

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

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

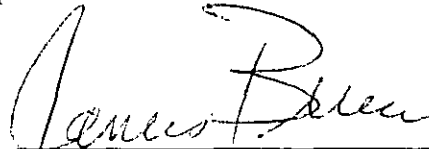
Case No. 15,168

AFFIDAVIT OF NOTICE

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

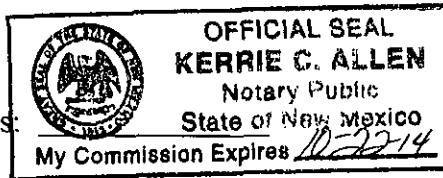
James Bruce, being duly sworn upon his oath, deposes and states:

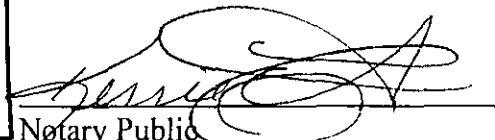
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application 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  
18

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

My Commission Expires:



  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No.   7    
Exhibit No.

**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](mailto: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 W $\frac{1}{2}$ W $\frac{1}{2}$  of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

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 **A**

## 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

The Bishop Whipple Schools  
P.O. Box 218  
Faribault, MN 55021  
Attn: Mr. Greg Engel

Mr. Bill C. Ruiz  
P.O. Box 161  
Sultana, CA 93666

Mr. Juan G. Ruiz  
address unknown

The Boys Club of America  
1275 Peachtree St., NE  
Atlanta, GA 30309  
Attn: Mr. Anand Mehta

Lora Enderud  
Roy Martin Enderud  
Frank Miller Enderud  
Ernesta Jane Enderud Roberts  
Albert Larson  
Estate of Carl O. Enderud, Deceased  
Estate of D.O. Enderud, Deceased  
Estate of Carl C. Enderud, Deceased  
Christian Olaf Enderud  
Mary Jane Larson  
David A. Larson, et ux Penney A. Larson  
Carolyn L. Oliveira, et vir George F. Oliveira

(all addresses unknown)

Alfred Norman Enderud  
1812 Yale  
Ponca City, OK 74604

Curtis Duaine Enderud  
1000 N. Wesglenn Circle, Apt. 1  
Wasilla, AK 99654

Donald Eric Enderud  
14827 62<sup>nd</sup> Pine  
Lake Stevens, NM 98258

Jesse V. Enderud  
260 N. Lyon Ave., Space 164  
Hemet, CA 92543

Jimmy David Enderud  
2460 Cedar St. E  
Port Orchard, WA 98366-7136

Larry Carl Enderud  
address unknown

Michael William Enderud  
201 74<sup>th</sup> Street SW  
Everett, WA 98203

Shawn Robert Enderud  
address unknown

Frank Albert Enderud  
Jane Enderud Roberts  
Lloyd Enderud, et ux Freida I. Enderud  
Farrell Enderud  
Nancy L. Enderud  
Clarence O. Enderud, et ux Ellen I. Enderud  
Fred A. Haines  
Louis E. Enderud, et ux Micheline Enderud  
Carl William Enderud, et ux Betty Enderud  
Jesse V. Enderud, et ux Mary Enderud  
Opal Sample

4642 1140 0000 0202 0207

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

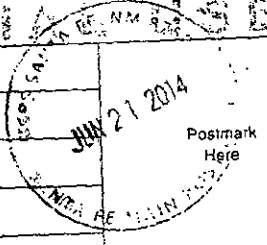
For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Sent To: Michael William Enderud  
201 74<sup>th</sup> Street SW  
Everett, WA 98203

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:

Donald Eric Enderud  
14827 62<sup>nd</sup> Pine  
Lake Stevens, NM 98258

2. Article Number (Transfer from service label)  
7013 3020 0000 4642 1140

PS Form 3811, July 2013 Domestic Return Receipt M1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *James K Enderud*

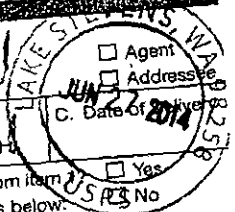
B. Received by (Printed Name): James K Enderud

C. Date of Delivery: JUN 21 2014

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

3. Service Type  
 Certified Mail<sup>®</sup>  Priority Mail Express<sup>™</sup>  
 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:

Michael William Enderud  
201 74<sup>th</sup> Street SW  
Everett, WA 98203

2. Article Number (Transfer from service label)  
7013 3020 0000 4642 1119

PS Form 3811, July 2013 Domestic Return Receipt M1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Michael William Enderud*

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<sup>®</sup>  Priority Mail Express<sup>™</sup>  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Sent To: Donald Eric Enderud  
14827 62<sup>nd</sup> Pine  
Lake Stevens, NM 98258

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

PS Form 3800, August 2006 See Reverse for Instructions

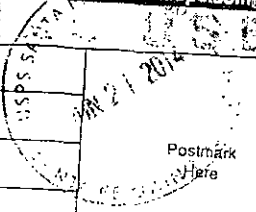


7013 3020 0000 4642 1201

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$
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:

