

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

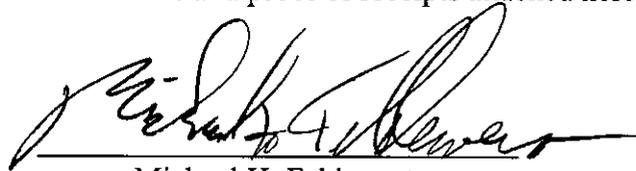
**APPLICATIONS OF CHEVRON U.S.A. INC.  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT, AND COMPULSORY POOLING,  
EDDY COUNTY NEW MEXICO**

**CASE NOS. 15269 & 15270**

**AFFIDAVIT**

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

Michael H. Feldewert, attorney in fact and authorized representative of Chevron U.S. A., Inc. the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Applications have been provided under the notice letters and proof of receipts attached hereto.

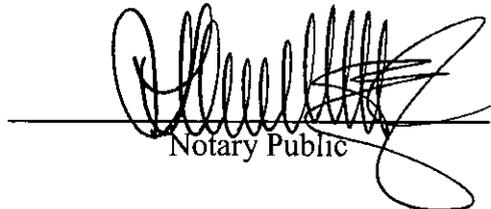
  
\_\_\_\_\_

Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 18th day of March 2015 by Michael H. Feldewert.



**OFFICIAL SEAL**  
**LISAMARIE ORTIZ**  
**NOTARY PUBLIC-STATE OF NEW MEXICO**  
My commission expires 01/14/19

  
\_\_\_\_\_

Notary Public

**BEFORE THE OIL CONSERVATION  
DIVISION**  
Santa Fe, New Mexico  
**Exhibit No. 7**  
Submitted by: **CHEVRON U.S.A., INC.**  
Hearing Date: March 19, 2015

**CHEVRON U.S.A. INC.**  
**WHITE CITY 21 25 27 FED COM 5H & 6H**

**POOLED PARTIES:**

Clarence W. Ervin & wife,  
Mary I. Ervin  
4016 Jones Street  
Carlsbad, NM 88220

Klipstine & Hanratty, a Law  
Partnership  
P. O. Box 1525  
Carlsbad, NM 88220

Gulf Coast Oil & Gas  
Company  
P. O. Box 1684  
Midland, TX 79702

LBD, a Limited Partnership  
P. O. Box 686  
Hobbs, NM 88241

MRC Permian  
5400 LBJ Freeway  
Suite 1500  
Dallas, TX 75240

John Edward Hall, III  
1156 Highway 121, Space 54  
Louisville, TX 75057

The Estate of Mary Jo Dickerson,  
formerly Mary Jo Fields, formerly  
Mary Jo Beeman, Deceased  
1157 Highway 121, Space 54  
Louisville, TX 75058

Nevill Manning  
2112 Indiana  
Lubbock, TX 79410

Nolan Greak  
8008 Slide Rd., Suite 33  
Lubbock, TX 79424

The Beveridge Company  
P. O. Box 993  
Midland, TX 79702

Kirby, Ratliff, Manning & Greak, a  
Texas professional corporation  
8008 Slide Rd., Suite 33  
Lubbock, TX 79424

Mary Camille Hall  
3812 Tailfeather Dr.  
Round Rock, TX 78681

Sue Osborn Powell  
889 Hedgewood Dr.  
Georgetown, TX 78620

Zia Royalty, LLC  
P. O. Box 2160  
Hobbs, NM 88241

George O. Stribling & wife Teresa  
6818 Academy Parkway West NE  
Albuquerque, NM 87109

Margaret Stribling, Robert Cain and Salem  
Stribling Trust, George O. Stribling, Trustee  
of the Margaret Stribling Trust under the  
Trust Agreement dated 9/22/1999  
6819 Academy Parkway West NE  
Albuquerque, NM 87110

