite 1230
 Lubbock, TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1292

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: **APR 19 2013**

Sent To: Del-Lea, Inc.
P.O. Box 1889
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1306

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

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: **APR 19 2013**

Sent To: Denise Lowe
3424 61st Street
Lubbock, TX 79413

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1315

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A or PO Box
 City, State
Dennis Cox
422 East Main
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1322

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A or PO Box
 City, State
Devon Energy Corp.
20 N. Broadway, Suite 1500
Oklahoma City, OK 731102

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

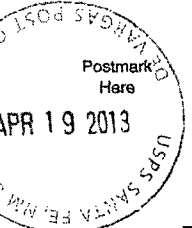
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent, Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery APR 19 2013</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Devon Energy Corp. 20 N. Broadway, Suite 1500 Oklahoma City, OK 731102</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7006 0100 0005 5770 1322</p>	

7006 0100 0005 5770 1346

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.53
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



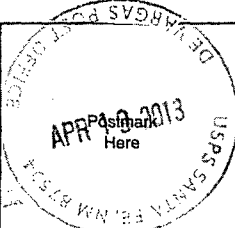
Sent To
Dianna Beatty Dugger
Street, or PO E 2407 Latinada Court
City, St. Carlsbad, CA 92009-9133

7006 0100 0005 5770 1346

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

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.53
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Dinah Gemelle
Street, Apt. No. or PO Box No 16117 136th Ave.
City, State, Zi Gig Harbor, WA 98329

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X Dinah Gemelle <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Dee Proff C. Date of Delivery 4-25-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: Dinah Gemelle 16117 136th Ave. Gig Harbor, WA 98329	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 0100 0005 5770 1346	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 1353

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Not for International Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013
Postmark Here

Sent To: Donald A. Turner
 4201 Monty Dr.
 Midland, TX 79703

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:
 Donald A. Turner
 4201 Monty Dr.
 Midland, TX 79703

2. Article Number: 7006 0100 0005 5770 1353
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Susan Turner
 Agent
 Addressee

B. Received by (Printed Name): Susan Turner
 C. Date of Delivery: 4/22/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 1360

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

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013
Postmark Here

Sent To: Donald H. Greer
 P.O. Box 256
 Center Point, TX 78010-0256

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:
 Donald H. Greer
 P.O. Box 256
 Center Point, TX 78010-0256

2. Article Number: 7006 0100 0005 5770 1360
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X D.H. Greer
 Agent
 Addressee

B. Received by (Printed Name): D.H. Greer
 C. Date of Delivery: APR 22 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 1377

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 10 2013

Sent To: Doris Rollins Daugherty
 Street, Apt. or PO Box: 408 Kilpatrick Court
 City, State: Lexington, KY 40511-1624

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:
 Doris Rollins Daugherty
 408 Kilpatrick Court
 Lexington, KY 40511-1624

2. Article Number (Transfer from service): 7006 0100 0005 5770 1377

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Doris R. Daugherty* 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

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

7006 0100 0005 5770 1384

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Douglas C. Koch
 Street, Apt. or PO Box: P.O. Box 540244
 City, State: Houston, TX 77254

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:
 Douglas C. Koch
 P.O. Box 540244
 Houston, TX 77254

2. Article Number (Transfer from service): 7006 0100 0005 5770 1384

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Douglas Koch* Agent Addressee

B. Received by (Printed Name): Douglas Koch C. Date of Delivery: APR 23 2013

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

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

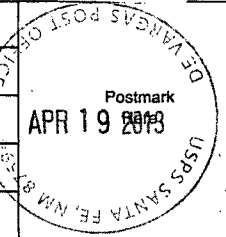
4. Restricted Delivery? (Extra Fee) Yes

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

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

For delivery information: **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: **Douglas L. Cone**
 Street, Apt. or PO Box: **P.O. Box 64244**
 City, State: **Lubbock, TX 79413**

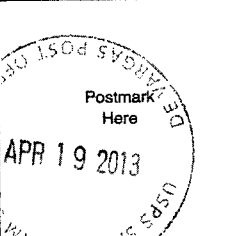
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1391

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

For delivery information: **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: **Dr. Donna F. Adams**
 Street, Apt. or PO Box: **406 West Main Street**
 City, State: **Dennison, TX 75020**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1407

SENDER: COMPLETE THESE SECTIONS

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

DELIVERY

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

1. Article Addressed to:
 Dr. Donna F. Adams
 406 West Main Street
 Dennison, TX 75020

2. Article Number: 7006 0100 0005 5770 1407
 (Transfer from sender)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Dr. Donna F. Adams* Agent Addressee
 B. Received by (Printed Name): **DR. D. F. ADAMS**
 C. Date of Delivery: _____
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

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

7006 0100 0005 5770 1414

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

For delivery information: **MHF/OXY**

OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Dr. Roy Camp
 24 Woodlands
 Enid, OK 73701

PS Form 3800, June 2002. See reverse for instructions.

Returned

7006 0100 0005 5770 1421

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

For delivery information: **MHF/OXY**

OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 E.A. Beck, Jr.
 1223 Sheridan
 Corona, CA 92882-4346

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Barbara Kelby</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ E. Date of Delivery _____
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
E.A. Beck, Jr. 1223 Sheridan Corona, CA 92882-4346	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from) 7006 0100 0005 5770 1421	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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

7006 0100 0005 5770 1438

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

For delivery information visit **OFFIC** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Edward Allen Dunbar
 P.O. Box 883
 Rocksprings, TX 78880

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:
 Edward Allen Dunbar
 P.O. Box 883
 Rocksprings, TX 78880

2. Article Number (Transfer from sender) 7006 0100 0005 5770 1438

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Alan Dunbar*

B. Received by (Printed Name)
 C. Date of Delivery 4/23/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1445

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

For delivery information visit **OFFIC** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 EG Energy LLC
 9204 Cherokee Lane
 Leawood, KS 66206

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:
 EG Energy LLC
 9204 Cherokee Lane
 Leawood, KS 66206

2. Article Number (Transfer from sender) 7006 0100 0005 5770 1445

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Sam Williams*

B. Received by (Printed Name)
 C. Date of Delivery 4/22/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1452

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

For delivery information visit **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.58
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box: Elaine M. Walker & William C.
 P.O. Box 11222
 City, State: Wichita, KS 67211

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1469

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

For delivery information visit **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.58
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box: Eleanor Christie Corrigan
 3809 Shenandoah Street
 City, State: Dallas, TX 75205

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: <i>4-22</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____
1. Article Addressed to: Eleanor Christie Corrigan 3809 Shenandoah Street Dallas, TX 75205	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number: 7006 0100 0005 5770 1469 (Transfer from service)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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

7006 0100 0005 5770 1476

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

For delivery information visit **MHF/OXY**

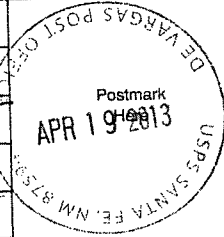
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Elizabeth Blosser
 Street, Apt or PO Box: 1601 Fernwood Drive
 City, State: Oakland, CA 94611

PS Form 3800, June 2002 See Reverse for Instructions



7006 0100 0005 5770 1483

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

For delivery information visit **MHF/OXY**

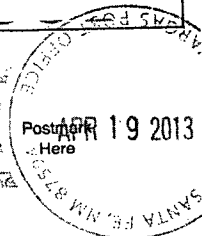
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Elizabeth T. Barry
 Street, Apt or PO Box: 151 Thompson Drive SE
 City, State: Cedar Rapids, IA 52403

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Elizabeth T. Barry
 151 Thompson Drive SE
 Cedar Rapids, IA 52403

2. Article Number: 7006 0100 0005 5770 1483

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Steve M. Barry* Agent Addressee

B. Received by (Printed Name): Steve M. Barry

C. Date of Delivery: 4-29-13

D. Is delivery address different from item 1? Yes No

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1490

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: **APR 19 2013**

Sent To: Elwyn Ward White
 Street, Apt or PO Box: P.O. Box 918
 City, State: Greenville, Miss 38702

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:
 Elwyn Ward White
 P.O. Box 918
 Greenville, Miss 38702

2. Article Number: 7006 0100 0005 5770 1490
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 04/23/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1506

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: **APR 19 2013**

Sent To: Eric J. Coll
 Street, Apt or PO Box: P.O. Box 1818
 City, State: Roswell, NM 88202-1818

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:
 Eric J. Coll
 P.O. Box 1818
 Roswell, NM 88202-1818

2. Article Number: 7006 0100 0005 5770 1506
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: APR 23 2013

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 5770 1513

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

For delivery information visit [usps.com](#) **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To

Street, Apt or PO: Erma Hoffman
 City, State: 1628 41st Avenue E
 Seattle, WA 98112

PS Form 3800, June 2002 See reverse for instructions

Returned

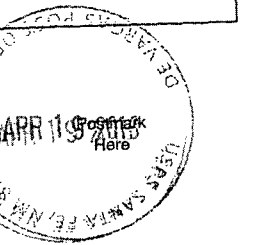
7006 0100 0005 5770 1520

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

For delivery information visit [usps.com](#) **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To

Street, Apt or PO Box: Ernest B. Alexander
 City, State: P.O. Box 482
 Marysville, MO 64468

PS Form 3800, June 2002 See reverse for instructions

7006 0100 0005 5770 1537

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

For delivery information visit [usps.com](#) MHF/OXY

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here APR 19 2013

Sent To Ernest H. Byers, Jr. & Ruth McKissack Byers
 8805 Royal Harbor Court
 Fort Worth, TX 76179

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:
 Ernest H. Byers, Jr. & Ruth McKissack Byers
 8805 Royal Harbor Court
 Fort Worth, TX 76179

2. Article Number (Transfer from s) 7006 0100 0005 5770 1537

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Ruth Byers Agent Addressee

B. Received by (Printed Name) Ruth Byers C. Date of Delivery 4/23/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 1544

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

For delivery information visit [usps.com](#) MHF/OXY

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here APR 19 2013

Sent To Estate Hilton Sayle
 38 South Dearborn Street,
 Suite 777
 Chicago, IL 60603

PS Form 3800, June 2002 See Reverse for Instructions

1551 0225 5000 0100 0005 5770 7006

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

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Estate John P. Cusack, Jr.
 P.O. Box 250
 Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Estate John P. Cusack, Jr.
 P.O. Box 250
 Roswell, NM 88202

2. Article Number (Transfer from serv) 7006 0100 0005 5770 1551

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *ET Galleys* Agent Addressee

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

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

APR 22 2013

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1551 0225 5000 0100 0005 5770 7006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Estate Mona Sayle
 38 South Dearborn Street,
 Suite 777
 Chicago, IL 60603

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1575

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: Estate of Clara Wright
 Street, Apt or PO Box: Tedrick Hal Ussery, Personal Rep.
 City, State: 5018 Eunice Hwy.
 Hobbs, NM 88240

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature: <i>Rhonda Ussery</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): <i>Rhonda Ussery</i> C. Date of Delivery: <i>4-23-13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Estate of Clara Wright Tedrick Hal Ussery, Personal Rep. 5018 Eunice Hwy. Hobbs, NM 88240	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from): 7006 0100 0005 5770 1575	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1582

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: Estate of Ruth O. Snowden
 Street, Apt or PO Box: Roy E. Brooks, Pers. Rep.
 City, State: 3404 Purdue Place NE
 Albuquerque, NM 87106

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature: <i>Ruth O. Snowden</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): C. Date of Delivery: D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Estate of Ruth O. Snowden Roy E. Brooks, Pers. Rep. 3404 Purdue Place NE Albuquerque, NM 87106	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service): 7006 0100 0005 5770 1582	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1599

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Postage Necessary for Return)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.53
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 19 2013

Sent To
 Etz Oil Properties, LTD.
 P.O. Box 1992
 Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1605

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Postage Necessary for Return)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 19 2013

Sent To
 Evrett R. Newby
 c/o Brian Newby
 715 Jones Street, Apt. 201
 Fort Worth, TX 76102-5474

PS Form 3800, June 2002 See Reverse for Instructions

SENDER - COMPLETE THIS SECTION

1. Article Addressed to:
 Evrett R. Newby
 c/o Brian Newby
 715 Jones Street, Apt. 201
 Fort Worth, TX 76102-5474

2. Article Number (Transfer from serial number)
 7006 0100 0005 5770 1605

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 APR 29 2013

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1612

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.53
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, or P.O. Box
 City, St
 ExxonMobil Corp.
 P.O. Box 2305
 Houston, TX 77252-2305

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ExxonMobil Corp.
 P.O. Box 2305
 Houston, TX 77252-2305

2. Article Number
 (Transfer from service) 7006 0100 0005 5770 1612

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent Addressee

B. Received by (Printed Name) **JAMES FELDER** 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1629

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, or P.O. Box
 City, St
 Fairway Oil & Gas Company
 P.O. Box 1747
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1636

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark APR 18 2013

Sent To **Farley Ranch Lowe Family Partnership LTD**
 308 Comet
 Austin, TX 78734

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1643

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark APR 18 2013

Sent To **Featherstone Development Corp.**
 P.O. Box 429
 Roswell, NM 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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>J. Andazola</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Jennifer Andazola</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	<p>Featherstone Development Corp. P.O. Box 429 Roswell, NM 88202</p>
2. Article Number (Transfer from)	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7006 0100 0005 5770 1643

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1650

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To:
 Street, or PO Box: Fernand Robidoux
 City, State: 97 Hanover Avenue
 Pawtucket, RI 02861

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1667

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To:
 Street, or PO Box: Finley Production Company LP
 City, State: 1308 Lake Street
 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Finley Production Company LP
 1308 Lake Street
 Fort Worth, TX 76102

2. Article Number: 7006 0100 0005 5770 1667
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [Signature]
 Agent
 Addressee

B. Received by (Printed Name): Spencer Todd
 C. Date of Delivery: 4/20

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1674

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 DEARBORN, MI 48105
 APR 19 2013

Sent To: **First Baptist Church**
 of Forrest City
 507 N. Rosser
 Forrest City, AR 76335

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1661

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 DEARBORN, MI 48105
 APR 19 2013

Sent To: **First Roswell Company**
 P.O. Box 1797
 Roswell, NM 88202-1797

PS Form 3800, June 2002 See Reverse for Instructions

SEND SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature Agent Addressee
 X *Ray Sroder*

B. Received by (Printed Name) *Ray Sroder* C. Date of Delivery
 APR 24 2013

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

1. Article Addressed to:
 First Roswell Company
 P.O. Box 1797
 Roswell, NM 88202-1797

2. Article Number (Transfer from) **7006 0100 0005 5770 1661**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1698

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



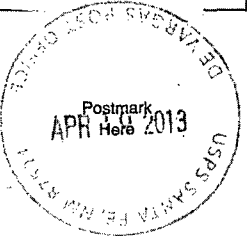
Sent To
Forest Oil Corp.
Street, or PO Box: 3838 North Causeway Blvd.,
City, State: Suite 2300
Metairie, LA 70002

7006 0100 0005 5770 1704

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Gabrielle Goust Young
Street, or PO Box: 4448 South Shore Drive
City, State: Anacortes, WA 98221

7006 0100 0005 5770 1721

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Gail Allen Emory
 Street, or PO Box
 2683 West Ivanhoe Street
 City, State
 Chandler, AZ 85524

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1728

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Gary J. Lamb
 Street, A or PO Box
 P.O. Box 3383
 City, State
 Midland, TX 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:
 Gary J. Lamb
 P.O. Box 3383
 Midland, TX 79702

2. Article Number (Transfer from) 7006 0100 0005 5770 1728

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) Carol Whisler C. Date of Delivery 4/30/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

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 **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013 Postmark Here

Sent To: Gary Phillips
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1735

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:
 Gary Phillips
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number (Transfer from): 7006 0100 0005 5770 1735

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Erica W. C. Date of Delivery: 4/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013 Postmark Here

Sent To: Gene C. & Vikki L. Jameson
 987 Island Drive
 Somerset, WI 54025

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1742

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:
 Gene C. & Vikki L. Jameson
 987 Island Drive
 Somerset, WI 54025