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 4642 1348

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *GW*

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

Domestic Return Receipt M

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 4642 1201

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *WEG*

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

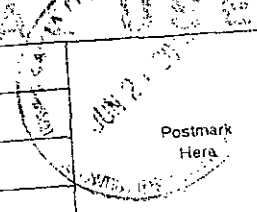
Domestic Return Receipt M

7013 3020 0000 4642 1201

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

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



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

7013 3020 0000 4642 1133

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Sent To  
 Street, Apt. No., or PO Box No. Jesse V. Enderud  
 260 N. Lyon Ave., Space 164  
 Hemet, CA 92543  
 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. Neville Manning  
 2112 Indiana  
 Lubbock, TX 79410

2. Article Number  
 (Transfer from service label)

PS Form 3811, July 2013

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X *Deborah Kemp*  Addressee  
 B. Received by (Printed Name) *D. Kemp* 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

7013 3020 0000 4642 1256

Domestic Return Receipt *M*

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
  
 Jesse V. Enderud  
 260 N. Lyon Ave., Space 164  
 Hemet, CA 92543

2. Article Number  
 (Transfer from service label)

PS Form 3811, July 2013

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X *Louisa M. Willis*  Addressee  
 B. Received by (Printed Name) 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

7013 3020 0000 4642 1133

Domestic Return Receipt *M*

7013 3020 0000 4642 1256

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

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

PS Form 3800, August 2006 See Reverse for Instructions

7103 3020 0000 4642 1317

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USA**

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

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

Postmark Here: JUN 21 2013

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:  
 The Boys Club of America  
 1275 Peachtree St., NE  
 Atlanta, GA 30309  
 Attn: Mr. Anand Mehta

2. Article Number (Transfer from service label) **7013 3020 0000 4642 1171**

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

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

2. Article Number (Transfer from service label) **7013 3020 0000 4642 1317**

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

**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

Postmark Here: JUN 25 2014

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USA**

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

Sent To: The Boys Club of America  
 1275 Peachtree St., NE  
 Atlanta, GA 30309  
 Attn: Mr. Anand Mehta

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

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here: JUN 21 2014



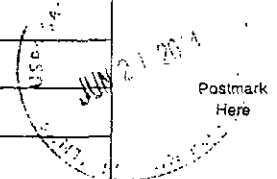
5BT 1 2494 0000 020E E102

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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



Sent To: The Bishop Whipple Schools  
P.O. Box 218  
Faribault, MN 55021  
Attn: Mr. Greg Engel

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:

Jimmy David Enderud  
2460 Cedar St. E  
Port Orchard, WA 98366-7136

2. Article Number  
(Transfer from service label)

7013 3020 0000 4642 1126

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Jimmy Enderud* 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

Domestic Return Receipt M1

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 Bishop Whipple Schools  
P.O. Box 218  
Faribault, MN 55021  
Attn: Mr. Greg Engel

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Paul B. Olson* C. Date of Delivery *6-24*

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)

7013 3020 0000 4642 1195

PS Form 3811, July 2013

Domestic Return Receipt M1

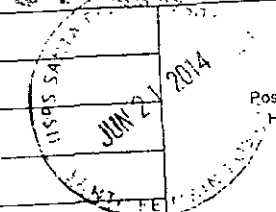
5BT 1 2494 0000 020E E102

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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



Sent To: Jimmy David Enderud  
2460 Cedar St. E  
Port Orchard, WA 98366-7136

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4642 1287

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

7013 3020 0000 4642 1287

Postage	\$	Postmark Here  JUN 21 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 4642 1249

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Stennigton*  Agent  Addressee

B. Received by (Printed Name) *Anna Pennington* 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

Domestic Return Receipt *M1*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) 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

2. Article Number  
 (Transfer from service label)

7013 3020 0000 4642 1287

PS Form 3811, July 2013

Domestic Return Receipt *M1*

7013 3020 0000 4642 1249

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7013 3020 0000 4642 1249

Postage	\$	Postmark Here  JUN 21 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

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

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

PS Form 3800, August 2006 See Reverse for Instructions

4911 2494 0000 020E ET02

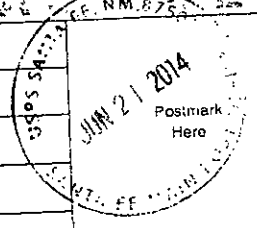
# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

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



Sent To: Alfred Norman Enderud  
1812 Yale  
Ponca City, OK 74604

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

PS Form 3800, August 2008 See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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

2. Article Number (Transfer from service label)

7013 3020 0000 4642 1324

PS Form 3811, July 2013 Domestic Return Receipt M

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
FRANK COOPER 6-26-14

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:

Alfred Norman Enderud  
1812 Yale  
Ponca City, OK 74604

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *[Signature]*  Agent  Addressee

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

7013 3020 0000 4642 1164

PS Form 3811, July 2013 Domestic Return Receipt M

4911 2494 0000 020E ET02

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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



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 2008 See Reverse for Instructions