Martha J. Stribling  
6820 Academy Pkwy. West NE  
Albuquerque, NM 87109

John D. Stribling  
6820 Academy Pkwy. West NE  
Albuquerque, NM 87109

M44th, LLC and the Unknown Trustee of the  
Martha Stribling Revocable Trust, restated as  
of June 21, 2010  
52 Circle Dr.,  
Albuquerque, NM 87122

Tom Stribling, Trustee of the LTS  
Trust, a.k.a. Thomas Luke Stribling  
Trust  
520 Ranchitos Rd. NE  
Albuquerque, NM 87114

Martha G. Stribling Revocable  
Trust restated as of 6/21/2010  
520 Ranchitos Rd. NE  
Albuquerque, NM 87114

Thomas Luke Stribling Trust,  
Thomas B. Stribling Trustee  
75 Circle Dr.  
Albuquerque, NM 87122

**CHEVRON U.S.A. INC.**  
**WHITE CITY 21 25 27 FED COM 5H & 6H**

**OFFSETS White City 21 25 27 Com #5H**

Cimarex Energy Co.  
600 N. Marienfeld Street  
Midland, TX 79701  
Attn: Mark Compton

Panhandle Properties LLC  
1717 Northgate Place  
Artesia, NM 88210  
Attn: Ross Duncan

ABO Petroleum Corp.  
105 S. 4th Street  
Artesia, New Mexico 88210  
Attn: Land Manager

Myco Industries Inc.  
423 W Main St  
Artesia, NM 88210  
Attn: Land Manager

Oxy Y-1 Company  
105 S. 4th Street  
Artesia, New Mexico 88210

Yates Petroleum Corp.  
105 S. 4th Street  
Artesia, New Mexico 88210  
Attn: Land Manager

**OFFSETS White City 21 25 27 Com #6H**

ABO Petroleum Corp.  
105 S. 4th Street  
Artesia, New Mexico 88210  
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Yates Petroleum Corp.  
105 S. 4th Street  
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Attn: Land Manager

HOLLAND & HART



**Jordan L. Kessler**  
**Associate**  
Phone (505) 988-4421  
Fax (505) 983-6043  
JLKessler@hollandhart.com

February 13, 2015

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of Chevron U.S.A. Inc. for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.**  
**White City 21 25 27 Fed Com No. 5H Well**

Ladies & Gentlemen:

This letter is to advise you that Chevron U.S.A. Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on March 5, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact India Isbell, at (713) 372-1288 or [IndiaIsbell@chevron.com](mailto:IndiaIsbell@chevron.com).

Sincerely,

Jordan L. Kessler  
**ATTORNEYS FOR CHEVRON U.S.A. INC.**

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☐

HOLLAND & HART<sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**  
**Phone** (505) 988-4421  
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JKessler@hollandhart.com

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**Associate**  
**Phone** (505) 988-4421  
**Fax** (505) 983-6043  
JLKessler@hollandhart.com

February 13, 2015

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: OFFSETTING LESSEES AND OPERATORS**

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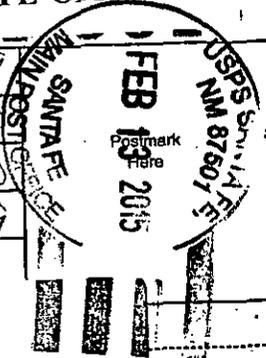
7006 2760 0001 6382 8529

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance or Signature Provided)  
 For delivery information visit **OFFIC**  
**MHF/CHEVRON WHITE CITY 5H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees \$

ABO Petroleum Corp.  
 105 S. 4th Street  
 Artesia, New Mexico 88210  
 Attn: Land Manager

PS Form 3800, August 2006 See Reverse for Instructions



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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ABO Petroleum Corp.  
 105 S. 4th Street  
 Artesia, New Mexico 88210  
 Attn: Land Manager

2. Article Number (Transfer from service label) 7006 2760 0001 6382 8529

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) *Stuerke* 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