2. Article Number (Transfer from): 7006 0100 0005 5770 1742

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Vikki Jameson C. Date of Delivery: 4/23/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1759

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To: George H. Etz, Jr., trustee of
 the George H. Etz, Sr. Trust
 Street, Apt. or PO Box: 2003 17th Street
 City, State: Lubbock, TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1766

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To: George K. Avera
 Street, Apt. or PO Box: 8648 La Gente
 City, State: El Paso, TX 79907

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A: Signature <i>X Avera</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B: Received by (Printed Name) C: Date of Delivery
1. Article Addressed to: George K. Avera 8648 La Gente El Paso, TX 79907	D: Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from ser. 7006 0100 0005 5770 1766)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1721

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013
Postmark Here

Sent To: George Wesley Weir
 Street, Apt or PO Box: 6 Hope Road
 City, State: Eaton Town, NJ 07724

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1760

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013
Postmark Here

Sent To: Glenna Warren
 Street, Apt or PO Box: 419 East Dunham
 City, State: Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1797

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N...)
 For delivery information v **MHF/OXY**
OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, or PO Box, City, St.
 Gordon Nees, III
 P.O. Box 119
 Graham, TX 76046

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- 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:
 Gordon Nees, III
 P.O. Box 119
 Graham, TX 76046

2. Article Number 7006 0100 0005 5770 1797
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Agent Addressee

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1803

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N...)
 For delivery information v **MHF/OXY**
OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, or PO Box, City, St.
 Grassland Energy LP
 1308 Lake Street
 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- 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:
 Grassland Energy LP
 1308 Lake Street
 Fort Worth, TX 76102

2. Article Number 7006 0100 0005 5770 1803
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Agent Addressee

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box
 City, State

Green River Resources, Inc.
 302 Summit Ridge
 Leander, TX 78645

PS Form 3800, June 2002

Returned

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street, Apt. or PO Box
 City, State

Greg & Nancy Vance Family LP,
 c/o Production Gathering Company
 8080 N. Central Expressway
 Dallas, TX 75206

PS Form 3800, June 2002 See Reverse for Instructions

SENDER - COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Greg & Nancy Vance Family LP,
 c/o Production Gathering Company
 8080 N. Central Expressway
 Dallas, TX 75206

2. Article Number (Transfer from)

7006 0100 0005 5770 1827

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

7006 0100 0005 5770 1834

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Greg Mauzy trustee of the
 MGM Oil & Gas Co.
 P.O. Box 891
 Midland, TX 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:
 Greg Mauzy trustee of the
 MGM Oil & Gas Co.
 P.O. Box 891
 Midland, TX 79702

2. Article Number (Transfer from): 7006 0100 0005 5770 1834

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 4-29-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1841

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: H. Corrigan, III
 3809 Shenandoah Street
 Dallas, TX 75205

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:
 H. Corrigan, III
 3809 Shenandoah Street
 Dallas, TX 75205

2. Article Number (Transfer from): 7006 0100 0005 5770 1841

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 4-27

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

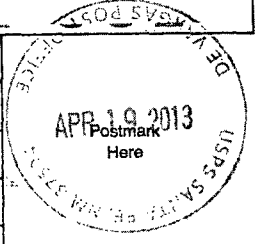
7006 0100 0005 5770 1858

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, N...)
 For delivery information v... MHF/OXY
OFFICE

Postage	\$ 1.53
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To
 Street, A... H. Edison Ellis, Jr.
 or PO Bo... P.O. Box 6700707
 City, Stat... Dallas, TX 75367

PS Form 3800, June 2002 See Reverse for Instructions



7006 0100 0005 5770 1865

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, N...)
 For delivery information MHF/OXY
OFFICE

Postage	\$ 1.53
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To
 Street, or PO... H.B. Fuqua
 City, S... Fort Worth, TX 76108-4268

PS Form 3800, June 2002 See Reverse for Instructions



CERTIFIED MAIL
 COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 H.B. Fuqua
 210 Pack Saddle Trail
 Fort Worth, TX 76108-4268

2. Article N... (Transfer) 7006 0100 0005 5770 1865

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
 X J.B. Fuqua

B. Received by (Printed Name) C. Date of Delivery
 Fuqua 4-22-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1872

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To:
 Street, or PO Box: H.R. Stasney & Sons, LTD
 City, State: P.O. Box 3190
 Albany, TX 76430

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 H.R. Stasney & Sons, LTD
 P.O. Box 3190
 Albany, TX 76430

2. Article Number:
 (Transfer from service) 7006 0100 0005 5770 1872

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Emma Hachem* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 4-23-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02;M-1540

7006 0100 0005 5770 1889

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To:
 Street, or PO Box: HAG Partnership
 City, State: 7311 Creek Bluff Drive
 Austin, TX 78750

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1696

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, Apt. or PO Box: **Haoho, LTD**
 City, State: **P.O. Box 1747**
Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1902

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, Apt. or PO Box: **Harold E. Burke**
 City, State: **6777 Camp Bowie, Suite 215**
Forth Worth, TX 76116

PS Form 3800, June 2002 See Reverse for Instructions

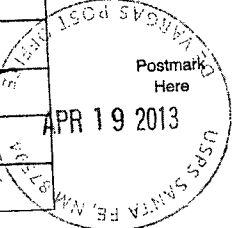
Returned

7006 0100 0005 5770 1919

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFII

Postage	\$ 1.52	
Certified Fee	3.00	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: **Harvard Energy Partners Ltd.**
 c/o Andy Grooms
 P.O. Box 936
 Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF THE RETURN ADDRESS

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:
 Harvard Energy Partners Ltd.
 c/o Andy Grooms
 P.O. Box 936
 Roswell, NM 88202

2. Article Number: 7006 0100 0005 5770 1919
 (Transfer from sender)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Joy Johnson* Agent Addressee

B. Received by (Printed Name): *Joy Johnson* C. Date of Delivery: *APR 19 2013*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

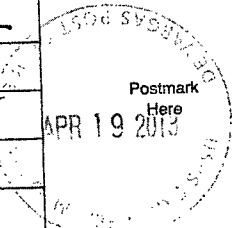
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 1926

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFII

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: **Harvey Lee Johnson**
 3917 Radcliff
 Abilene, TX 79603

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OR 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:
 Harvey Lee Johnson
 3917 Radcliff
 Abilene, TX 79603

2. Article Number: 7006 0100 0005 5770 1926
 (Transfer from sender)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Harvey Lee Johnson* Agent Addressee

B. Received by (Printed Name): *HARVEY LEE JOHNSON* C. Date of Delivery: *APR 19 2013*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

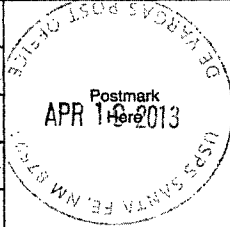
4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 1933

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To

Street, Apt. or PO Box / City, State
 Hazel Lewelling
 702 West Avenue
 Levelland, TX 79336

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1940

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To

Street, Apt. or PO Box / City, State
 Helen Learmont Bedford Family Trust
 Edwin L. Bedford, Trustee
 P.O. Box 2047
 Newport, OR 97365

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 1957

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To: **Helm Energy, LLC**
 Street, Apt. or PO Box: **1775 Sherman Street, Suite 1955**
 City, State: **Denver, CO 80203**

PS Form 3800, June 2002

Returned

7006 0100 0005 5770 1954

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To: **Henry C. Parsons, Sr. & Katherine**
 Street, Apt. or PO Box: **Proctor Star Route**
 City, State: **Williamsport, PA 17701**

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 1971

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; *International Services Governed by Treaty*)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Herring's Carter Minerals, LLC
 P.O. Box 2036
 Roswell, NM 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:
 Herring's Carter Minerals, LLC
 P.O. Box 2036
 Roswell, NM 88202

2. Article Number (Transfer from): 7006 0100 0005 5770 1971

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Paul Herring* Agent Addressee

B. Received by (Printed Name): Agent Addressee

C. Date of Delivery: APR 22 2013

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: 8820
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1988

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; *International Services Governed by Treaty*)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Hickory Timbers LTD
 810 Houston Street,
 Suite 2000
 Fort Worth, TX 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:
 Hickory Timbers LTD
 810 Houston Street,
 Suite 2000
 Fort Worth, TX 76102

2. Article Number (Transfer from): 7006 0100 0005 5770 1988

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X Kenia Lacy - Brown* Agent Addressee

B. Received by (Printed Name): Agent Addressee

C. Date of Delivery: APR 22 2013

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

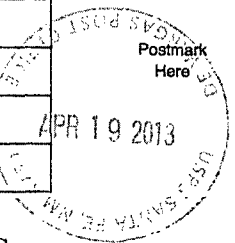
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 1995

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, Apt. or PO Box #
 City, State, Zip
 HNL Royalty Company
 P.O. Box 51311
 Midland, TX 79710

7006 0100 0005 5770 2008

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



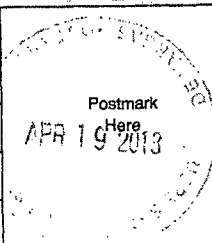
Sent To
 Street, Apt. or PO Box #
 City, State, Zip
 Hobbs Oil Syndicate
 P.O. Box 2980 MC-3-TR
 Milwaukee, WI 53201

7006 0100 0005 5770 2015

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: **Hugh A. Thompson**
 Street, Apt. 1 or PO Box #: **6301 Colony Way 1-A**
 City, State, ZIP: **Edina, MN 55435**

PS Form 3800, June 2002 See Reverse for Instructions

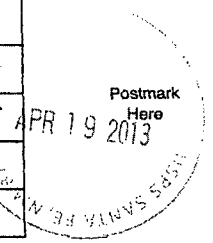
Returned

7006 0100 0005 5770 2022

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: **Hugh Corrigan III**
 Street, Apt. 1 or PO Box #: **2 Live Oak Dr.**
 City, State, ZIP: **Midland, TX 79705**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>* <i>Marisela Gonzalez</i></p> <p>B. Received by, (Printed Name) C. Date of Delivery</p> <p>4-22-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><i>MARISOLA GONZALEZ</i></p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Addressed to:</p> <p>Hugh Corrigan III 2 Live Oak Dr. Midland, TX 79705</p>	
<p>2. Article Number</p> <p>(Transfer from service)</p> <p>7006 0100 0005 5770 2022</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

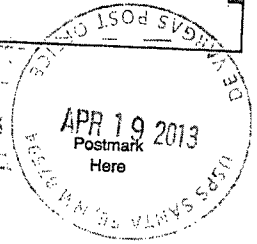
7006 0100 0005 5770 2039

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, Apt. or PO Box
 City, State
 Hugh Daniel Corrigan
 3809 Shenandoah Street
 Dallas, TX 75205

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS (POD ALD DOTTED)

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:
 Hugh Daniel Corrigan
 3809 Shenandoah Street
 Dallas, TX 75205

2. Article Number
 (Transfer from serv) 7006 0100 0005 5770 2039

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 4-22

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

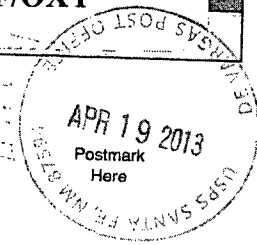
7006 0100 0005 5770 2046

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, Apt. or PO Box
 City, State
 Isaacs Family LP
 5 Inverness Srive East
 Englewood, CO 80112

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2053

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: J. Cleo Thompson & J. Cleo Thompson Jr. LP
 325 North St. Paul, Suite 4300
 Dallas, TX 75201

PS Form 3800, February 2004 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:
 J. Cleo Thompson & J. Cleo Thompson Jr. LP
 325 North St. Paul, Suite 4300
 Dallas, TX 75201

2. Article Number (Transfer from): 7006 0100 0005 5770 2053

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Name]* C. Date of Delivery: 4/24/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2060

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: J. Pat Corrigan Family Ltd. Ptsp.
 7150 20th St., Suite E
 Vero Beach, FL 32966

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:
 J. Pat Corrigan Family Ltd. Ptsp.
 7150 20th St., Suite E
 Vero Beach, FL 32966

2. Article Number (Transfer from): 7006 0100 0005 5770 2060

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Darlene Dellins C. Date of Delivery: 4-22-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2077

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To: J. R. McGinley, Jr., trustee of the J.R. McGinley, Jr. Revocable Trust dated 1/2/1990
 Street, Apt or PO Box: P.O. Box 769
 City, State: Tulsa, OK 74101

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:
 J. R. McGinley, Jr., trustee of the J.R. McGinley, Jr. Revocable Trust dated 1/2/1990
 P.O. Box 769
 Tulsa, OK 74101

2. Article Number (Transfer from service label): **7006 0100 0005 5770 2077**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *J.R. McGinley* Agent Addressee

B. Received by (Printed Name): *J.R. McGinley*

C. Date of Delivery: **APR 24 2013**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2084

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To: J.H. Herd
 Street, Apt or PO Box: P.O. Box 130
 City, State: Midland, TX 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:
 J.H. Herd
 P.O. Box 130
 Midland, TX 79702

2. Article Number (Transfer from service label): **7006 0100 0005 5770 2084**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Marsha McQuerry* Agent Addressee

B. Received by (Printed Name): *MARSHA McQUERRY*

C. Date of Delivery: **4-29-13**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2091

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return Receipt)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 J.M. White
 HC 74, Box 503
 Graham, TX 76450

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 2107

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return Receipt)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 J.R. McGinley, Jr. Revocable Trust
 P.O. Box 769
 Tulsa, OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- 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:
 J.R. McGinley, Jr. Revocable Trust
 P.O. Box 769
 Tulsa, OK 74101

2. Article Number: 7006 0100 0005 5770 2107
 (Transfer from service label)

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *J.R. McGinley, Jr.* Agent Addressee
 B. Received by (Printed Name): JR MCGINLEY, JR. C. Date of Delivery: APR 19 2013
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below.

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 **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Jacqueline Gousy Beattie
 200 Old River Road, Apt. 14
 Lincoln, RI 02865

PS Form 3800, June 2002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 James B. Thomas
 3304 Centenary
 Dallas, TX 75225

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) James B. Thomas</p> <p>C. Date of Delivery APR 19 2013</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>James B. Thomas 3304 Centenary Dallas, TX 75225</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from envelope)</p> <p>7006 0100 0005 5770 2121</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2136

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 19 2013**

Sent to: James E. Byers & Mattie N. Byers trustee of the James E. Byers & Mattie N. Byers Revocable Living Trust
 Street or PO: 929 Lawnview Lane
 City, State, ZIP: Franklin, TN 37064

PS Form 3800, June 2002. See Reverse for Instructions.

7006 0100 0005 5770 2145

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 19 2013**

Sent to: James H. Wilkes
 Street or PO: 777 Main Street, Suite 3200
 City, State, ZIP: Fort Worth, TX 76102

PS Form 3800, June 2002. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 James H. Wilkes
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number: 7006 0100 0005 5770 2145
 (Transfer from sender)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): SOPHIE LILGEL Agent Addressee

C. Date of Delivery: 4-23-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004. Domestic Return Receipt. 102595-02-M-1540.

