

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

APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING AND AN
UNORTHODOX GAS WELL LOCATION, EDDY
COUNTY, NEW MEXICO.

Case No. 15,171

AFFIDAVIT OF NOTICE

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

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

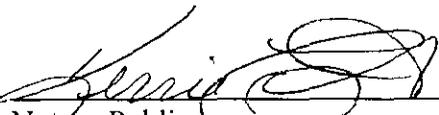
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application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


James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of July, 2014 by James Bruce.

My Commission Expires:




Notary Public

Oil Conservation Division
Case No. 1
Exhibit No. 1

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

June 19, 2014

To: Persons on Exhibit A

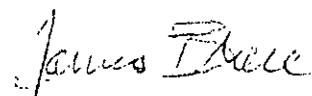
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a well in the E½ of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 10, 2014, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, July 3, 2014. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

Attachment



EXHIBIT

A

Mary Jo Dickerson
P.O. Box 642
Glenpool, OK 74033

LBD, a Limited Partnership
P.O. Box 686
Hobbs, NM 88240

Magdalene P. Panagopoulos and
Panagiota P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, NV 89117

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

Laura Meade
611 N. Mesa Ave.
Carlsbad, NM 88203

Estate of Stan Gregory
608 Lakeside Dr.
Carlsbad, NM 88220
Attn: Kathy Gregory

Willis A. Paschal Trust No. 1
P.O. Box 98
Luray, KS 67649

Mr. James W. Klipstine and
Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, NM 88240

Clarence Ervin and the
Estate of Mary I. Ervin
4016 Jones St.
Carlsbad, NM 88220

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

Mr. Nolan Greak
8008 Slide Road, Suite #33
Lubbock, TX 79424

Mr. Neville Manning
2112 Indiana
Lubbock, TX 79410

Wells Fargo Bank, N.A.
2318 W. Pierce St.
Carlsbad, NM 88220

Bonnie R. Gregory and
Irma J. Gregory
14 Cork St.
Alva, FL 33920

Mr. Thomas W. Gregory
1705 Black Gold St., SE
Albuquerque, NM 87123

Mr. Pavlos P. Panagopoulos,
Panagopoulos Enterprises and
Andreas P. Panagopoulos
511 W. Reinken Ave.
Belen, NM 87002

Mr. William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, NM 87123

Virginia Lee Davis
address unknown

John Edward Hall, III
address unknown

Bertha Lorene Osborn
address unknown

Ralph V. Robinson
address unknown

Childs & Bishop Law Office, Inc.
address unknown

Charles L. Reitenger
address unknown

Jonathan D. Knoerdel
address unknown

013 3020 0000 4633 9490

U.S. Postal Service™
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Willis A. Paschal Trust No. 1
P.O. Box 98
Luray, KS 67649

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of Stan Gregory
608 Lakeside Dr.
Carlsbad, NM 88220
Attn: Kathy Gregory

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kathy Gregory* 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: _____

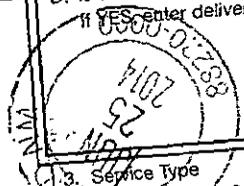
3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



013 3020 0000 4633 9506
Domestic Return Receipt *m4*

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Willis A. Paschal Trust No. 1
P.O. Box 98
Luray, KS 67649

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Willis A. Paschal* Agent Addressee

B. Received by (Printed Name): *WILLIS PASCHAL* C. Date of Delivery: *6/24/14*

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

013 3020 0000 4633 9490

PS Form 3811, July 2013

Domestic Return Receipt *m4*

013 3020 0000 4633 9506

U.S. Postal Service™
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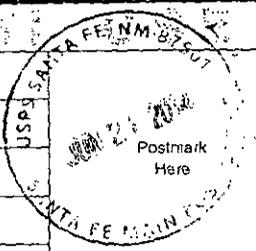
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Estate of Stan Gregory
608 Lakeside Dr.
Carlsbad, NM 88220
Attn: Kathy Gregory

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

PS Form 3800, August 2006 See Reverse for Instructions



7013 3020 0000 4633 9476

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

Postmark Here: SANTA FE NM 87501

Sent To: Laura Meade
611 N. Mesa Ave.
Carlsbad, NM 88203

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Clarence Ervin and the
Estate of Mary I. Ervin
4016 Jones St.
Carlsbad, NM 88220

2. Article Number (Transfer from service label)

7013 3020 0000 4633 9476

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 6-23

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Laura Meade
611 N. Mesa Ave.
Carlsbad, NM 88203

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Frank Hanna C. Date of Delivery: 6-26-11

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

Article Number (Transfer from service label)

7013 3020 0000 4633 9513

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

Postmark Here: SANTA FE NM 87501 JUN 27 2011

Sent To: Clarence Ervin and the Estate of Mary I. Ervin
4016 Jones St.
Carlsbad, NM 88220

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

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Magdalene P. Panagopoulos and
 Panagiota P. Panagopoulos
 10008 Ranch Hand Ave.
 Las Vegas, NV 89117