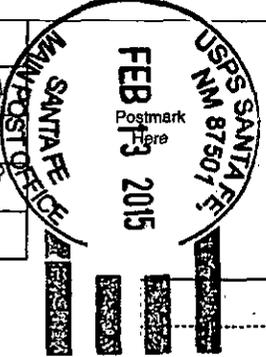
0728 9000 0001 6382 8710

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance or Signature Provided)  
 For delivery information visit **OFFIC**  
**MHF/CHEVRON WHITE CITY 5H**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees \$

Myco Industries Inc.  
 423 W Main St  
 Artesia, NM 88210  
 Attn: Land Manager

PS Form 3800, August 2006 See Reverse for Instructions



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

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1. Article Addressed to:

Myco Industries Inc.  
 423 W Main St  
 Artesia, NM 88210  
 Attn: Land Manager

2. Article Number (Transfer from service label) 7006 2760 0001 6382 8710

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) *Ally Hervey* C. Date of Delivery *2-20-15*

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

7006 2760 0001 6382 8727

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

For delivery information visit **OFFIC**  
**MHF/CHEVRON**  
**WHITE CITY 5H**

Postage \$ 69  
 Certified Fee 33  
 Return Receipt Fee (Endorsement Required) 23  
 Restricted Delivery Fee (Endorsement Required) 23  
 Total Postage & Fees \$ 148

Postmark: FEB 13 2015 USPS SANTA FE NM 87601

Oxy Y-1 Company  
 105 S. 4th Street  
 Artesia, New Mexico 88210

PS Form 3800, August 2006 See Reverse for Instructions

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Oxy Y-1 Company  
 105 S. 4th Street  
 Artesia, New Mexico 88210

2. Article Number (Transfer from service label) **7006 2760 0001 6382 8727**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X S Huerte  Agent  Addressee

B. Received by (Printed Name) S Huerte 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

PS Form 3811, July 2013 Domestic Return Receipt

2151 9899 10001 6382 8512

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

For delivery information visit **OFFIC**  
**MHF/CHEVRON**  
**WHITE CITY 5H**

Postage \$ 64  
 Certified Fee 33  
 Return Receipt Fee (Endorsement Required) 23  
 Restricted Delivery Fee (Endorsement Required) 23  
 Total Postage & Fees \$ 143

Postmark: FEB 13 2015 USPS SANTA FE NM 87601

Yates Petroleum Corp.  
 105 S. 4th Street  
 Artesia, New Mexico 88210  
 Attn: Land Manager

PS Form 3800, August 2006 See Reverse for Instructions

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

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 Yates Petroleum Corp.  
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 Artesia, New Mexico 88210  
 Attn: Land Manager

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X S Huerte  Agent  Addressee

B. Received by (Printed Name) S Huerte 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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8536

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OFFICE**  
**MHF/CHEVRON WHITE CITY 6H**

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

**FEB 13 2015**  
 USPS SANTA FE NM 87501

ABO Petroleum Corp.  
 105 S. 4th Street  
 Artesia, New Mexico 88210  
 Attn: Land Manager

for instructions

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1. Article Addressed to:  
 ABO Petroleum Corp.  
 105 S. 4th Street  
 Artesia, New Mexico 88210  
 Attn: Land Manager

2. Article Number (Transfer from service label) 7006 2760 0001 6382 8536

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *Silvarte* 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

7006 2760 0001 6382 1711

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OFFICE**  
**MHF/CHEVRON WHITE CITY 6H**

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

**FEB 13 2015**  
 USPS SANTA FE NM 87501

Myco Industries Inc.  
 423 W Main St  
 Artesia, NM 88210  
 Attn: Land Manager

for instructions

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 423 W Main St  
 Artesia, NM 88210  
 Attn: Land Manager

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1711

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *Colby Hamilton* C. Date of Delivery *2-20-15*

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

9221 2829 1000 0922 9002

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

For delivery information visit **MHF/CHEVRON**  
**WHITE CITY 6H**

**OFFICE**

Postage \$ 3.69  
 Certified Fee 2.00  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