7006 0100 0005 5770 2152

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return Receipt)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.58
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.11

Postmark Here
 APR 19 2013

Sent To
 Street, Ap or PO Box
 City, State
 Janetta J. Brown
 P.O. Box 482
 Marysville, MO 64468

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:
 Janetta J. Brown
 P.O. Box 482
 Marysville, MO 64468

2. Article Number (Transfer from serv) 7006 0100 0005 5770 2152

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Bryan Alexander

B. Received by (Printed Name) C. Date of Delivery
 Bryan Alexander 4-23-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2169

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Return Receipt)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.11

Postmark Here
 APR 19 2013

Sent To
 Street, Ap or PO B
 City, St
 Jayson Lee Ussery
 5018 Eunice Hwy.
 Hobbs, NM 88240

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:
 Jayson Lee Ussery
 5018 Eunice Hwy.
 Hobbs, NM 88240

2. Article Number (Transfer from serv) 7006 0100 0005 5770 2169

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Rhonda Ussery

B. Received by (Printed Name) C. Date of Delivery
 Rhonda Ussery 4-23-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2176

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A/ or PO Box
 City, State
JCJ Investments, LLC
P.O. Box 1048
Pentwater, MI 49449

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:
JCJ Investments, LLC
P.O. Box 1048
Pentwater, MI 49449

2. Article Number (Transfer from) **7006 0100 0005 5770 2176**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) **Jay Bryan** C. Date of Delivery **4/24/13**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 2183

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A/ or PO Box
 City, State
Jerry N. Namy
777 Main Street, Suite 3200
Fort Worth, TX 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:
Jerry N. Namy
777 Main Street, Suite 3200
Fort Worth, TX 76102

2. Article Number (Transfer from) **7006 0100 0005 5770 2183**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) **Erica W** C. Date of Delivery **4/22/13**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 2190

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Jim Allen
 Street, or PO Box: 620 East 23rd
 City, State: San Angelo, TX 76904

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2206

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Jim R. Williams
 Street, or PO Box: 905 West Pine Court
 City, State: Midland, TX 79705

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Jim R. Williams
 905 West Pine Court
 Midland, TX 79705

2. Article Number: 7006 0100 0005 5770 2206
 (Transfer from ser)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jim R. Williams* Agent Addressee

B. Received by (Printed Name): *J Williams*

C. Date of Delivery: *4-22-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2213

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Not for International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Jimmie Charles Weir
 P.O. Box 777
 Jal, NM 88252

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2220

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Not for International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 JM Bryan Oil LLC
 P.O. Box 839
 Graham, TX 76450

PS Form 3800, June 2002 See Reverse for Instructions

SENDER COMPLETE THIS SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

RECEIVED BY COMPLETE THIS SECTION (THIS SECTION ON DELIVERY)

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JM Bryan Oil LLC
 P.O. Box 839
 Graham, TX 76450

2. Article Number (Transfer): 7006 0100 0005 5770 2220

A. Signature: *Jimmie Charles Weir* Agent Addressee
 B. Received by (Printed Name): *Jimmie Charles Weir* Date of Delivery: _____
 C. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____
P.O. Box 839

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2237

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No International Mail)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here APR 19 2013

Sent To: Joan Miller Ganz & John William Lytle, Jr. co-trustees u/w/o Mary Duke Pearlbrook & Ida Miller P.O. Box 65 Farmington, NY 11735

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:

Joan Miller Ganz & John William Lytle, Jr. co-trustees u/w/o Mary Duke Pearlbrook & Ida Miller P.O. Box 65 Farmington, NY 11735

2. Article Number (Transfer from service) 7006 0100 0005 5770 2237

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Joan Ganz 4-22-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2244

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No International Mail)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here APR 19 2013

Sent To: Joe Gieb, III P.O. Box 2434 Midland, TX 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:

Joe Gieb, III P.O. Box 2434 Midland, TX 79702

2. Article Number (Transfer from) 7006 0100 0005 5770 2244

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Edwards

B. Received by (Printed Name) C. Date of Delivery
 Edwards 4-29-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2251

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

Sent To
 Street, Apt. or PO Box: John C. Alexander & Diane Alexander
 1998 Family Trust u/a 4/21/98
 City, State: 509 Camino Cortez
 Yuba City, CA 95911

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:
 John C. Alexander & Diane Alexander
 1998 Family Trust u/a 4/21/98
 509 Camino Cortez
 Yuba City, CA 95911

2. Article Number (Transfer from): 7006 0100 0005 5770 2251

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John C. Alexander*
 Agent
 Addressee

B. Received by (Printed Name): *John C. Alexander*
 C. Date of Delivery: *4/23/13*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 2268

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

Sent To
 Street, Apt. or PO Box: John H. Hendrix Corp.
 P.O. Box 3040
 City, State: Midland, TX 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:
 John H. Hendrix Corp.
 P.O. Box 3040
 Midland, TX 79702

2. Article Number (Transfer from): 7006 0100 0005 5770 2268

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John H. Hendrix*
 Agent
 Addressee

B. Received by (Printed Name): *John H. Hendrix*
 C. Date of Delivery: *4/23/13*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 2275

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary if Mailed in the United States)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 19 2013**

Sent To
 Street or PO Box
 City, State
 John Hays Hammonds, Jr.
 2618 Cheverny Drive
 McKinney, TX 75070-4745

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:
 John Hays Hammonds, Jr.
 2618 Cheverny Drive
 McKinney, TX 75070-4745

2. Article Number (Transfer from sender) **7006 0100 0005 5770 2275**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 JOHN HAMMONDS

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 2282

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary if Mailed in the United States)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 19 2013**

Sent To
 Street, Apt or PO Box
 City, State
 John J. Redfern, III
 P.O. Box 50890
 Midland, TX 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:
 John J. Redfern, III
 P.O. Box 50890
 Midland, TX 79710

2. Article Number (Transfer from sender) **7006 0100 0005 5770 2282**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 John J. Redfern 4/24/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 2299

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information, visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.07

Postmark Here: APR 19 2013

Sent To: John P. Cusack, III
 Street, or PO E: 19945 Kirk Avenue
 City, St: Eagle River, AK 99573

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:
 John P. Cusack, III
 19945 Kirk Avenue
 Eagle River, AK 99573

2. Article Number: 7006 0100 0005 5770 2299
 (Transfer from se)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): John P. Cusack, III C. Date of Delivery:

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2305

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information, visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: John R. Bryant
 Street, or PO: 911 Silver
 City, St: Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9360

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N)

For delivery information v **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 John Thompson
 Street, Apt or PO Box 6209 Minesal Point Road
 City, State, Madison, WI 53705

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9377

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N)

For delivery information v **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 John W. Crotty
 Street, Apt or PO Box 18064 Shore Dr.
 City, State, Flint, TX 75762

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	A. Signature <i>John W. Crotty</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>John W. Crotty</i> C. Date of Delivery <i>4-26-13</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
John W. Crotty 18064 Shore Dr. Flint, TX 75762	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article No. (Transfer)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 0100 0005 5769 9377	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 U.S. POSTAL SERVICE
 DENVER, CO

Sent To
 Johnny W. Finch
 303 Stephanie
 Kerrville, TX 78028

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Return Receipt Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 U.S. POSTAL SERVICE
 DENVER, CO

Sent To
 Jon F. Coll, II
 P.O. Box 1818
 Roswell, NM 88202-1818

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:
 Johnny W. Finch
 303 Stephanie
 Kerrville, TX 78028

2. Article Number (Transfer from service): 7006 0100 0005 5769 9384

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Johnny Finch* Agent Addressee

B. Received by (Printed Name): *Johnny Finch* C. Date of Delivery: *4/23/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102695-02-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:
 Jon F. Coll, II
 P.O. Box 1818
 Roswell, NM 88202-1818

2. Article Number (Transfer from service): 7006 0100 0005 5769 9381

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jon Coll* Agent Addressee

B. Received by (Printed Name): *Jon Coll* C. Date of Delivery: *APR 23 2013*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

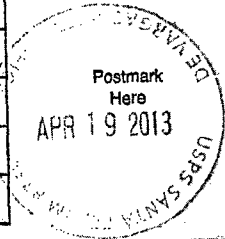
PS Form 3811, February 2004 Domestic Return Receipt 102695-02-M-1540

7006 0100 0005 5769 9407

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Street, or PO Box Jon M. Morgan
City, State P.O. Box 1015
Midland, TX 79702

CERTIFIED MAIL™ RECEIPT
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

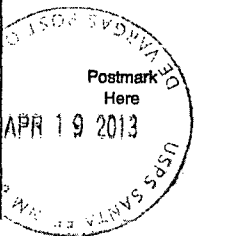
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Debra Kendall</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Debra Kendall</i> C. Date of Delivery <i>4-30-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Jon M. Morgan P.O. Box 1015 Midland, TX 79702</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from series)</p> <p>7006 0100 0005 5769 9407</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9414

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Street, or PO Box Joy F. Davis & Larry C. Davis
City, State Box 53
Hobbs, NM 88240

Returned

7006 0100 0005 5769 9421

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N
 For delivery information v **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.40
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Judith O. McGinn
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Judith O. McGinn
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number 7006 0100 0005 5769 9421
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 E. Washmoreland 4-22-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9438

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N
 For delivery information v **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Judith O. McGinn
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Judith O. McGinn
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number 7006 0100 0005 5769 9438
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Erica W. 4/22/13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9445

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)

For delivery information via **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark APR 19 2013
 Here

Sent To: Karen Cusack Limas
 Street, Apt. or PO Box: P.O. Box 46138
 City, State: Rio Rancho, NM 87174-6138

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:
 Karen Cusack Limas
 P.O. Box 46138
 Rio Rancho, NM 87174-6138

2. Article Number: 7006 0100 0005 5769 9445
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 Agent
 Addressee

B. Received by: (Printed Name) *Jeff Bergner*

C. Date of Delivery: 4-22-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9452

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)

For delivery information via **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark APR 19 2013
 Here

Sent To: Karen Keith Tindell
 Street, Apt. or PO Box: 1004 Ridgeview
 City, State: Carrollton, TX 75007

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9469

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To: Katherine Cecelia Grief
 Street or PO Box: 315 Jefferson Ave.
 City, State: Indianapolis, IN 46201-3141

PS Form 3800, June 2002 See Reverse for Instructions



Returned

7006 0100 0005 5769 9476

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

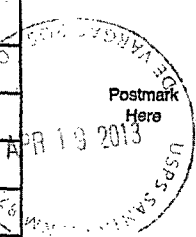
For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To: Kay Lowe Hughes
 Street, Apt or PO Box: 3914 54th Street
 City, State: Lubbock, TX 79412

PS Form See Reverse for Instructions



Returned

7006 0100 0005 5769 9483

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To: Kay Salem, as Guardiab of
 Street, or PO B: Lauren Lowe
 City, State: 4513 13th Street
 Lubbock, TX 79416

PS Form 3800, June 2002

7006 0100 0005 5769 9490

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To: Keith W. Davis
 Street, or PO B: 777 Main Street, Suite 3200
 City, State: Fort Worth, TX 76102

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) Date of Delivery E. W. Davis 4-22-13 C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:	3. Service Type
Keith W. Davis 777 Main Street, Suite 3200 Fort Worth, TX 76102	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number <small>(Transfer from service)</small>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 0100 0005 5769 9490	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9506

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.18
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.25

Postmark Here: APR 19 2013

Sent To: Kenneth C. Leach & Judith Diane
 Duff Leach co-trustees of the Duff-
 Leach Family Trust
 4015 Altamonk NE
 Albuquerque, NM 87110

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9513

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.50
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.15

Postmark Here: APR 19 2013

Sent To: Kenneth D. McPeters
 P.O. Box 1860
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9520

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 1 9 2013

Sent To
Kenneth G. Cone
P.O. Box 11310
Midland, TX 79702

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Kenneth G. Cone
 P.O. Box 11310
 Midland, TX 79702

2. Article Number (Transfer from service): 7006 0100 0005 5769 9520

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *R. Shapiro* Agent Addressee

B. Received by (Printed Name): *SHAPIRO* C. Date of Delivery: *5/3/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9537

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 1 9 2013

Sent To
Kirby D. Schenck
P.O. Box 1627
Lovington, NM 88260

PS Form 3800, June 2002

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:
 Kirby D. Schenck
 P.O. Box 1627
 Lovington, NM 88260

2. Article Number (Transfer from service): 7006 0100 0005 5769 9537

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Paul Carver* Agent Addressee

B. Received by (Printed Name): *Paul Carver* C. Date of Delivery: *4/22*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9544

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013
 DENVER POST OFFICE
 USPS SANTA FE, NM 87504

Sent To: Kirby Minerals LC, c/o Minerals Acquisition Partners, Inc. GP
 Street, Apt. 1 or PO Box N: 100 Park Avenue, Suite 1008
 City, State, ZIP: Oklahoma City, OK 73102

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9551

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013 Here

Sent To: Knackwurst Properties
 Street, Apt. or PO Box: P.O. Box 10484
 City, State, ZIP: Midland, TX 79702

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 THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p>Knackwurst Properties P.O. Box 10484 Midland, TX 79702</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Mendi Standridge</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mendi Standridge</i></p> <p>C. Date of Delivery <i>4-30-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from serial number)</p> <p>7006 0100 0005 5769 9551</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7090

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Kyle L. Stallings
 P.O. Box 10217
 Midland, TX 79702

PS Form 3800, June 2002

7006 0100 0005 5769 7090

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Required)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Landmark Mineral Corp.
 300 Paseo De Peralta,
 Suite 100
 Santa Fe, NM 87501

PS Form 3800, June 2002

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:

Kyle L. Stallings
 P.O. Box 10217
 Midland, TX 79702

2. Article Number (Transfer from service): 7006 0100 0005 5769 7090

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Edwards Agent Addressee

B. Received by (Printed Name): Edwards C. Date of Delivery: 4-29-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Returned

7006 0100 0005 5769 7113

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; *Insurance Coverage Provided*)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Landreth Company
 Stockholders
 P.O. Box 277120
 Atlanta, GA 30384

PS Form 3800, June 2002

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:
 Landreth Company
 Stockholders
 P.O. Box 277120
 Atlanta, GA 30384

2. Article Number (Transfer from serial number): 7006 0100 0005 5769 7113

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7120

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; *Insurance Coverage Provided*)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Lanroy, Inc.
 20 East 5th Street
 Tulsa, OK 74103

PS Form 3800, June 2002

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:
 Lanroy, Inc.
 20 East 5th Street
 Tulsa, OK 74103

2. Article Number (Transfer from serial number): 7006 0100 0005 5769 7120

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mary K. Burroughs* Agent Addressee

B. Received by (Printed Name): *Mary K. Burroughs* C. Date of Delivery: *4-22-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0110

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

Sent To
 Street, Apt. or PO Box
 City, State
 Larry O. Hulsey
 P.O. Box 1143
 Graham, TX 76046

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:
 Larry O. Hulsey
 P.O. Box 1143
 Graham, TX 76046

2. Article Number (Transfer from serial number)
 7006 0100 0005 5770 0110

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
Larry O. Hulsey C. Date of Delivery
4/27/10

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7137

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

Sent To
 Street, Apt. or PO Box
 City, State
 Larry K. Lowe
 2313 Broadway
 Lubbock, TX 79401

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:
 Larry K. Lowe
 2313 Broadway
 Lubbock, TX 79401

2. Article Number (Transfer from serial number)
 7006 0100 0005 5769 7137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
Larry K. Lowe C. Date of Delivery
4/27/10

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0127

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

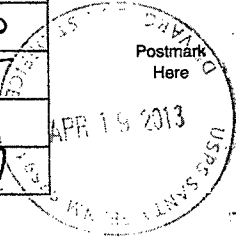
For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To: Larry Threadgill
 Street or PO Box: 1210 Sellman
 City, St: Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions



7006 0100 0005 5770 0134

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

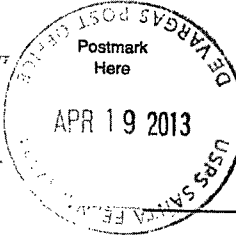
For delivery information visit **MHF/OXY**

OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To: Lasca, Inc.
 Street or PO Box: 500 Throckmorton Street
 City: Fort Worth, TX 76102-3708

PS Form 3800, June 2002 See Reverse for Instructions



Returned

7006 0100 0005 5770 0141

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Signature Coverage Provided)
For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To **Lavon Johnson**
 Street, Apt or PO Box **c/o Leonard Johnson**
 City, State **3666 Janice Lane**
Abilene, TX 79603

PS Form 3811, February 2004 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:

Lavon Johnson
c/o Leonard Johnson
3666 Janice Lane
Abilene, TX 79603

2. Article Number (Transfer from) **7006 0100 0005 5770 0141**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Leonard Johnson

B. Received by (Printed Name) **Leonard Johnson**
 C. Date of Delivery **4-24**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

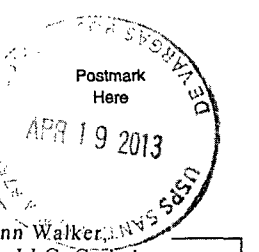
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0158