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

Sent To  
 Willis A. Paschal Trust No. 1  
 P.O. Box 98  
 Luray, KS 67649  
 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:  
 Curtis Duaine Enderud  
 1000 N. Westlenn Circle, Apt. 1  
 Wasilla, AK 99654

2. Article Number  
 (Transfer from service label) **7013 3020 0000 4642 1357**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Mute*  Agent  Addressee

B. Received by (Printed Name)  
 Curtis Enderud

C. Date of Delivery  
 6/21/14

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013 Domestic Return Receipt M (

**SENDER: COMPLETE THIS SECTION**

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

Article Addressed to:  
 Willis A. Paschal Trust No. 1  
 P.O. Box 98  
 Luray, KS 67649

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name)  
 Willis A. Paschal

C. Date of Delivery  
 6/24/14

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

Article Number  
 (Transfer from service label) **7013 3020 0000 4642 1300**

PS Form 3811, July 2013 Domestic Return Receipt M (

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**OFFICIAL USE**

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

Sent To  
 Curtis Duaine Enderud  
 1000 N. Westlenn Circle, Apt. 1  
 Wasilla, AK 99654  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

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

Postmark Here  
 JUN 21 2014  
 BELLEN, NM 87502

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4642 1225

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 F. PENNA

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

7013 3020 0000 4642 1218

Domestic Return Receipt M1

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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)

PS Form 3811, July 2013

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)

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

7013 3020 0000 4642 1218

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

Postmark Here  
 JUN 21 2014  
 BELLEN, NM 87502

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

PS Form 3800, August 2006 See Reverse for Instructions

PS Form 3800, August 2006

7013 3020 0000 4642 1263

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**OFFICIAL USPS**

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   
 Agent  
 Addressee

B. Received by (Printed Name) J. EDWARDS 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

7013 3020 0000 4642 1331

Domestic Return Receipt *M I*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   
 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

7013 3020 0000 4642 1263

Domestic Return Receipt *oh 1*

7013 3020 0000 4642 1331

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**OFFICIAL USPS**

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

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

0270 1270 4642 0000 020E ETD

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark  
Here

JUN 2 2013

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

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x Jophy Bicew  Agent  
 Addressee

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

2. Article Number  
(Transfer from service label) 7013 3020 0000 4642 1270

7013 3020 0000 4642 1188

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**OFFICIAL USE**

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

Postmark Here  
 JUN 21 2014  
 NEW MEXICO

Sent To  
 Mr. Bill C. Ruiz  
 P.O. Box 161  
 Sultana, CA 93666

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

2. Article Number (Transfer from service label)  
 7013 3020 0000 4642 1294

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Hillary Clayton*  Agent  Addressee

B. Received by (Printed Name)  
 Hillary Clayton

C. Date of Delivery  
 6/27/14

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

Domestic Return Receipt *M*

7013 3020 0000 4642 1188

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**OFFICIAL USE**

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

Postmark Here  
 JUN 27 2014  
 NEW MEXICO

Sent To  
 Mr. Bill C. Ruiz  
 P.O. Box 161  
 Sultana, CA 93666

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. Bill C. Ruiz  
 P.O. Box 161  
 Sultana, CA 93666

2. Article Number (Transfer from service label)  
 7013 3020 0000 4642 1188

PS Form 3811, July 2013

Domestic Return Receipt *M*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *John Billy Ruiz*  Agent  Addressee

B. Received by (Printed Name)  
 John Billy Ruiz

C. Date of Delivery  
 7-1-14

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

7013 3020 0000 4642 1294

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**OFFICIAL USE**

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

Postmark Here  
 JUN 27 2014  
 NEW MEXICO

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

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

2. Article Number (Transfer from service label)  
 7013 3020 0000 4642 1294

PS Form 3811, July 2013

Domestic Return Receipt *M*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Hillary Clayton*  Agent  Addressee

B. Received by (Printed Name)  
 Hillary Clayton

C. Date of Delivery  
 6/27/14

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

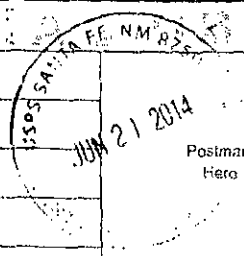
Domestic Return Receipt *M*



7013 3020 0000 4642 1232

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

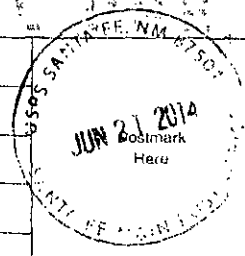
Sent To: Bonnie R. Gregory and  
 Irma J. Gregory  
 Street, Apt. No., or PO Box No.: 14 Cork St.  
 City, State, ZIP+4: Alva, FL 33920

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4642 1362

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

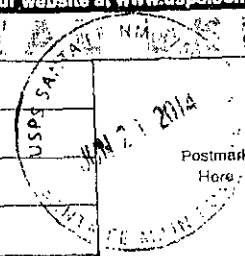
Sent To: Mary Jo Dickerson  
 Street, Apt. No., or PO Box No.: P.O. Box 642  
 City, State, ZIP+4: Glenpool, OK 74033

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4642 1355

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