Oxy Y-1 Company  
 105 S. 4th Street  
 Artesia, New Mexico 88210

Postmark Here: **SANTA FE NM 87501 FEB 13 2015**

See Reverse for Instructions

5217 2829 1000 0922 9002

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

For delivery information visit **MHF/CHEVRON**  
**WHITE CITY 6H**

**OFFICE**

Postage \$ 6.00  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 0.00  
 Restricted Delivery Fee (Endorsement Required) 0.00

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 105 S. 4th Street  
 Artesia, New Mexico 88210  
 Attn: Land Manager

Postmark Here: **SANTA FE NM 87501 FEB 13 2015**

See Reverse for Instructions

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 105 S. 4th Street  
 Artesia, New Mexico 88210

2. Article Number (Transfer from service label): 7006 2760 0001 6382 1728

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): Shuerke 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  No

PS Form 3811, July 2013 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Yates Petroleum Corp.  
 105 S. 4th Street  
 Artesia, New Mexico 88210  
 Attn: Land Manager

2. Article Number (Transfer from service label): 7006 2760 0001 6382 1735

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): Shuerke 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  No

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8680

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

For delivery information visit our **OFFICIAL WEBSITE**

**MHF/CHEVRON WHITE CITY**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 27  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees \$

Sent To: Clarence W. Ervin & wife  
 Mary I. Ervin  
 4016 Jones Street  
 Carlsbad, NM 88220

Postmark Here: FEB 13 2015  
 USPS SANTA FE NM 87607

PS Form 3811, July 2013

9998 2899 1000 0922 9002

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

For delivery information visit our **OFFICIAL WEBSITE**

**MHF/CHEVRON WHITE CITY**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 27  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total Postage & Fees \$

Sent To: Klipstine & Hanratty  
 Partnership  
 P. O. Box 1525  
 Carlsbad, NM 88220

Postmark Here: FEB 13 2015  
 USPS SANTA FE NM 87607

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE, 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:  
 Clarence W. Ervin & wife,  
 Mary I. Ervin  
 4016 Jones Street  
 Carlsbad, NM 88220

2. Article Number (Transfer from service label): 7006 2760 0001 6382 8680

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: 2-18

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

7000 2760 0001 6382 8673

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit [www.usps.com](#)  
**OFFICE** MHF/CHEVRON WHITE CITY

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Sent To: Gulf Coast Oil & Gas Company  
 P. O. Box 1684  
 Midland, TX 79702

Postmark Here: FEB 13 2015  
 USPS SANTA FE NM 87501

PS Form 3811, July 2013

7922 7781 0699 7000 0922

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit [www.usps.com](#)  
**OFFICE** MHF/CHEVRON WHITE CITY

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Sent To: LBD, a Limited Partnership  
 P. O. Box 686  
 Hobbs, NM 88241

Postmark Here: FEB 13 2015  
 USPS SANTA FE NM 87501

PS Form 3811, July 2013

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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Car. Summers</i></p> <p>C. Date of Delivery  <i>2/9/15</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> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Gulf Coast Oil &amp; Gas Company            P. O. Box 1684            Midland, TX 79702</p> </div>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number            (Transfer from service label) 7006 2760 0001 6382 8673</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6390 7798

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

For delivery information visit **OFFIC** **MHF/CHEVRON WHITE CITY**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	27
Restricted Delivery Fee (Endorsement Required)	666
Total Postage	

Sent To: **MRC Permian**  
**5400 LBJ Freeway**  
**Suite 1500**  
**Dallas, TX 75240**