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Signature Coverage Provided)
For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To **LaWayne E. Jones, Mary LuAnn Walker,**
 Street, Apt or PO Box **Kalkman Habeck Co., Enertree LLC, Carkel**
 City, State **Energy, Dail C. West LP, H.w. Allen**
Co., Frank Dale C/O JWK Minerals
Mangement
P.O. Box 1169
Duncan, OK 73534

PS Form 3811, February 2004 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:

LaWayne E. Jones, Mary LuAnn Walker,
Kalkman Habeck Co., Enertree LLC, Carkel
Energy, Dail C. West LP, H.w. Allen
Co., Frank Dale C/O JWK Minerals
Mangement
P.O. Box 1169
Duncan, OK 73534

2. Article Number (Transfer from service label) **7006 0100 0005 5770 0158**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Amanda Davidson

B. Received by (Printed Name) **Amanda Davidson**
 C. Date of Delivery **4-23-13**

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

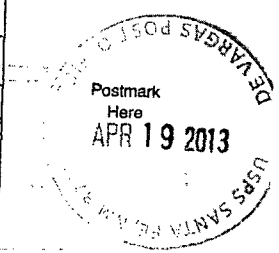
102595-02-M-1540

7006 0100 0005 5770 0165

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information
MHF/OXY
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, Apt. or P.O. Box
 City, State
 Lawson Petroleum Company
 2100 Philtower Building
 Tulsa, OK 74103

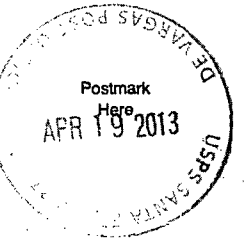
Returned

7006 0100 0005 5770 0172

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information
MHF/OXY
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, Apt. or P.O. Box
 City, State
 LDL Lowe Family Partnership LTD
 308 Comet
 Austin, TX 78734

7006 0100 0005 5770 0189

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Legacy Reserves Operating, LP
 303 West Wall, Suite 1600
 Midland, TX 79701

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:
 Legacy Reserves Operating, LP
 303 West Wall, Suite 1600
 Midland, TX 79701

2. Article Number (Transfer from service) 7006 0100 0005 5770 0189

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *APRIN INGLE* C. Date of Delivery: *4-22-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0196

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Leo A. Szczotka
 2867 Vista Mariana
 Carlsbad, CA 92009-7112

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:
 Leo A. Szczotka
 2867 Vista Mariana
 Carlsbad, CA 92009-7112

2. Article Number (Transfer from service) 7006 0100 0005 5770 0196

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *LEONA LAUTK* C. Date of Delivery: *APR 23 2013*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0202

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Leonard Ross Johnson
 Street, Ap or PO Box: 3666 Janice Lane
 City, State: Abilene, TX 79603

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Leonard Johnson* Agent Addressee

B. Received by (Printed Name): *Leonard Johnson* C. Date of Delivery: *4-24*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

1. Article Addressed to:
 Leonard Ross Johnson
 3666 Janice Lane
 Abilene, TX 79603

2. Article Number (Transfer from): 7006 0100 0005 5770 0202

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0219

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFI

Postage	\$ 1.55
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Lewis Oil & Gas Inc.
 Street, or PO E: P.O. Box 80035
 City, State: Midland, TX 79705

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0226

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided.)
For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To: Linda B. Parrish & Linda Ann Parrish Richardson, co-trustees
u/w/o M.C. Parrish, Jr.
P.O. Box 525
Willis, TX 77328

Postmark Here: APR 19 2013

PS Form 3800, June 2002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X
	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Linda B. Parrish & Linda Ann Parrish Richardson, co-trustees u/w/o M.C. Parrish, Jr. P.O. Box 525 Willis, TX 77328	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from): 7006 0100 0005 5770 0226	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0233

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided.)
For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To: Lise Robidoux
30 Wilson Street
Pawtucket, RI 02861

Postmark Here: APR 19 2013

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0240

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.10

Postmark Here
APR 19 2013

Sent To
 LM Robinson, LLC
 P.O. Box 847
 Ruidoso, NM 88255

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:
 LM Robinson, LLC
 P.O. Box 847
 Ruidoso, NM 88255

2. Article Number
 (Transfer from s) 7006 0100 0005 5770 0240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 * *Heleen Smith* Agent Addressee

B. Received by (Printed Name) *Heleen Smith* C. Date of Delivery *4-26-13*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0257

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Lois A. Hankamp
 5432 Shelley Way
 Carmichael, CA 95608

PS Form 3800, June 2002. See Reverse for Instructions.

7006 0100 0005 5770 0264

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

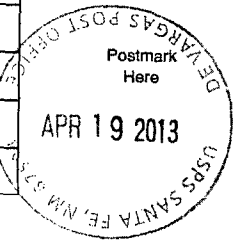
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit www.usps.com

MHF/OXY

OFFICIAL USE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Street, Apt. # or PO Box #
City, State, Z

Lois A. LaMar
230 South State Street, Apt. 28
Zeeland, MI 49464

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lois A. LaMar
230 South State Street, Apt. 28
Zeeland, MI 49464 168

2. Article Number: 7006 0100 0005 5770 0264
(Transfer from service)

A. Signature: X Lois LaMar Agent Addressee

B. Received by (Printed Name): LOIS LAMAR

C. Date of Delivery: 4-22-13

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type: Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0271

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

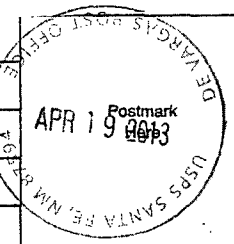
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit www.usps.com

MHF/OXY

OFFICIAL USE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Street, Apt. # or PO Box #
City, State, Z

Lola Carpenter
P.O. Box 31073
El Paso, TX

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0288

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013 Postmark Here

Sent To: Lonye Wade
 Route 4, Box 90-A
 Stephenville, TX 76401

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0295

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013 Postmark Here

Sent To: Loretta D. Lowe
 30040 Royal Mustang Circle
 Beorne, TX 78006

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0301

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Loretta Mary Voss
 13 Bellaire Road
 Wellesey, MA 02181

PS Form 3800, June 2002 See Reverse for Instructions.

Returned

7006 0100 0005 5769 9315

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Lorraine S. Black Trust
 Lorraine S. Black, Trustee
 6608 North Western Avenue #262
 Oklahoma City, OK 73116

PS Form 3800, June 2002 See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>shylah hober</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Lorraine S. Black Trust Lorraine S. Black, Trustee 6608 North Western Avenue #262 Oklahoma City, OK 73116</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: <i>7006 0100 0005 5769 9315</i> (Transfer from service)</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9322

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Lyn Kent Jones
 Street or PO Box: 547 South Ash
 City, State: Kermit, TX 79745

PS Form 3800, June 2002. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Lyn Kent Jones
 547 South Ash
 Kermit, TX 79745

2. Article Number: 7006 0100 0005 5769 9322
 (Transfer from sender)

PS Form 3811, February 2004. Domestic Return Receipt. 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

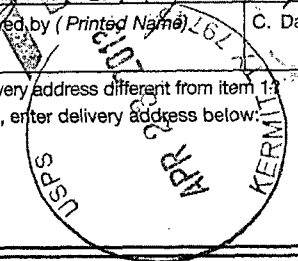
A. Signature: *Lyn Kent Jones* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



7006 0100 0005 5769 9339

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: M. Dion Lowe
 Street, Apt. or PO Box #: 2306 Cypress Point West
 City, State: Austin, TX 78746

PS Form 3800, June 2002. See Reverse for Instructions.

Returned

7006 0100 0005 5769 9346

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Not for International Mail)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, Apt. or PO Box
 City, State
M. Ralph Lowe, Inc.
4600 Post Oak Place, Suite 307
Houston, TX 77027

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9353

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Not for International Mail)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, Apt. or PO Box
 City, State
M.Y. Merchant
P.O. Box 5315
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name): Myra... C. Date of Delivery: 4-23-13 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: M.Y. Merchant P.O. Box 5315 Hobbs, NM 88240	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number: 7006 0100 0005 5769 9353 <i>(Transfer from service label)</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0356

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Mack H. Wooldridge
P.O. Box 3217
Albany, TX 76430

PS Form 3811, February 2004 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:

Mack H. Wooldridge
P.O. Box 3217
Albany, TX 76430

2. Article Number
(Transfer from service label) 7006 0100 0005 5770 0356

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Ken Lawrence 4/23/13

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0349

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Marathon Oil Company
P.O. Box 552
Midland, TX 79702

PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 5770 0332

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Margaret D. Wiley
 P.O. Box #1
 Cape Vincent, NY 13618

PS Form 3800, June 2002

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:
 Margaret D. Wiley
 P.O. Box #1
 Cape Vincent, NY 13618

2. Article Number (Transfer from service) **7006 0100 0005 5770 0332**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
M. Wiley

B. Received by (Printed Name) C. Date of Delivery
 4/21/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0325

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Margaret Lewis Lidren
 1243 NE 168th Street
 Seattle, WA 98115

PS Form 3800, June 2002

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:
 Margaret Lewis Lidren
 1243 NE 168th Street
 Seattle, WA 98115

2. Article Number (Transfer from service) **7006 0100 0005 5770 0325**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Randy Lidren

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0318
PREO 0225 5000 0010 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 19 2013

Sent
 Margot Stone
 c/o Roy Lee Cain
 Rt. 1 Box 38
 Mountainair, NM 87036

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 7410

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 APR 19 2013

Sent
 Marguerite McKim Kent
 2110 Nebraska Street
 Pecos, TX 79772-6713

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7403

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Inland International Service Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent
 Street or P.O. Box
 City
 Marilyn Cone, trustee of the
 D.C. Cone Trust
 P.O. Box 64244
 Lubbock, TX 79464

PS Form 3800, October 2009 See Reverse for Instructions

7006 0100 0005 5769 7397

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Inland International Service Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street or P.O. Box
 City
 Marion C. Bowers
 Route 4 Box 352
 Seminole, TX 79360

PS Form 3800, October 2009 See Reverse for Instructions

Returned

7006 0100 0005 5769 7380

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A. or PO Box
 City, State
Marjorie Cone Kastman
P. O. Box 5930
Lubbock, TX 79408

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:
Marjorie Cone Kastman
P. O. Box 5930
Lubbock, TX 79408

2. Article Number
 (Transfer from service) **7006 0100 0005 5769 7380**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Brenda B. Poles

B. Received by (Printed Name)
BRENDA B. POLES

C. Date of Delivery
APR 23 2013

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7373

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A. or PO Box
 City, State
Marjory J. Dye Trust
5331 85th Street
Lubbock, TX 79424

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:
Marjory J. Dye Trust
5331 85th Street
Lubbock, TX 79424

2. Article Number
 (Transfer from service) **7006 0100 0005 5769 7373**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Steve Bayton

B. Received by (Printed Name)
Steve Bayton

C. Date of Delivery
4-22-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7366

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Service Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street or PO Box
 City, State, ZIP+4®
 Mark Boner
 3728 James Rd.
 Memphis, TN 38128

PS Form 3800, June 2002

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 Boner
 3728 James Rd.
 Memphis, TN 38128

2. Article Number (Transfer from sender's label)
 7006 0100 0005 5769 7366

PS Form 3811, February 2004 Domestic Return Receipt 152595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Mark Boner

B. Received by (Printed Name) Agent Addressee
 Mark Boner

C. Date of Delivery
 4/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7359

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Service Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, APO, or FPO Box
 City, State, ZIP+4®
 Mark P Godsey trustee of the Mark P.
 Godsey Revocable Trust u/t/a
 12/22/1994
 3701 S. Orange Circle
 Broken Arrow, OK 74011-1103

PS Form 3800, June 2002

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 P Godsey trustee of the Mark P.
 Godsey Revocable Trust u/t/a
 12/22/1994
 3701 S. Orange Circle
 Broken Arrow, OK 74011-1103

2. Article Number (Transfer from sender's label)
 7006 0100 0005 5769 7359

PS Form 3811, February 2004 Domestic Return Receipt 152595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Mark P Godsey

B. Received by (Printed Name) Agent Addressee
 Mark P Godsey

C. Date of Delivery
 4/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7342

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
APR 19 2013

Sent To
 Marshall & Winston, Inc.
 P.O. Box 50880
 Midland, TX 79710

PS Form 3800, June 2002

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.
 P.O. Box 50880
 Midland, TX 79710

2. Article Number:
 (Transfer from service) 7006 0100 0005 5769 7342

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Melanie Aguiar Agent
 Addressee

B. Received by (Printed Name)
Melanie Aguiar

C. Date of Delivery
4/23/13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7601

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
APR 19 2013

Sent To
 Marshall T. Steves trustee of
 the Galt Trusts
 P.O. Box 171312
 San Antonio, TX 782217

PS Form 3800, June 2002

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 T. Steves trustee of
 the Galt Trusts
 P.O. Box 171312
 San Antonio, TX 782217

2. Article Number:
 (Transfer from service) 7006 0100 0005 5769 7601

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Lissie Allen Agent
 Addressee

B. Received by (Printed Name)
LISSA ALLEN

C. Date of Delivery
5-1-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7595

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE VARGAS POST OFFICE
 USPS SANTA FE, NM 87504

Sent To: Martha Lou Hester Beard & Dan L. Beard trustees of th Beard Revocable Trust, c/o Oklahoma Foundation
 Street, or PO: 5121 McKinney Avenue
 City, St: Dallas, TX 75205

PS Form 3800, June 2002

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:
 Martha Lou Hester Beard & Dan L. Beard trustees of th Beard Revocable Trust, c/o Oklahoma Foundation
 5121 McKinney Avenue
 Dallas, TX 75205

2. Article Number: 7006 0100 0005 5769 7595
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): JOHN R. HESTER Agent Addressee

C. Date of Delivery: 4-22-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7588

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE VARGAS POST OFFICE
 USPS SANTA FE, NM 87504

Sent To: Martha Maki
 Street, or PO B: 5942 46th Avenue SW
 City, St: Seattle, WA 98136

PS Form 3800, June 2002

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:
 Martha Maki
 5942 46th Avenue SW
 Seattle, WA 98136

2. Article Number: 7006 0100 0005 5769 7588
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Name]* Agent Addressee

C. Date of Delivery: 4-22-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7571

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Marx Robidoux
 30 Bellevue Avenue
 Cumberland, RI 02864

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:
 Marx Robidoux
 30 Bellevue Avenue
 Cumberland, RI 02864

2. Article Number: 7006 0100 0005 5769 7571
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Joseph A. Robidoux* 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5772 0002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Mary Birdwell
 Box 157
 Dimmitt, TX 78827

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6918

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

Sent To
 Street, A or PO Bx.
 City, Sta.
 Mary Carol Lay Jackson
 81 Deerwoods Lane
 Brevard, NC 28712

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 6901

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

Sent To
 Street, A or PO Bx.
 City, Sta.
 Mary Lee Saunders
 210 Calhoun Street
 Cuero, TX 77954-4719

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Mary Lee Saunders <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mary Lee Saunders</p> <p>C. Date of Delivery 4/22/13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: Mary Lee Saunders 210 Calhoun Street Cuero, TX 77954-4719	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label) 7006 0100 0005 5769 6901	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 8745

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Street, Apt. # or PO Box
City, State
Mary Matthews
1239 Stillwell
Wichita, KS 67213

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <i>x Mary A. Matthews</i> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Mary A. Matthews</i></p> <p>C. Date of Delivery <i>4-23-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	
Mary Matthews 1239 Stillwell Wichita, KS 67213	
2. Article Number	
(Transfer from service label)	7006 0100 0005 5769 8745
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 8752

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Street, Apt. # or PO Box No
City, State, Z
Mary Worthington & Joe
715 Grant Avenue
Dimmitt, TX 79027-3109

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 8356

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2004 Postmark Here

Sent To
 Max W. Coll, III
 7625-2 El Centro Blvd.
 Las Cruces, NM 88012

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:
 Max W. Coll, III
 7625-2 El Centro Blvd.
 Las Cruces, NM 88012