2. Article Number (Transfer from service label)
 7013 3020 0000 4633 9537

PS Form 3811, July 2013 Domestic Return Receipt *MY*

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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

2. Article Number (Transfer from service label)
 7013 3020 0000 4633 9520

PS Form 3811, July 2013 Domestic Return Receipt *MY*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 S. STEWART 6-23-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0000 4633 9537

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

Postmark Here

Sent To: Magdalene P. Panagopoulos and
 Panagiota P. Panagopoulos
 10008 Ranch Hand Ave.
 Las Vegas, NV 89117

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

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

Sent To
 Mr. Pavlos P. Panagopoulos,
 Panagopoulos Enterprises and
 Andreas P. Panagopoulos
 511 W. Reinken Ave.
 Belen, NM 87002

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Mr. Thomas W. Gregory
 1705 Black Gold St., SE
 Albuquerque, NM 87123

2. Article Number
 (Transfer from service label)
 7013 3020 0000 4633 9414

PS Form 3811, July 2013 Domestic Return Receipt *m4*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Tom Gregory

B. Received by (Printed Name)
 F. Kemp

C. Date of Delivery
 6/23

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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:
 Mr. Pavlos P. Panagopoulos,
 Panagopoulos Enterprises and
 Andreas P. Panagopoulos
 511 W. Reinken Ave.
 Belen, NM 87002

2. Article Number
 (Transfer from service label)
 7013 3020 0000 4633 9407

PS Form 3811, July 2013 Domestic Return Receipt *m4*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Tom Gregory

B. Received by (Printed Name)
 F. Kemp

C. Date of Delivery
 6-23-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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

Postmark Here

Sent To
 Mr. Thomas W. Gregory
 1705 Black Gold St., SE
 Albuquerque, NM 87123

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

PS Form 3800, August 2006 See Reverse for Instructions

707 0202 0000 4633 9469

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

Sent To: Mr. William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, NM 87123

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number:
(Transfer from service label) 7013 3020 0000 4633 9469

PS Form 3811, July 2013 Domestic Return Receipt *m4*

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sophy Brice* Agent Addressee

B. Received by (Printed Name): *Sophy Brice* C. Date of Delivery: *6-23-14*

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

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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:

Mr. William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, NM 87123

2. Article Number:
(Transfer from service label) 7013 3020 0000 4633 9391

PS Form 3811, July 2013 Domestic Return Receipt *m4*

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

707 0202 0000 4633 9469

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4633 9438

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

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wells Fargo Bank, N.A.
 2318 W. Pierce St.
 Carlsbad, NM 88220

2. Article Number (Transfer from service label): 7013 3020 0000 4633 9438

PS Form 3811, July 2013 Domestic Return Receipt *mc*

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Deborah Kemp*

C. Date of Delivery: *6-23-14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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:

Mr. Neville Manning
 2112 Indiana
 Lubbock, TX 79410

2. Article Number (Transfer from service label): 7013 3020 0000 4633 9445

PS Form 3811, July 2013 Domestic Return Receipt *mc*

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *D. Kemp*

C. Date of Delivery: *6/23/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

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

Sent To: Wells Fargo Bank, N.A.
 Street, Apt. No., or PO Box No.: 2318 W. Pierce St.
 City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

7013 3020 0000 4633 9452

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

Postmark
Here

Sent To
 Mr. Nolan Greak
 8008 Slide Road, Suite #33
 Lubbock, TX 79424

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Nolan Greak
 8008 Slide Road, Suite #33
 Lubbock, TX 79424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Nolan Greak* Agent
 Addressee

B. Received by (Printed Name) *Hollie Wright* C. Date of Delivery *6/26/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7013 3020 0000 4633 9452

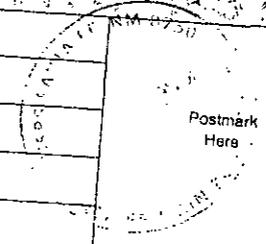
mc

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

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

7013 3020 0000 4633 9483

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



Sent To: Mr. James W. Klipstine and
 Klipstine & Hanratty
 Street, Apt. No., or PO Box No.: 1601 N. Turner, Suite 400
 City, State, ZIP+4: Hobbs, NM 88240

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. James W. Klipstine and
 Klipstine & Hanratty
 1601 N. Turner, Suite 400
 Hobbs, NM 88240

2. Article Number
 (Transfer from service label)

7013 3020 0000 4633 9483

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Hillary Clayton

B. Received by (Printed Name) C. Date of Delivery
Hillary Clayton *6/27/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0000 4633 9551

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Mary Jo Dickerson
P.O. Box 642
Glenpool, OK 74033

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4633 9544

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

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

OFFICIAL USE

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

Postmark Here

Sent To: LBD, a Limited Partnership
P.O. Box 686
Hobbs, NM 88240

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4633 9421

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Bonnie R. Gregory and
Irma J. Gregory
14 Cork St.
Alva, FL 33920

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

PS Form 3800, August 2006 See Reverse for Instructions