Postmark: **FEB 13 2015**

PS Form 3811, July 2013

7006 2760 0001 6390 7804

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

For delivery information visit **OFFIC** **MHF/CHEVRON WHITE CITY**

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

Sent To: **John Edward H**  
**1156 Highway 11**  
**Louisville, TX 70004**

Postmark: **FEB 13 2015**

PS Form 3800, August 2006

**CERTIFIED MAIL™**

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:**

**MRC Permian**  
**5400 LBJ Freeway**  
**Suite 1500**  
**Dallas, TX 75240**

**2: Article Number** **7006 2760 0001 6390 7798**  
*(Transfer from service label)*

**3: Service Type**

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

**4: Restricted Delivery? (Extra Fee)**  Yes

**RECIPIENT: COMPLETE THIS SECTION**

**A. Signature** *[Signature]*  Agent  Addressee

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

**C. Date of Delivery** **2/17/15**

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6390 7814

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit **OFFICE**  
**MHF/CHEVRON WHITE CITY**

Postage \$ 69  
 Certified Fee 33  
 Return Receipt Fee (Endorsement Required) 27  
 Restricted Delivery Fee (Endorsement Required) 66  
 Total Postage & Fees \$

Sent To: The Estate of Mary Jo Dickerson,  
 formerly Mary Jo Fieles, formerly  
 Mary Jo Beeman, Decedent  
 1157 Highway 121, Space 54  
 Louisville, TX 75058

Postmark Here: **FEB 13 2015**  
 USPS SANTA FE NM 87501  
 MAIN POST OFFICE SANTA FE

PS Form 3811

7006 2760 0001 6390 7514

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail)  
 For delivery information visit **OFFICE**  
**MHF/CHEVRON WHITE CITY**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 009  
 Total Postage & Fees \$

Sent To: Nevill Manning  
 2112 Indiana  
 Lubbock, TX 79410

Postmark Here: **FEB 13 2015**  
 USPS SANTA FE NM 87501  
 MAIN POST OFFICE SANTA FE

PS Form 3811

PLACE STICKER AT TOP OF ENVELOPE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Nevill Manning  
 2112 Indiana  
 Lubbock, TX 79410

2. Article Number (Transfer from service label): 7006 2760 0001 6390 7514

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X Deborah Kempf Agent  
 Addressee

B. Received by (Printed Name): D. Kempf Date of Delivery: 2/17/15

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

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6390 7521

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No International Service)  
 For delivery information visit [usps.com](http://usps.com)

**MHF/CHEVRON**  
**WHITE CITY OFFICE**

Postage \$  
 Certified Fee \$3.00  
 Return Receipt Fee (Endorsement Required) \$2.00  
 Restricted Delivery Fee (Endorsement Required) \$6.60  
 Total Postage & Fees \$11.60

Sent To: Nolan Greak  
 Street, Apt. or PO Box: 8008 Slide Rd., Suite 33  
 City, State: Lubbock, TX 79424

PS Form 3811, July 2013

**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:  
 Nolan Greak  
 8008 Slide Rd., Suite 33  
 Lubbock, TX 79424

2. Article Number (Transfer from service label): 7006 2760 0001 6390 7521

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Nolan Greak*  Agent  Addressee

B. Received by (Printed Name): *Nolan Greak*

C. Date of Delivery: *FEB 13 2015*

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

7006 2760 0001 6390 7538

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No International Service)  
 For delivery information visit [usps.com](http://usps.com)

**MHF/CHEVRON**  
**WHITE CITY OFFICE**

Postage \$  
 Certified Fee \$2.00  
 Return Receipt Fee (Endorsement Required) \$2.00  
 Restricted Delivery Fee (Endorsement Required) \$6.60  
 Total Postage & Fees \$10.60

Sent To: The Beveridge Company  
 Street, Apt. or PO Box: P. O. Box 993  
 City, State: Midland, TX 79702

PS Form 3811, July 2013

**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 Beveridge Company  
 P. O. Box 993  
 Midland, TX 79702

2. Article Number (Transfer from service label): 7006 2760 0001 6390 7538

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sherry Waller*  Agent  Addressee

B. Received by (Printed Name): *Sherry Waller*

C. Date of Delivery: *2-20-15*

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

5452 0699 7000 2760 0001 6390 7545

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Postage)  
 For delivery information visit **OFFIC**  
**MHF/CHEVRON WHITE CITY**