2. Article Number (Transfer from serial number) 7006 0100 0005 5769 8356

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x Max Coll III

B. Received by (Printed Name) Max Coll III C. Date of Delivery 4/29/04

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 8349

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 10 2004 Postmark Here

Sent To
 McCaw & Nix c/o William J.
 McCaw
 P.O. Box 376
 Artesia, NM 88211

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:
 McCaw & Nix c/o William J.
 McCaw
 P.O. Box 376
 Artesia, NM 88211

2. Article Number (Transfer from serial number) 7006 0100 0005 15769 8349

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x Andrea Watts

B. Received by (Printed Name) ANDREA WATTS C. Date of Delivery APR 22 2004

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 6895

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: APR 19 2013

Sent To: Melanie Coll DeTempe
 Street, or PO Box: 5653 Tobias Avenue
 City, State: Van Nuys, CA 91411

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:
 Melanie Coll DeTempe
 5653 Tobias Avenue
 Van Nuys, CA 91411

2. Article Number (Transfer from serial number): 7006 0100 0005 5769 6895

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0363

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Metcalfe Oil, LP
 Street, or PO Box: 1308 Lake Street
 City, State: Fort Worth, TX 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:
 Metcalfe Oil, LP
 1308 Lake Street
 Fort Worth, TX 76102

2. Article Number (Transfer from serial number): 7006 0100 0005 5770 0363

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0370

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, Af, or PO Bo. Michael C. Dean
 City, Stat. El Paso, TX 79912

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:
 Michael C. Dean
 6006 Balcones #32
 El Paso, TX 79912

2. Article Number (Transfer from) 7006 0100 0005 5770 0370

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X J. Dean

B. Received by (Printed Name) C. Date of Delivery
 Received by: [Signature] Date: [Signature]

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0387

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, or PO E. Michael E. Chapman
 City, St. Fort Worth, TX 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:
 Michael E. Chapman
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number (Transfer from) 7006 0100 0005 5770 0387

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X SOPHIE L. [Signature]

B. Received by (Printed Name) C. Date of Delivery
 Received by: SOPHIE L. [Signature] Date: 4-25-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0394

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 18 2013

Sent to: Michael F. Cusack, II
 Street or PO: 6003 Valkeith
 City: Houston, TX 77096

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:
 Michael F. Cusack, II
 6003 Valkeith
 Houston, TX 77096

2. Article Number: 7006 0100 0005 5770 0394
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Michael F. Cusack

C. Date of Delivery: 4/23/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0400

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 18 2013

Sent to: Michael F. Gilmer
 Street or PO: P.O. Box 384
 City: Columbia, TN 38402

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0417

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A or PO Box: Michael Harrison Moore 2006 Trust
 Michael Harrison Moore, Trustee
 City, State: P.O. Box 51570
 Midland, TX 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:
 Michael Harrison Moore 2006 Trust
 Michael Harrison Moore, Trustee
 P.O. Box 51570
 Midland, TX 79710

2. Article Number: 7006 0100 0005 5770 0417
 (Transfer from:)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Terrri Turner* Agent Addressee

B. Received by (Printed Name): *Terrri Turner* C. Date of Delivery: *4/24/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0424

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A or PO Box: Middle Bay Oil Company
 115 South Dearborn Street
 City, State: Mobile, AL 36602

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0431

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To:
 Street, Apt or PO Box: Mildred M. Welch
 P.O. Box 4308
 City, State: Parkersburg, WV 26101

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:
 Mildred M. Welch
 P.O. Box 4308
 Parkersburg, WV 26101

2: Article Number: 7006 0100 0005 5770 0431
 (Transfer from serial)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mary Welch* Agent Addressee

B. Received by (Printed Name): *Mary Welch*

C. Date of Delivery: *4.23.13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

7006 0100 0005 5770 0448

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To:
 Street, Apt or PO Box: Minnie Mae Dalmont Cartlidge
 P.O. Box 14119
 City, State: Albuquerque, NM

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0455

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only - No Insurance Coverage)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: **APR 19 2013**

Sent To: **MJK Mineral Partners Ltd.**
 Street, or PO Box: **500 W. Texas Ave., Suite 1230**
 City, State: **Midland, TX 79701**

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:
MJK Mineral Partners Ltd.
500 W. Texas Ave., Suite 1230
Midland, TX 79701

2. Article Number (Transfer from service): **7006 0100 0005 5770 0455**

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): *[Signature]* C. Date of Delivery: **4-22**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0462

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only - No Insurance Coverage)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: **APR 19 2013**

Sent To: **Mohammed Yamin Merchant**
 Street, or PO Box: **P.O. Box 5970**
 City, State: **Hobbs, NM 88240**

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:
Mohammed Yamin Merchant
P.O. Box 5970
Hobbs, NM 88240

2. Article Number (Transfer from service): **7006 0100 0005 5770 0462**

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): *[Signature]* C. Date of Delivery: **4-23-13**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0479

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information **MHF/OXY**
OFFI

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt or PO Box: Moranco
 City, State: P.O. Box 1860
 Hobbs, NM 88240

Returned

7006 0100 0005 5770 0486

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information **MHF/OXY**
OFFI

Postage	\$ 1.52	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To
 Street, Apt or PO Box: Moss M. Kent
 City, State: 907 Shoshoni
 Cheyenne, WY 82009

Returned

7006 0100 0005 5770 0493

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE VARGAS POST OFFICE

Sent To
 Mrs. M.J. Baker
 c/o Tedrick Hal Ussery
 5018 Eunice Hwy.
 Hobbs, NM 88240

PS Form 3811, February 2004 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:
 Mrs. M.J. Baker
 c/o Tedrick Hal Ussery
 5018 Eunice Hwy.
 Hobbs, NM 88240

2. Article Number (Transfer from service label) 7006 0100 0005 5770 0493

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Khonda Ussery*

B. Received by (Printed Name) *Khonda Ussery* C. Date of Delivery *4-23-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0509

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE VARGAS POST OFFICE

Sent To
 Namy Energy, LP
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

PS Form 3811, February 2004 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:
 Namy Energy, LP
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7006 0100 0005 5770 0509

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Erica West*

B. Received by (Printed Name) *Erica West* C. Date of Delivery *4-23-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0516

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFF **E**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE VARGAS POST OFFICE

Sent To
 Nancy L. Thompson
 Street or P.O. Box: 320 Pleasant Drive SE
 City, State: Cedar Rapids, IA 52403

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:
 Nancy L. Thompson
 320 Pleasant Drive SE
 Cedar Rapids, IA 52403

2. Article Number (Transfer from service): 7006 0100 0005 5770 0516

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *JOE VALERIO* C. Date of Delivery: *4-26-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0523

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE VARGAS POST OFFICE

Sent To
 Nell P. Lowe
 Street, Ap or PO Box: P.O. Box 53775
 City, State: Lubbock, TX 79453

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:
 Nell P. Lowe
 P.O. Box 53775
 Lubbock, TX 79453

2. Article Number (Transfer from service): 7006 0100 0005 5770 0523

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0530

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

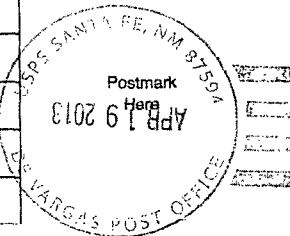
(Domestic Mail Only; International Mailpiece Coverage Provided)

For delivery information visit www.usps.com

MHF/OXY

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, Ap or PO Box
 City, State

Nowery J. Smith
 16420 Park Ten Place,
 Suite 415
 Houston, TX 77084

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:

Nowery J. Smith
 16420 Park Ten Place,
 Suite 415
 Houston, TX 77084

2. Article Number (Transfer from serial number)
 7006 0100 0005 5770 0530

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent Addressee
- B. Received by (Printed Name) *Nowery Smith* C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0547

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

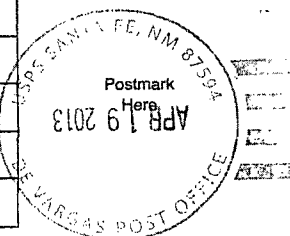
(Domestic Mail Only; International Mailpiece Coverage Provided)

For delivery information visit www.usps.com

MHF/OXY

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Street, Ap or PO Box
 City, State

Odell L. Lowe
 P.O. Box 53775
 Lubbock, TX 79453

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:

Odell L. Lowe
 P.O. Box 53775
 Lubbock, TX 79453

2. Article Number (Transfer from serial number)
 7006 0100 0005 5770 0547

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent Addressee
- B. Received by (Printed Name) *Odell Lowe* C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0554

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2005
 DELIVERY POINT OFFICE

Sent To
 Opal Scallon
 1706 Alexander
 Pueblo, CO 81001

PS Form 3800, June 2002. See Reverse for Instructions.

7006 0100 0005 5770 0066

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2005
 DELIVERY POINT OFFICE

Sent To
 Optometric Extension Program
 Foundation, Inc.
 1921 East Carnegie Avenue,
 Suite 3-L
 Santa Ana, CA 92705-5510

PS Form 3800, June 2002. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Optometric Extension Program Foundation, Inc. 1921 East Carnegie Avenue, Suite 3-L Santa Ana, CA 92705-5510	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service) 7006 0100 0005 5770 0066	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0073

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: Santa Fe, NM 87504, Here 3 2013

Sent To: Orval Dalmont
 Street, Apt. or PO Box: Route 1, Box 95
 City, State: McAllister, OK 74501

PS Form 3800, June 2002. See Reverse for Instructions.

Returned

7006 0100 0005 5770 0080

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via: **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: Santa Fe, NM 87504, Here APR 19 2013, DE VARGAS POST OFFICE

Sent To: Overton Energy Investments VI, LLC
 Street, Apt. or PO Box: 4265 San Felipe #800
 City, State: Houston, TX 77027

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:
 Overton Energy Investments VI, LLC
 4265 San Felipe #800
 Houston, TX 77027

2. Article Number: 7006 0100 0005 5770 0080
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent, Addressee

B. Received by (Printed Name): *Moore* C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes, No
 If YES, enter delivery address below: _____

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 0097

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Not for International Mail)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE
 APR 10 2013
 Here

Sent To: P.L. Duncan
 Street, Ap or PO Box: P.O. Box 7
 City, State: Wesley, AR 72773

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0100

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Not for International Mail)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE
 APR 10 2013
 Here

Sent To: Pacific Enterprises Royalty
 Company
 Street, Ap or PO Box: C/O Provident Royalties LLC
 City, State: 15660 N. Dallas Parkway, Ste 700
 Dallas, TX 75248-3348

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 0011

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87505

Sent To: Panhandle Oil & Gas Inc.
 Street or PO: 5400 N Grand Blvd., Ste 300
 City: Oklahoma City, Ok 73112-5654

PS Form 3800, June 2002 See Reverse for Instructions

RECEIVED MAIL

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:
 Panhandle Oil & Gas Inc.
 5400 N Grand Blvd., Ste 300
 Oklahoma City, Ok 73112-5654

2. Article Number (Transfer from): 7006 0100 0005 5770 0011

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Linda Schwartz**
 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02

7006 0100 0005 5770 0028

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87505

Sent To: Pat Bryan, III
 Street or PO: P.O. Box 833
 City, S: Graham, TX 76046

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:
 Pat Bryan, III
 P.O. Box 833
 Graham, TX 76046

2. Article Number (Transfer from Service Label): 7006 0100 0005 5770 0028

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Sean Swartz**
 Agent
 Addressee

B. Received by (Printed Name):
 C. Date of Delivery: APR 22 2013

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
APR 19 2013

Sent To
 Patricia Ann Barnhart
 P.O. Box 482
 Marysville, MO 64468

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE **LETE THIS SECTION ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature
Bryan Alexander Agent Addressee

B. Received by (Printed Name) *Bryan Alexander* C. Date of Delivery *4-23-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

1. Article Addressed to:
 Patricia Ann Barnhart
 P.O. Box 482
 Marysville, MO 64468

2. Article Number: **7006 0100 0005 5770 0035**
 (Transfer from sender)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
 Here
APR 19 2013

Sent To
 Patricia D. McKnight
 2208 Private Road 2545
 Quinlan, TX 75474-7853

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 0059

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013
 USPS SANTA FE, NM 87504

Sent To
 Patricia Kasch
 50 Oakridge
 Algona, IA 50511

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9810

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013
 USPS SANTA FE, NM 87504

Sent To
 Patricia Umpleby Royalty Trust
 Comerica Bank – Texas, Trustee
 403 S. Cheyenne, Suite 800
 Tulsa, OK 74103

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9827

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To: Patrick A. McGinley
 Street or PO: Revocable Trust
 City: P.O. Box 3126
 Tulsa, OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature Agent Addressee
 B. Received by (Printed Name) Agent Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

1. Article Addressed to:
 Patrick A. McGinley
 Revocable Trust
 P.O. Box 3126
 Tulsa, OK 74101

2. Article Number: 7006 0100 0005 5769 9827
 (Transfer from)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

APR 24 2013

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9834

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit **MHF/OXY**
OFFICE

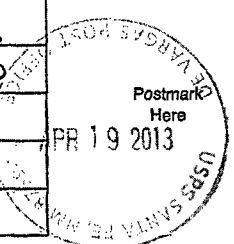
Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

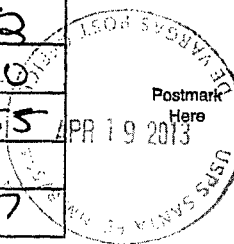
Sent To: Patrick Cusack
 Street or PO: 1837 South Dunsmuir Avenue
 City, State: Los Angeles, CA 90019

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9841

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; N)	
For delivery information	MHF/OXY
OFFICIAL	
Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17
	
Sent To	Pauline B. Lowe
Street, Apt. or PO Box	317 Atlantic
City, State	Austin, TX 78734
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 5769 9858

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; N)	
For delivery information	MHF/OXY
OFFICIAL	
Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17
	
Sent To	Pauline Dunbar Erikson
Street, Apt. or PO Box	P.O. Box 264
City, State	Rocksprings, TX 78880
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Paula E. Erikson</i></p>	
<p>1. Article Addressed to:</p> <p>Pauline Dunbar Erikson P.O. Box 264 Rocksprings, TX 78880</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Paula E. Erikson</i></p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>4-23-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from s): 7006 0100 0005 5769 9858</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 0100 0005 5769 9865

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 1 2013
 DEPART. HERE
 USPS SANTA FE, N.M.

Sent To: Pauline R. Lucas
 Street or PO Box: 504 Shadylawn Avenue
 City, State: Nokomis, FL 34275

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:
 Pauline R. Lucas
 504 Shadylawn Avenue
 Nokomis, FL 34275

2. Article Number (Transfer from): 7006 0100 0005 5769 9865

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *P. Lucas* Agent Addressee

B. Received by (Printed Name): P. Lucas C. Date of Delivery: 4-29-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9872

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

APR 19 2013
 DEPART. HERE
 USPS SANTA FE, N.M.

Sent To: Phillip J. Pennington
 Street or PO Box: 9239 Rowan Lane
 City, State: Houston, TX 77036

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:
 Phillip J. Pennington
 9239 Rowan Lane
 Houston, TX 77036

2. Article Number (Transfer from): 7006 0100 0005 5769 9872

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Phillip J. Pennington* Agent Addressee

B. Received by (Printed Name): Phillip J. Pennington C. Date of Delivery: 4/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9889

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N/A)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Phyllis Audrey Hennessee
 Route 1 Box 1174
 Elkhart, TX 75839

PS Form 3800, June 2002

Returned

7006 0100 0005 5769 9896

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N/A)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Pogo Producing Company
 700 Milam, Suite 3100
 Houston, TX 77002

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name): <i>John Probst</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery: <i>4-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	APR 23 2013
Pogo Producing Company 700 Milam, Suite 3100 Houston, TX 77002	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number: <i>7006 0100 0005 5769 9896</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9902

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Not for International Registered Mail or Registered Mail™)
 For delivery information: **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Ponderosa Royalty LLC
 Street, or PO Box: P.O. Box 10428
 City, State: Midland, TX 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:
 Ponderosa Royalty LLC
 P.O. Box 10428
 Midland, TX 79702

2. Article Number (Transfer from sender): 7006 0100 0005 5769 9902

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *KUBRABDIN* C. Date of Delivery: *4/24/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9919

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Not for International Registered Mail or Registered Mail™)
 For delivery information: **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Preglar Oil Company, LLC
 Street, or PO Box: P.O. Box 1722
 City, State: Tulsa, OK 74101

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:
 Preglar Oil Company, LLC
 P.O. Box 1722
 Tulsa, OK 74101

2. Article Number (Transfer from sender): 7006 0100 0005 5769 9919

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *CU* C. Date of Delivery: *4.24.13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9926

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; International Services Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013 USPS SANTA FE, NM

Sent To: Preston G. Northrup
 C/O Trinity Univeristy
 1 trinity Place
 San Antonio TX 78212-4674

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:
 Preston G. Northrup
 C/O Trinity Univeristy
 1 trinity Place
 San Antonio TX 78212-4674

2. Article Number (Transfer from s): 7006 0100 0005 5769 9926

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *M Butler* Agent Addressee

B. Received by (Printed Name): *M Butler* 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9933

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; International Services Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013 USPS SANTA FE, NM

Sent To: Quail Creek Royalty LLC
 13831 Quail Pointe Drive
 Oklahoma City, OK 73134

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:
 Quail Creek Royalty LLC
 13831 Quail Pointe Drive
 Oklahoma City, OK 73134

2. Article Number (Transfer from s): 7006 0100 0005 5769 9933

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[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

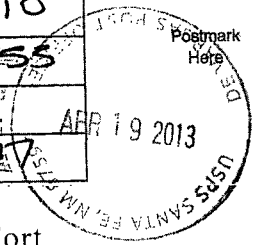
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9940

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; *Third-Class Coverage Provided*)

For delivery information: **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: **Randall R. Fort**
 Street, Ap. or PO Box: **P.O. Box 13693**
 City, State: **Albuquerque, NM 87192**

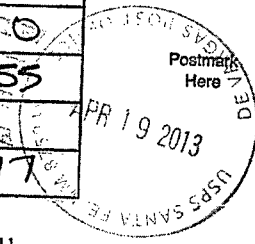
Returned

7006 0100 0005 5769 9957

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; *Third-Class Coverage Provided*)

For delivery information: **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To: **Randall V. Polhamus**
 Street, Ap. or PO B: **P.O. Box 519**
 City, Sta: **Port Angeles, WA 98362**

Returned

7006 0100 0005 5769 9964

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

DE W A S H I N G T O N
 APR 19 2013
 Here
 U S P S S A N T A F E , N M , A Z

Sent To: Ray L. McKim trustee of the Ray & Helen McKim Revocable Trust
 Street, Apt. or PO Box: P.O. Box 60855
 City, State: San Angelo, TX 76906

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9971

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

DE W A S H I N G T O N
 APR 19 2013
 Postmark Here
 U S P S S A N T A F E , N M , A Z

Sent To: Ray Shonhor
 Street, Apt. or PO Box: 118 Manor Place
 City, State: Commerce, GA 30530

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9988

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Realeza Del Spear LP
 P.O. Box 1684
 Midland, TX 79702

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:
 Realeza Del Spear LP
 P.O. Box 1684
 Midland, TX 79702

2. Article Number: 7006 0100 0005 5769 9988
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lori Saunders* Agent Addressee

B. Received by (Printed Name): *Lori Saunders* C. Date of Delivery: *4/29/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Service type: Certified Mail Express Mail
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9995

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFFI

Postage	\$ 1.52
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Rebel Oil Company
 P.O. Box 1684
 Midland, TX 79702-1684

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:
 Rebel Oil Company
 P.O. Box 1684
 Midland, TX 79702-1684

2. Article Number: 7006 0100 0005 5769 9995
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lori Saunders* Agent Addressee

B. Received by (Printed Name): *Lori Saunders* C. Date of Delivery: *4/29/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Service type: Certified Mail Express Mail
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 0004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N...)
 For delivery information, visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Rector Oil Ltd.
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Rector Oil Ltd.
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number: 7006 0100 0005 5770 0004
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Erica W. C. Date of Delivery: 4/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9575

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N...)
 For delivery information, visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Richard L. Lutrell
 P.O. Box 2421
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Richard L. Lutrell
 P.O. Box 2421
 Midland, TX 79702

2. Article Number: 7006 0100 0005 5769 9575
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): R. Lutrell C. Date of Delivery: 4/29/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9568

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Not for International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DEWARGAS POST OFFICE
 SAN ANTONIO, TX

Sent To: Richard Lyons Moore 2006 Trust
 Richard Lyons Moore, Trustee
 1150 N. Carroll Ave.
 Southlake, TX 76092

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:
 Richard Lyons Moore 2006 Trust
 Richard Lyons Moore, Trustee
 1150 N. Carroll Ave.
 Southlake, TX 76092

2. Article Number: 7006 0100 0005 5769 9568
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4-19-2013

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9582

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Not for International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DEWARGAS POST OFFICE
 SAN ANTONIO, TX

Sent To: Richard Lyons Moore et al
 P. O. Box 94077
 Southlake TX 76092

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:
 Richard Lyons Moore et al
 P. O. Box 94077
 Southlake TX 76092

2. Article Number: 7006 0100 0005 5769 9582
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4-24-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9599

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87501

Sent To: Rio Grande Investment Partners Inc.
 Street, Apt or PO Box: P.O. Box 290748
 City, State: Kerrville, TX 78029

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:
 Rio Grande Investment Partners Inc.
 P.O. Box 290748
 Kerrville, TX 78029

2. Article Number (Transfer from service label): 7006 0100 0005 5769 9599

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Walter Ford* Agent Addressee

B. Received by (Printed Name): *Walter Ford* C. Date of Delivery: *4/22/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9605

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87501

Sent To: Robert C. Crotty
 Street, Apt or PO Box: 3521 S. Western
 City, State: Dallas, TX 75225

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:
 Robert C. Crotty
 3521 S. Western
 Dallas, TX 75225

2. Article Number (Transfer from service label): 7006 0100 0005 5769 9605

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Robert C. Crotty* Agent Addressee

B. Received by (Printed Name): *Robert C. Crotty* C. Date of Delivery: *4-27-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9612

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Robert G. Polhamus
 Street, Apt. or PO Box: 9321 McCabe
 City, State: El Paso, TX 79925

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9629

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Robert Hannifin
 Street, Apt. or PO Box: P.O. Box 218
 City, State: Midland, TX 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:
 Robert Hannifin
 P.O. Box 218
 Midland, TX 79702

2. Article Number (Transfer from service): 7006 0100 0005 5769 9629

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent Addressee
 X *Cindy Blain*

B. Received by (Printed Name): *Cindy Blain* C. Date of Delivery: *4-30-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9636

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87505

Sent To
 Street, A or PO Box
 City, Sta
 Robert Hooper
 P.O. Box 733
 Roswell, NM 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:
 Robert Hooper
 P.O. Box 733
 Roswell, NM 88202

2. Article Number (transfer from service label)
 7006 0100 0005 5769 9636

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Sharon Hooper
 Agent
 Addressee

B. Received by (Printed Name)
 SHARON HOOPER

C. Date of Delivery
 APR 29 2013

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: 2015 No

88201

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

7006 0100 0005 5769 9643

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87505

Sent To
 Street, A or PO Box
 City, Sta
 Robert J. Anderson
 31 Skyline Drive
 Wellesey, MA 02181

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9650

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street or PO
 City, ST

Robert L. Menk
 319 7th NW, Suite B
 Albuquerque, NM 87102

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9667

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Street or PO
 City, ST

Robert Martin Moran
 P.O. Box 1860
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9674

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, N...)
 For delivery information, v... **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DEMINGAS POST OFFICE
 USPS SANTA FE, NM 87505

Sent To: Robert O. Lane, Individually and Trustee of Virginia Bell Lane Family Trust
 Street, Apt or PO Box: 13845 Creekside Place
 City, State: Dallas, TX 75240

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9681

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, N...)
 For delivery information, v... **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DEMINGAS POST OFFICE
 USPS SANTA FE, NM 87505

Sent To: Robert R. Dean
 Street, Apt or PO Box: 6006 Balcones #32
 City, State: El Paso, TX 79912

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:
 Robert R. Dean
 6006 Balcones #32
 El Paso, TX 79912

2. Article Number: 7006 0100 0005 5769 9681
 (Transfer from s-)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Robert R. Dean* Agent Addressee
 B. Received by (Printed Name): _____
 C. Date of Delivery: 4/24
 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9698

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 19 2013**

Sent To
 Street, or PO E
 City, State

Robert S. Kent, Jr.
 1901 Horse Wagon Drive
 Austin, TX 78754

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:

Robert S. Kent, Jr.
 1901 Horse Wagon Drive
 Austin, TX 78754

2. Article Number (Transfer from serv) **7006 0100 0005 5769 9698**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Robert Kent

B. Received by (Printed Name) Yes No
Robert Kent C. Date of Delivery

D. Is delivery address different from Item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9704

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 19 2013**

Sent To
 Street, or PO Bo
 City, State

Robert S. Long Trusts fbo Amanda Susan
 Barker and Terrance Robert Barker Liberty
 Bank & Trust Co., Trustee
 P.O. Box 25848
 Oklahoma City, OK 73125

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 9711

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL MAIL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS SANTA FE, N.M. USPS

Sent To
 Robert T. Hartley
 P.O. Box 1402
 Clovis, NM 88101

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:
 Robert T. Hartley
 P.O. Box 1402
 Clovis, NM 88101

2. Article Number (Transfer from service): 7006 0100 0005 5769 9711

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Robert T. Hartley*

B. Received by (Printed Name): _____

C. Date of Delivery: APR 19 2013

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9728

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL MAIL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS SANTA FE, N.M. USPS

Sent To
 Roberts Family Living Trust f/b/o
 W.V. & Earleen Roberts
 P.O. Box 3636
 Midland, TX 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:
 Roberts Family Living Trust f/b/o
 W.V. & Earleen Roberts
 P.O. Box 3636
 Midland, TX 79702

2. Article Number (Transfer from service): 7006 0100 0005 5769 9728

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cheryl Lindsay*

B. Received by (Printed Name): *Cheryl Lindsay*

C. Date of Delivery: 4-29-13

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9735

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **OFFICIAL**)

For delivery information: **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To: **Robertson Resources Inc.**
 Street, Apt. or PO Box: **P.O. Box 9415**
 City, State: **Midland, TX 79708**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Robertson Resources Inc.
 P.O. Box 9415
 Midland, TX 79708

2. Article Number (Transfer from sender): **7006 0100 0005 5769 9735**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Amelia Prosser* C. Date of Delivery: *4/24/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9742

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **OFFICIAL**)

For delivery information: **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To: **Rocky Mountain Resources**
 Street, Apt. or PO Box: **3310 Dentcrest**
 City, State: **Midland, TX 79707**

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 9759

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 9 2013**

Sent To: Roger Dale Johnson c/o
 Leonard Johnson
 3666 Janice Lane
 Abilene, TX 79603

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:
 Roger Dale Johnson c/o
 Leonard Johnson
 3666 Janice Lane
 Abilene, TX 79603

2. Article Number: 7006 0100 0005 5769 9759
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Leonard Johnson* Agent Addressee

B. Received by (Printed Name): *Leonard Johnson*

C. Date of Delivery: *4-24*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9766

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 19 2013**

Sent To: Roger L. Gousy
 1038 Old River Road
 Manville, RI

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:
 Roger L. Gousy
 1038 Old River Road
 Manville, RI

2. Article Number: 7006 0100 0005 5769 9766
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Michael T. Beattie* Agent Addressee

B. Received by (Printed Name): *MICHAEL T. BEATTIE*

C. Date of Delivery: *4-24*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 345 Old River Road
 Manville RI 02838

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9773

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To:
 Street, Apt. or PO Box: **Ronnie Westbrook**
 City, State: **P.O. Box 3171**
Midland, TX 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:
Ronnie Westbrook
P.O. Box 3171
Midland, TX 79702

2. Article Number: **7006 0100 0005 5769 9773**
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ronnie Westbrook* Agent Addressee

B. Received by (Printed Name): **MARLYN WESTBROOK** Agent Addressee

C. Date of Delivery: **5-3-17**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 9780

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To:
 Street, Apt. or PO Box: **Ronny P. Lowe**
 City, State: **6400 Coors Road, NW**
Albuquerque, NM 87120

PS Form 3800, June 2002 See Reverse for instructions

Returned

7006 0100 0005 5769 9797

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information visit **MHF/OXY**

OFFICIAL MAIL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2004

Sent To: Rosalind Redfern
 C/O Waikiki Minerals,
 303 W. Wall
 Midland, TX 79701

PS Form 3800, June 2002

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:
 Rosalind Redfern
 C/O Waikiki Minerals,
 303 W. Wall
 Midland, TX 79701

2. Article Number (Transfer from): 7006 0100 0005 5769 9797

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *J. Busbee* Agent Addressee

B. Received by (Printed Name): *J. Busbee* C. Date of Delivery: *4-22-04*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 9803

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information visit **MHF/OXY**

OFFICIAL MAIL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2004

Sent To: Rosalind Redfern
 P.O. Box 2127
 Midland, TX 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:
 Rosalind Redfern
 P.O. Box 2127
 Midland, TX 79702

2. Article Number (Transfer from): 7006 0100 0005 5769 9803

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Elaine E Love* Agent Addressee

B. Received by (Printed Name): *ELAINE E LOVE* C. Date of Delivery:

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7427

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Roy Barton, Jr.
 1919 North Turner Street
 Hobbs, NM 88240

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:
 Roy Barton, Jr.
 1919 North Turner Street
 Hobbs, NM 88240

2. Article Number: 7006 0100 0005 5769 7427
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Brenda Stewart Agent Addressee

B. Received by (Printed Name): Brenda Stewart C. Date of Delivery: 4-22-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7434

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/OXY**

OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To
 Roy E. Brooks etux Connie
 3404 Purdue Place NE
 Albuquerque, NM 87106

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:
 Roy E. Brooks etux Connie
 3404 Purdue Place NE
 Albuquerque, NM 87106

2. Article Number: 7006 0100 0005 5769 7434
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Connie Brooks Agent Addressee

B. Received by (Printed Name): C. Date of Delivery:

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 5-02-M-1540

7006 0100 0005 5769 7441

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFF

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To: Roy G. Barton & Opal Barton
 Revocable Trust Roy G. Barton Jr.,
 Trustee
 1919 N. Turner
 Hobbs, NM 88240.

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:
 Roy G. Barton & Opal Barton
 Revocable Trust Roy G. Barton Jr.,
 Trustee
 1919 N. Turner
 Hobbs, NM 88240

2. Article Number (Transfer from serv): 7006 0100 0005 5769 7441

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Brenda Stewart Agent Addressee

B. Received by (Printed Name): Brenda Stewart

C. Date of Delivery: 4-22-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004. Domestic Return Receipt. 102595-02-M-1540

7006 0100 0005 5769 7458

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Sent To: Roy G. Barton, Jr. trustee Roy
 G. Barton, Sr. & Opal Barton
 Revocable Trust
 P.O. Box 978
 Hobbs, NM 88240.

PS Form 3800, June 2002. See reverse for instructions.

Returned

7006 0100 0005 5769 7465

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurances Provided)

For delivery information visit us at **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Roy Lee Cain Revocable Trust
 Roy Lee Cain, Trustee
 Rt. 1 Box 38
 Mountainair, NM 87036

PS Form 3800

Returned

7006 0100 0005 5769 7472

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurances Provided)

For delivery information visit us at **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Ruth Elizabeth Nordyke
 19120 West Melvin
 Buckeye, AZ 85326

PS Form 3800, June 2002. See Reverse for Instructions.