Postage \$ 69  
 Certified Fee 33  
 Return Receipt Fee (Endorsement Required) 27  
 Restricted Delivery Fee (Endorsement Required) 69  
 Total Postage & Fees 198

Sent To Kirby, Ratliff, Manning & Greak, a Texas professional corporation  
 8008 Slide Rd., Suite 33  
 Lubbock, TX 79424

Postmark Here  
 FEB 13 2015  
 SAN ANTONIO, TX 78761

PS Form 3811, July 2013 Domestic Return Receipt

2552 0699 7000 2760 0001 6390 7552

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Postage)  
 For delivery information visit **OFFIC**  
**MHF/CHEVRON WHITE CITY**

Postage \$ 69  
 Certified Fee 33  
 Return Receipt Fee (Endorsement Required) 27  
 Restricted Delivery Fee (Endorsement Required) 69  
 Total 198

Sent To Mary Camille Hall  
 3812 Tailfeather Dr.  
 Round Rock, TX 78681

Postmark Here  
 FEB 13 2015  
 SAN ANTONIO, TX 78761

PS Form 3800, August 2006 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:  
 Kirby, Ratliff, Manning & Greak, a Texas professional corporation  
 8008 Slide Rd., Suite 33  
 Lubbock, TX 79424

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7545

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) *Gret Greak* 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

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Mary Camille Hall  
 3812 Tailfeather Dr.  
 Round Rock, TX 78681

2. Article Number (Transfer from service label) 7006 2760 0001 6390 7552

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) *PHILIP HALL* C. Date of Delivery *2/18/15*

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

7006 2760 0001 6390 7569

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

For delivery information visit **MHF/CHEVRON**  
**OFFICE WHITE CITY**

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

Sent To: Sue Osborn Powell  
 Street, Af or PO Box: 889 Hedgewood Dr.  
 City, State: Georgetown, TX 78620

PS Form 3811, July 2013

**Postmark:** FEB 13 2015  
**Post Office:** SANTA FE, NM 87501

7006 2760 0001 6390 7576

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

For delivery information visit **MHF/CHEVRON**  
**OFFICE WHITE CITY**

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

Sent To: Zia Royalty, LLC  
 Street, Af or PO Box: P. O. Box 2160  
 City, State: Hobbs, NM 88241

PS Form 3811, July 2013

**Postmark:** FEB 13 2015  
**Post Office:** SANTA FE, NM 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Sue Osborn Powell  
 889 Hedgewood Dr.  
 Georgetown, TX 78620

2. Article Number (Transfer from service label): 7006 2760 0001 6390 7569

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sue Osborn Powell*  Agent  Addressee

B. Received by (Printed Name): Powell 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:  
 Zia Royalty, LLC  
 P. O. Box 2160  
 Hobbs, NM 88241

2. Article Number (Transfer from service label): 7006 2760 0001 6390 7576

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Nancy J. Phoads*  Agent  Addressee

B. Received by (Printed Name): Nancy J. Phoads C. Date of Delivery: 2-18-15

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

7006 2760 0001 6390 7583

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Ins.)  
 For delivery information visit [www.usps.com](http://www.usps.com)

**MHF/CHEVRON**  
**WHITE CITY OFFICE**

Postage \$ 69  
 Certified Fee 370  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total 1378

Postmark: FEB 13 2015 SANTA FE NM 87501

Sent to: George O. Stribling & wife Teresa  
 6818 Academy Parkway West NE  
 Albuquerque, NM 87109

PS Form 3811, July 2013 See Reverse for Instructions

7006 2760 0001 6390 7583

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Ins.)  
 For delivery information visit [www.usps.com](http://www.usps.com)

**MHF/CHEVRON**  
**WHITE CITY OFFICE**

Postage \$ 69  
 Certified Fee 370  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Total 1378