Returned

7006 0100 0005 5769 7489

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 SANTA FE, NM 87505

Sent To
 Street, Apt. or PO Box #
 City, State, ZIP+4®
 S.B. Crabtree
 702 Sahara Drive
 Greenville, TX 75402-4016

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 S.B. Crabtree
 702 Sahara Drive
 Greenville, TX 75402-4016

2. Article Number (Transfer from service label)
 7006 0100 0005 5769 7489

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Penny Crabtree Agent Addressee

B. Received by (Printed Name)
 Penny Crabtree

C. Date of Delivery
 4/23/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7496

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 SANTA FE, NM 87505

Sent To
 Street, Apt. or PO Box #
 City, State, ZIP+4®
 Sabine Royalty Corp.
 P.O. Box 840887
 Dallas, TX 75284

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Sabine Royalty Corp.
 P.O. Box 840887
 Dallas, TX 75284

2. Article Number (Transfer from service label)
 7006 0100 0005 5769 7496

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent Addressee

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 APR 22 2013

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7502

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.53
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DENZAS POST OFFICE
 US65 SANTA FE, N.M. 87501

Sent To
 Street, Apt. No., or PO Box No. Saga Petroleum Corp.
 415 West Wall, Suite 1900
 City, State, ZIP+4 Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 6925

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.53
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DENZAS POST OFFICE
 US65 SANTA FE, N.M. 87501

Sent To
 Street, Apt. No., or PO Box No. Salient Zarvona Energy Fund
 4265 San Felipe #800
 City, State Houston, TX 77027

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Moore</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Salient Zarvona Energy Fund 4265 San Felipe #800 Houston, TX 77027</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: 7006 0100 0005 5769 6925 (Transfer from)</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information: **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Sally Rodgers
 Street, Apt. or PO Box: 152 Arroyo Hondo Road
 City, State: Santa Fe, NM 87505

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Sally Rodgers
 152 Arroyo Hondo Road
 Santa Fe, NM 87505

2. Article Number: 7006 0100 0005 5769 6932
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 4/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Sam Dalmont & Mary Josephine Dalmont
 Street, Apt. or PO Box: 17087 Century Plant Road
 City, State: Apple Valley, CA 92307

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Sam Dalmont & Mary Josephine Dalmont
 17087 Century Plant Road
 Apple Valley, CA 92307

2. Article Number: 7006 0100 0005 5769 6949
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: [Signature]

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

9569 6925 5000 0010 0010 7006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Not for International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.53
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A, or PO Box
 City, State

Sam Dalmont, Jr.
 8611 West Avenue E-4
 Lancaster, CA 93534

PS Form 3800, June 2002 See Reverse for Instructions

Returned

9699 6925 5000 0010 0010 7006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; Not for International Mail)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.53
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To
 Street, A, or PO Box
 City, State

Sambaiah Kankala
 Medicals Art Building #12
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 6970

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DEWARGAS
 USPS SANTA FE

Sent To
 Street, Apt or PO Box
 City, State
 Samuel Edwin Beatty
 6531 FM 1488 RD
 Magnolia, TX 77354-3266

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 6987

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DEWARGAS
 USPS SANTA FE

Sent To
 Street or PO
 City, State
 Schumacher Partners II Ltd.
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
 Schumacher Partners II Ltd.
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 Erica W

C. Date of Delivery
 4/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 7006 0100 0005 5769 6987
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 6994

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **2013**

Sent To
 Street, Ap or PO Box
 City, State

Scott Johnson
 c/o Leonard Johnson
 3666 Janice Lane
 Abilene, TX 79603

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Leonard Johnson

B. Received by (Printed Name) *Leonard Johnson* C. Date of Delivery *4-24*

D. Is delivery address different from Item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:
 Scott Johnson
 c/o Leonard Johnson
 3666 Janice Lane
 Abilene, TX 79603

2. Article Number: *7006 0100 0005 5769 6994*
 (Transfer from sender)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7007

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.58
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **2013**

Sent To
 Street, Ap or PO Box
 City, State

Scott Little
 1508 Pecan Place
 Andrews, TX 79714

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Scott Little

B. Received by (Printed Name) C. Date of Delivery *4-22-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:
 Scott Little
 1508 Pecan Place
 Andrews, TX 79714

2. Article Number: *7006 0100 0005 5769 7007*
 (Transfer from sender)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7014

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: **APR 19 2013**

Sent To: Shana Lowe Conine
 Street, Apt. N or PO Box: 405 Oak Forrest Circle
 City, State, ZIP: Waco, TX 76710

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7021

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: **APR 19 2013**

Sent To: Shane Harvey
 Street, Apt. N or PO Box No: P.O. Box 1449
 City, State, ZIP: Denver City, TX 79323

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 7038

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE VARGAS POST OFFICE
 USPS SANTA FE, NM 87501

Sent To
 Street, or PO Box
 City, State, ZIP+4®
 Shea Oil & Gas Royalties, LLC
 198 Mills Street
 Morristown, NJ 07960

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:
 Shea Oil & Gas Royalties, LLC
 198 Mills Street
 Morristown, NJ 07960

2. Article Number (Transfer from service)
 7006 0100 0005 5769 7038

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Vincent Shea Agent Addressee

B. Received by (Printed Name)
 Vincent Shea

C. Date of Delivery
 4/23/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7045

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE VARGAS POST OFFICE
 USPS SANTA FE, NM 87501

Sent To
 Street, or PO Box
 City, State, ZIP+4®
 Sherry Alexander Morin
 P.O. Box 482
 Marysville, MO 64468

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:
 Sherry Alexander Morin
 P.O. Box 482
 Marysville, MO 64468

2. Article Number (Transfer from service)
 7006 0100 0005 5769 7045

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Ernest Brian Alexander Agent Addressee

B. Received by (Printed Name)
 Ernest Brian Alexander

C. Date of Delivery
 4-23-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7052

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance)

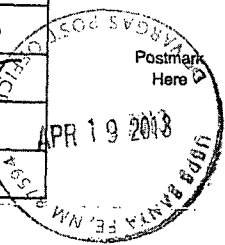
For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To
 Street, A/c or PO Box
 City, State

Shirley Rich
 6312 Blue Stem West Road
 Oklahoma City, OK 73162

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION **SECTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shirley Rich
 6312 Blue Stem West Road
 Oklahoma City, OK 73162

2. Article Number: 7006 0100 0005 5769 7052
 (Transfer from serial number)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 X Martin Rich Agent Addressee

B. Received by (Printed Name) Agent Addressee
 MARTIN RICH

C. Date of Delivery
 4-23-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7052

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance)

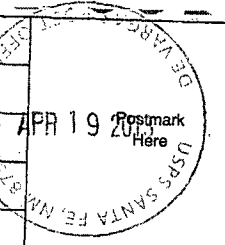
For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To
 Street, A/c or PO Box
 City, State

Spindletop Exploration Co., Inc.
 P.O. Box 25163
 Dallas, TX 75225

PS Form 3800, June 2002 See Reverse for Instructions

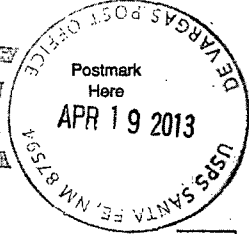


7006 0100 0005 5769 7076

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Stadium 5 LLC
 Street, A or PO B. 8117 Preston Road, Suite 520
 City, Sta Dallas, TX 75225

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6734

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**
OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
 Stanford University
 Street, A or PO B. 450 Serra Mall
 City, Sta Stanford, CA 94305-2004

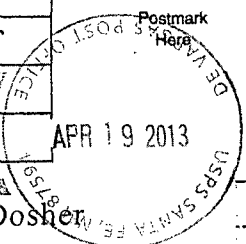
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6741

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL MAIL SERVICE**
MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Street, or PO E
City, St
Stephanie Coy Doshier
209 NE Ave. E
Seminole, TX 79360

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:

Stephanie Coy Doshier
209 NE Ave. E
Seminole, TX 79360

2. Article Number: 7006 0100 0005 5769 6741
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Stephanie Coy Doshier* Agent Addressee

B. Received by (Printed Name): *S. Doshier*

C. Date of Delivery: *4-22-13*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 6758

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL MAIL SERVICE**
MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Sent To
Street, or PO E
City, St
Steve Cusack
2910 Anna J Drive
Roswell, NM 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:

Steve Cusack
2910 Anna J Drive
Roswell, NM 88201

2. Article Number: 7006 0100 0005 5769 6758
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Steven Cusack* Agent Addressee

B. Received by (Printed Name): *Steven Cusack*

C. Date of Delivery: *4-22-13*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 6765

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.12

Postmark Here
APR 19 2013
 DEWARGAS POST OFFICE
 USPS SANTA FE, NM 87501

Sent To
 Street, or PO B
 City, St
 Stuart A. Umpleby
 4007 49th Sr. NW
 Washington DC 20016-2339

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6772

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.12

Postmark Here
APR 19 2013
 DEWARGAS POST OFFICE
 USPS SANTA FE, NM 87501

Sent To
 Street, or PO B
 City, St
 Stuart A. Umpleby, et al
 4141 North Henderson Road
 Arlington, VA 22203

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 THIS SECTION ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Stuart A. Umpleby, et al
 4141 North Henderson Road
 Arlington, VA 22203

2. Article Number (Transfer from s): **7006 0100 0005 5769 6772**

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: **4/24/13**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 6796

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

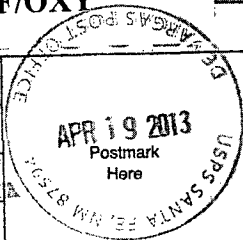
For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To Stuart S. Umpleby Marital Trust
 Comerica Bank – Texas and Cara V.
Street, or PO E Lockett, Co-Trustees
City, St 403 S. Cheyenne, Suite 800
 Tulsa, OK 74103

PS Form 3800, June 2002 See Reverse for Instructions



Returned

7006 0100 0005 5769 6802

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)

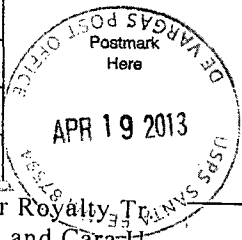
For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Sent To Susan Umpleby Peasner Royalty Tr.
 Comerical Bank- Texas and Cara-U.
Street, or PO E Lockett, Co-Trustees
City, St 403 S. Cheyenne, Suite 800
 Tulsa, OK 74103

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 **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Sent To: Synergex Inc.
 Street, or PO: 3750 W. Memorial Rd.,
 City, St: Suite 1401
 Oklahoma City, OK 73134

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6819

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:
 Synergex Inc.
 3750 W. Memorial Rd.,
 Suite 1401
 Oklahoma City, OK 73134

2. Article Number: 7006 0100 0005 5769 6819
 (Transfer from Service)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.10

Postmark Here
APR 19 2013

Sent To: Teddy L. Hartley
 Street, or PO: P.O. Box 309
 City, St: Clovis, NM 88101

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 6826

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:
 Teddy L. Hartley
 P.O. Box 309
 Clovis, NM 88101

2. Article Number: 7006 0100 0005 5769 6826
 (Transfer from Service)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: **APR 22 2013**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 6833

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: Terrence Scott Blankenship
 2109 County Road 301 S
 Dayton, TX 77535-3943

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:
 Terrence Scott Blankenship
 2109 County Road 301 S
 Dayton, TX 77535-3943

2. Article Number: 7006 0100 0005 5769 6833
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Terrence Blankenship* Agent Addressee

B. Received by (Printed Name): *TERRENCE BLANKENSHIP* C. Date of Delivery: *4-24-2013*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 6840

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Sent To: The Allar Company
 P.O. Box 630
 Graham, TX 76046

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:
 The Allar Company
 P.O. Box 630
 Graham, TX 76046

2. Article Number: 7006 0100 0005 5769 6840
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x MB* Agent Addressee

B. Received by (Printed Name): *Melanie Barrett* C. Date of Delivery: *4-24-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 6857

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here APR 19 2013

Sent To: The Cochran Trust,
 c/o D. A. Cochran
 P.O. Box 145
 Hobbs, NM 88241

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:
 The Cochran Trust,
 c/o D. A. Cochran
 P.O. Box 145
 Hobbs, NM 88241

2. Article Number (Transfer from serv): 7006 0100 0005 5769 6857

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *D. A. Cochran* Agent Addressee

B. Received by (Printed Name): *D. A. Cochran* C. Date of Delivery:

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 6864

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here APR 19 2013

Sent To: The Long Trusts
 118 South Kilgore Street
 Kilgore, TX 75663

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:
 The Long Trusts
 118 South Kilgore Street
 Kilgore, TX 75663

2. Article Number (Transfer from serv): 7006 0100 0005 5769 6864

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Michelle Lewis* Agent Addressee

B. Received by (Printed Name): *Michelle Lewis* C. Date of Delivery:

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 687J

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.40
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.47

Postmark Here: APR 18 2013

Sent To: The Long Trusts
 Street or P.O. Box: P.O. Box 3069
 City: Kilgore, TX 75663

PS Form 3800, June 2002 See Reverse for Instructions

SEND PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 The Long Trusts
 P.O. Box 3069
 Kilgore, TX 75663

2. Article Number (Transfer from): 7006 0100 0005 5769 687J

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Kathy Johnson* Agent Addressee
 B. Received by (Printed Name): *KATHY JOHNSON* C. Date of Delivery: *APR 18 2013*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 761B

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: The University of Oklahoma Foundation, Inc.
 Street or P.O. Box: 100 Timberdell Road
 City: Norman, OK 73019

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 The University of Oklahoma Foundation, Inc.
 100 Timberdell Road
 Norman, OK 73019

2. Article Number (Transfer from): 7006 0100 0005 5769 761B

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Tina Burke* Agent Addressee
 B. Received by (Printed Name): *Tina Burke* C. Date of Delivery: *4-24-13*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7625

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information via **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Tidemark Corporation
 Street, Apt. or PO Box: 6116 N. Central Expressway
 City, State: Dallas, TX 75206-5162

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 7632

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information via **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Tierra Oil Company LLC
 Street, Apt. or PO Box: P.O. Box 700968
 City, State: San Antonio, TX 78270

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™

SENDER: CO

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Tierra Oil Company LLC
 P.O. Box 700968
 San Antonio, TX 78270

2. Article Number: 7006 0100 0005 5769 7632
 (Transfer from service label)

3. Service Type:
 Certified Mail
 Express Mail
 Registered
 Return Receipt for Merchandise
 Insured Mail
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Chris Burkitt*
 Agent
 Addressee

B. Received by (Printed Name): *Chris Burkitt*

C. Date of Delivery: *4-23-13*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7649

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87505

Sent To
 Timothy C. Williams
 3931 Tall Birch Cove
 Memphis, TN 38115

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7656

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87505

Sent To
 Timothy J. Cusack
 P.O. Box 250
 Roswell, NM 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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) ET Gallegos C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	<p>APR 22 2013 ROSWELL, NM</p>
<p>Timothy J. Cusack P.O. Box 250 Roswell, NM 88202</p>	<p>3. Service Type 88203</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
2. Article Number	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
(Transfer from service)	
	7006 0100 0005 5769 7656

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7519

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information, visit **OFFICIAL MAIL™** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87501

Sent To
 Street, Ap. or PO Box
 City, State
 Tom R. Cone
 P.O. Box 400
 Southwest City, MO 64863

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece or on the front if space permits.

Article Addressed to:
 Tom R. Cone
 P.O. Box 400
 Southwest City, MO 64863

2. Article Number (Transfer from serv...)
 7006 0100 0005 5769 7519

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Tom Cone* Agent Addressee

B. Received by (Printed Name)
Tom Cone

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7526

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information, visit **OFFICIAL MAIL™** **MHF/OXY**

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 DE WARGAS POST OFFICE
 USPS SANTA FE, NM 87501

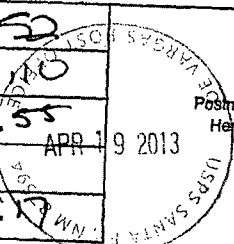
Sent To
 Street, Ap. or PO Box
 City, State
 Tom R. Cone
 P.O. Box 778
 Jay, OK 74346

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7533

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, Insurance Coverage Provided)

For delivery information: **OFFI** **MHF/OXY**

Postage	\$ 1.50	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	


Sent To: Tommy L. Fort
 P.O. Box 2044
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, Insurance Coverage Provided)

For delivery information: **OFFI** **MHF/OXY**

Postage	\$ 1.50	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.17	

Sent To: Toni H. Beare
 189 S. Rembert St.
 Memphis, TN 38104

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 7557

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Return Receipt Not Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Trilog Operatong Company
 P.O. Box 7606
 Midland, TX 79708

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:
 Trilog Operatong Company
 P.O. Box 7606
 Midland, TX 79708

2. Article Number: 7006 0100 0005 5769 7557
 (Transfer from serial number)

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Gary Miller* Agent Addressee

B. Received by (Printed Name): **GARY MILLER** C. Date of Delivery: **4/24/13**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

7006 0100 0005 5769 7564

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Return Receipt Not Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Sent To: Troy D. Blackburn successor
 trustee of the Black Irrevocable Trusts
 247 Blackburn Road
 Abilene, TX 79602

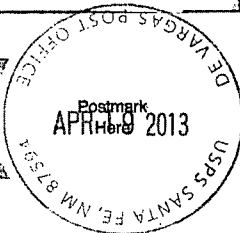
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2565

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Ty Johnson
401 W. 18th St., #19
Fort Stockton, TX 79735

PS Form 3800, June 2002 See Reverse for Instructions

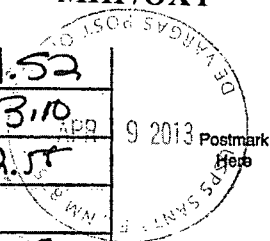
Returned

7006 0100 0005 5770 2572

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information via **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



V.E. Gourley, III
P.O. Box 572782
Houston, TX 77057

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2589

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only;)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Veja Inc.
 6300 NW Grand Blvd.
 Oklahoma City, OK 73116

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 2596

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only;)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Verna Runnels
 48 Hobart, Space #7
 Canadian, TX 79014

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2602

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail Permitted)

For delivery information, visit **usps.com**

OFFICE MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Virginia C. Hinman
 2334 Chriswood
 Toledo, OH 43617

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Virginia C. Hinman* Agent Addressee

B. Received by: (Printed Name) *Virginia C. Hinman* C. Date of Delivery: *5/3/13*

1. Article Addressed to: delivery address different from item 1? Yes No
 Enter delivery address below:

Virginia C. Hinman
 2334 Chriswood
 Toledo, OH 43617

2. Article Number (Transfer from service label): 7006 0100 0005 5770 2602

3. Service Type: Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2619

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail Permitted)

For delivery information, visit **usps.com**

OFFICE MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Vivian Lowe Anseimi
 1500 Broadway, Suite 1230
 Lubbock, TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

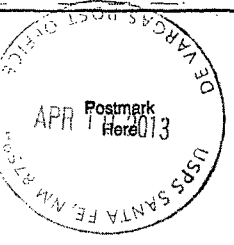
Returned

7006 0100 0005 5770 2626

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Vora L. Hartley
4915-C 94th Street
Lubbock, TX 79424

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 2633

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



W.R. Hill
200 East 37th Street, #3
Odessa, TX 79762

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 2640

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information visit **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Waikiki Partners, LP
 P.O. Box 2127
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION **ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Waikiki Partners, LP
 P.O. Box 2127
 Midland, TX 79702

2. Article Number: 7006 0100 0005 5770 2640
 (Transfer from service label)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Elaine Love* Agent Addressee
 B. Received by (Printed Name): ELAINE LOVE C. Date of Delivery:
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2657

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR Here 2013

Wayne A. Bissett
 P.O. Box 2101
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION **ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Wayne A. Bissett
 P.O. Box 2101
 Midland, TX 79702

2. Article Number: 7006 0100 0005 5770 2657
 (Transfer from service label)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Wayne A. Bissett* Agent Addressee
 B. Received by (Printed Name): Wayne A. Bissett C. Date of Delivery: 4-29-13
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2664

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Weslynn McCallister Holway
 7350 S. Tamiami Trial,
 Apt. 229
 Sarasota, FL 34231-7004

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Weslynn McCallister Holway
 7350 S. Tamiami Trial,
 Apt. 229
 Sarasota, FL 34231-7004

2. Article Number: 7006 0100 0005 5770 2664
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4/22/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 2671

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICE - USE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Wes-Tex Drilling Company
 P.O. Box 3739
 Abilene, TX 79604

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Wes-Tex Drilling Company
 P.O. Box 3739
 Abilene, TX 79604

2. Article Number: 7006 0100 0005 5770 2671
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery:

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5770 2688

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

WFM Minerals, LTD
 P.O. Box 339
 Bridger, Montana 59014

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:

WFM Minerals, LTD
 P.O. Box 339
 Bridger, Montana 59014

2. Article Number (Transfer from service label) 7006 0100 0005 5770 2688

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *WFM Minerals*

B. Received by (Printed Name) *WFM Minerals* C. Date of Delivery *4/22/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2695

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No)

For delivery information visit **MHF/OXY**

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

White Star Energy, Inc.
 P.O. Box 51108
 Midland, TX 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:

White Star Energy, Inc.
 P.O. Box 51108
 Midland, TX 79710

2. Article Number (Transfer from service label) 7006 0100 0005 5770 2695

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *4/23/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2701

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Restricted Delivery)

For delivery information visit **MHF/OXY**

OFFICIAL USE ONLY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 18 2013

Wilbur C. Bradley trustee of the
 O.E. Bradley Trust
 One Main Place, Suite 608
 Wichita, KS 67202

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *R. Miller* Agent Addressee

B. Received by (Printed Name): *R. Miller* C. Date of Delivery: *4/23/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

1. Article Addressed to:
 Wilbur C. Bradley trustee of the
 O.E. Bradley Trust
 One Main Place, Suite 608
 Wichita, KS 67202

2. Article Number: *7006 0100 0005 5770 2701*
 (Transfer from service label)

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2716

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Restricted Delivery)

For delivery information visit **MHF/OXY**

OFFICIAL USE ONLY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

Wilda C. Collins
 East 431 Dalby Road
 Union, WA 98592

PS Form 3800, June 2002. See Reverse for Instructions.

Returned

7006 0100 0005 5770 2732

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

William E. Walker trustee of the
 William E. Walker Living Trust
 P.O. Box 113
 Wichita, KS 67201

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5770 2732

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

William F. Pendleton
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 William F. Pendleton
 777 Main Street, Suite 3200
 Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7006 0100 0005 5770 2732

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Enca W*

C. Date of Delivery: *4/22/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2749

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Windlands Corp.
 P.O. Box 591
 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
 Windlands Corp.
 P.O. Box 591
 Midland, TX 79702

2. Article Number: 7006 0100 0005 5770 2749
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Widow Hamm Jr.* Agent Addressee

B. Received by (Printed Name): *WIDOW HAMM JR.* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 2756

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013

Winnie Dalmont Menk
 P.O. Box 14110
 Albuquerque, NM 87125

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 5769 7144

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here **APR 19 2013**

Winnie Pearl Hale as trustee of
the Hale Family Trust
4007 15th Street
Lubbock, TX 79416

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7151

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 7.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 13.17

Postmark Here **APR 19 2013**

Woodland P. Saunders
8404 Goodnight Trail
Amarillo, TX 79110-5030

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Woodland P. Saunders 8404 Goodnight Trail Amarillo, TX 79110-5030</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5769 7151</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 0100 0005 5769 7168

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 9 2013

Xeric Oil & Gas Corp.
P.O. Box 51311
Midland, TX 79710

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7175

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFI

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

XTO Energy Inc.
810 Houston St., Suite 2000
Fort Worth, TX 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 Houston St., Suite 2000
Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7175

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Shannon Sack*
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

PS Form 3811, February 2004 Domestic Return Receipt 402595-02-M-1540

7006 0100 0005 5769 7182

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N...)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

ZPZ Delaware I LLC
 2000 Post Oak Blvd.,
 Suite 100
 Houston, TX 77056

PS Form 3811, February 2004 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:
 ZPZ Delaware I LLC
 2000 Post Oak Blvd.,
 Suite 100
 Houston, TX 77056

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7182

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4-22-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7199

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N...)

For delivery information visit **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark: APR 19 2013

ZPZ Delaware I LLC
 P.O. Box 840133
 Dallas, TX 75284

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:
 ZPZ Delaware I LLC
 P.O. Box 840133
 Dallas, TX 75284

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7199

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: APR 22 2013

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7205

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL MAIL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Cochran Family Trust
 PO Box 145
 Hobbs, NM 88241

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:
 Cochran Family Trust
 PO Box 145
 Hobbs, NM 88241

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7205

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *D. A. Cochran* C. Date of Delivery: *4/27/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7212

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL MAIL

Postage	\$ 1.52
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here: APR 19 2013

Coombs, M R
 1015 N Dal Paso
 Hobbs, NM 88240

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:
 Coombs, M R
 1015 N Dal Paso
 Hobbs, NM 88240

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7212

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Warriell Coombs* C. Date of Delivery: *4/22/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7229

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Legacy Reserves Operating, LP
 PO Box 5677
 Abilene, TX 79608

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:

Legacy Reserves Operating, LP
 PO Box 5677
 Abilene, TX 79608

2. Article Number (Transfer from service label): **7006 0100 0005 5769 7229**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X** *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **APR 23 2013**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7236

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: **MHF/OXY**

OFFICIAL

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Enterprise Crude Oil LLC
 PO Box 4018
 Houston, TX 77210

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5769 7243

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

Scarborough, Steven
 411 E Baja
 Hobbs, NM 88240

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:
 Scarborough, Steven
 411 E Baja
 Hobbs, NM 88240

2. Article Number (Transfer from service label) **7006 0100 0005 5769 7243**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Susan L Selma

B. Received by (Printed Name) *Susan L Selma* C. Date of Delivery *4-24-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7250

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**

OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 19 2013
 USPS SANTA FE, NM 87501

DCP Midstream LP
 5718 Westheimer Suite 1900
 Houston, TX 77057

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:
 DCP Midstream LP
 5718 Westheimer Suite 1900
 Houston, TX 77057

2. Article Number (Transfer from service label) **7006 0100 0005 5769 7250**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Hancy Ledell

B. Received by (Printed Name) *Hancy Ledell* C. Date of Delivery *4/22/13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7267 5769 0005 0100 0006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
APR 19 2013
 DEWAS POST OFFICE
 USPS SANTA FE, NM 87501

Patterson Drilling Company LP
 200 S 10th St.
 Richmond, TX 77469

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:
 Patterson Drilling Company LP
 200 S 10th St.
 Richmond, TX 77469

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7267

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Janice Dantos*

B. Received by (Printed Name) *JANICE DANTOS* C. Date of Delivery *4-24-13*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7274 5769 0005 0100 0006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark
APR 19 2013
 DEWAS POST OFFICE
 USPS SANTA FE, NM 87501

Commissioner of Public Lands
 State Land Office
 P.O. Box 1148
 Santa Fe, NM 87504-1148

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:
 Commissioner of Public Lands
 State Land Office
 P.O. Box 1148
 Santa Fe, NM 87504-1148

2. Article Number (Transfer from service label): 7006 0100 0005 5769 7274

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5769 7281

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 10 2013
 DEBARGAS POST OFFICE
 USPS SANTA FE, NM 87504

City of Hobbs
 200 E. Broadway
 Hobbs, NM 88240

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:
 City of Hobbs
 200 E. Broadway
 Hobbs, NM 88240

2. Article Number (Transfer from service label)
 7006 0100 0005 5769 7281

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)
 ADRI ANIA

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7298

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)

For delivery information visit **MHF/OXY**
OFFICE

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
 APR 9 2013
 DEBARGAS POST OFFICE
 USPS SANTA FE, NM 87504

Saber Oil and Gas Ventures LLC
 400 W. Ill Ave. #950
 Midland, TX 79701-4399

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:
 Saber Oil and Gas Ventures LLC
 400 W. Ill Ave. #950
 Midland, TX 79701-4399

2. Article Number (Transfer from service label)
 7006 0100 0005 5769 7298

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)
 Avery Campbell

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 5769 7304

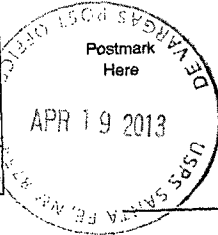
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

MHF/OXY

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



DC Energy LLC
105 Oscar Lane
Dallas, GA 30132

PS Form 3800, June 2002

for Instructions

7006 0100 0005 5769 7311

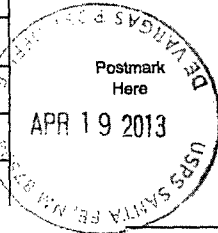
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit

MHF/OXY

OFFIC

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17



Edna Louise Miller
1106 Cincinnati
El Paso, TX 79902

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 5769 7335

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit **OFFICIAL** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Frank J. Redfern
P.O. Box 50890
Midland, TX 79710

PS Form 3800, June 2002 See Reverse for Instructions.

Returned

7006 0100 0005 5769 7335

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information, visit **OFFICIAL** MHF/OXY

Postage	\$ 1.52
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.17

Postmark Here
APR 19 2013

Gary L. Finch, Jr.
P.O. Box 12
Stowell, TX 77661

PS Form 3800, June 2002 See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION	ACTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x Myrna Finch</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Myrna Finch</i></p> <p>C. Date of Delivery 4-23-2013</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Gary L. Finch, Jr. P.O. Box 12 Stowell, TX 77661</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: 7006 0100 0005 5769 7335 <small>(Transfer from service label)</small></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Name
Atlantic Oil Production
Bob White
Bona Lou Taylor
Carol J. Pacheco
Charles N. Welch
Charon Oil Group
Clifford Cone
Clift Bates
D.B. Golden
D.C. Tust
David Donoghue
Dawn Kelley
Don Poage
Don R. Morgan
Dr. Robert P. Sayle
Edwin D. Smith
Ella Jones
Estate Elizabeth Sayle
Estate George A. Lay
Estate Mary E. Granburg
Evel R. Williams & Christine Williams
Evelyn Lowe Riddle & Robert
F. Bennett Watts
Fred J. Wegg trustee
Garth Monroes Taylor
Gary J. Allen & Myles Mario Allen
Grady Thompson
Greg Allen
Gwen Allen Gonzales
Harris Co. Inc.
Harry Eaves
Herbert Flackman
High Country LLC
Hobart Earl Taylor
Ivan J. Fenn
Ivan J. Fenn & Ruth
J.D. Thompson
J.E. Elliott
James G. White
Jean Holloway
Jean Sherrill

Name
Jenny Roberts Schimpff Trust, Catherine G. Roberts Trust, Barry Coates Roberts Trust, Stieren Hardeman Trust, George L. Stieren Trust, Wendy Stieren Daniel Trust, Kelly Stieren Daniel Trust, Amy E. Stieren Trust: Arthur T. Stieren & Betty S. Kelso co-trustees
Joan & Pat Holloway
Joe P. Crawford etux Ila
John Richard Pfenning
Kathleen M. Cone
Kathleen M. Cone
Kenneth G. Cone
Kenneth McIntosh
Lena Griswald
Lewis Production Company
Lila Cochran Allen & James
Lillian Hill Young
Lorraine Harris
M.W. Evans
Mabelle K. Stewart
Maggie Morrison
Margaret Artis
Margaret D. Watson
Marguerite S. White
Martin J. Flackman
Mary D. Ames
Mary E. Thompson
Mary Maxine Welch
Maurice A. Charon
Merlyn S. Erickson
Myrtle Freeman Taylor
O.L. Taylor, Jr.
Ola Addington
Pat Murphy
R.L. Hacky
R.T. Jones
Raleigh E. Thomspson
Ruth Newby Jones, Elaine Newby Shepard, David Newby, Rosemary Newby Mullen
S. R. Payton
S.A. Shrader
S.A. Thompson
Stanley W. Greer
The Robert Goodrich Trust f/b/o Robert R. Goodrich, David E. Goodrich, Gavin R. Goodrich
Thomas R. James
W. H. Payton

Name
W. O. Cochran
W.B. Thompson
Wallace A. Phillips
Walter Tomlinson & Christine Williams
William B. Watson
William F. Pfenning, Jr.