Postmark: FEB 13 2015 SANTA FE NM 87501

Sent to: Margaret Stribling, Robert Cain & Salem Stribling Trust, George O. Stribling Trust of the Margaret Stribling Trust under Trust Agreement dated 9/22/1999  
 6819 Academy Parkway West NE  
 Albuquerque, NM 87110

PS Form 3811, August 2009 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 O. Stribling & wife Teresa  
 6818 Academy Parkway West NE  
 Albuquerque, NM 87109

2. Article Number (Transfer from service label) **7006 2760 0001 6390 7583**

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*George O. Stribling*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 2/17/15

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

# Return

7006 2760 0001 6390 7606

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

For delivery information visit **MHF/CHEVRON**  
**OFFICE WHITE CITY**

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

Sent To: Martha J. Stribling  
 Street, Apt or PO Box: 6820 Academy Pkwy. West NE  
 City, State: Albuquerque, NM 87109

PS Form 3800, October 2011

Return

7006 2760 0001 6390 7613

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

For delivery information visit **MHF/CHEVRON**  
**OFFICE WHITE CITY**

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

Sent To: John D. Stribling  
 Street, Apt or PO Box: 6820 Academy Pkwy. West NE  
 City, State: Albuquerque, NM 87109

PS Form 3800, October 2011

Return

0292 0699 7000 0922 7006 2760 0001 6390 7620

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit [usps.com](http://usps.com)

**OFFICE**

MHF/CHEVRON  
 WHITE CITY

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

Sent To: M44th, LLC and the Unknown Trustee of the Martha Stribling Revocable Trust, restated as of June 21, 2010  
 52 Circle Dr.,  
 Albuquerque, NM 87122

Postmark: FEB 13 2015  
 USPS SANTA FE NM 85017

PS Form 3811

0292 0699 7000 0922 7006 2760 0001 6390 7620

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit [usps.com](http://usps.com)

**OFFICE**

MHF/CHEVRON  
 WHITE CITY

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

Sent To: Tom Stribling, Trustee of the L... Trust, a.k.a. Thomas Luk... Stribling Trust  
 520 Ranchitos Rd. NE  
 Albuquerque, NM 87114

Postmark: FEB 13 2015  
 USPS SANTA FE NM 85017

PS Form 3811

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Rob. Schepf</i>	
1. Article Addressed to: M44th, LLC and the Unknown Trustee of the Martha Stribling Revocable Trust, restated as of June 21, 2010 52 Circle Dr., Albuquerque, NM 87122		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6390 7620		D. Is delivery address different from item 1? If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PS Form 3811, July 2013... Domestic Return Receipt

Return

7006 2760 0001 6390 7644

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

For delivery information visit **OFFIC**  
**MHF/CHEVRON WHITE CITY**

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

Sent To  
 Martha G. Stribling Trust  
 Trust restated as of 2/22/00  
 Street, or PO Box 520 Ranchitos Rd. NE  
 City, State Albuquerque, NM 87114

Postmark Here  
 FEB 13 2015  
 USPS SANTA FE NM 87601

PS Form 3811, July 2013

# Return

7006 2760 0001 6390 7651

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

For delivery information visit **OFFIC**  
**MHF/CHEVRON WHITE CITY**

Postage \$ 69  
 Certified Fee 33  
 Return Receipt Fee (Endorsement Required) 27  
 Restricted Delivery Fee (Endorsement Required) 69  
 Total Postage & Fees \$

Sent To  
 Thomas Luke Stribling Trust  
 Thomas B. Stribling Trustee  
 75 Circle Dr.  
 Albuquerque, NM 87122

Postmark Here  
 FEB 11 2015  
 USPS SANTA FE NM 87601

PS Form 3811, July 2013

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Thomas Luke Stribling Trust,  
 Thomas B. Stribling Trustee  
 75 Circle Dr.  
 Albuquerque, NM 87122

2. Article Number: 7006 2760 0001 6390 7651  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *John Scheps*  Agent  Addressee  
 B. Received by (Printed Name): *Rob N Scheps* 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

PS Form 3811, July 2013 Domestic Return Receipt