

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

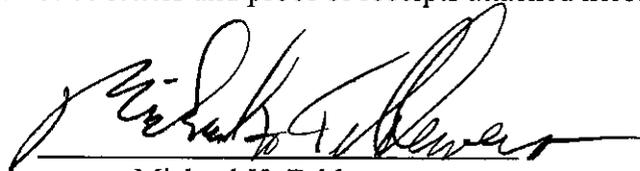
**APPLICATIONS OF CHEVRON U.S.A. INC.
FOR A NON-STANDARD SPACING AND
PRORATION UNIT, AND COMPULSORY POOLING,
EDDY COUNTY NEW MEXICO**

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.

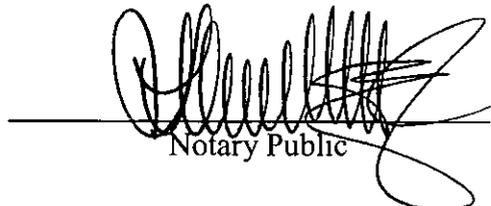


Michael H. Feldewert

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 04/14/19



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

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Oxy Y-1 Company
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Artesia, New Mexico 88210

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



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.

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

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^{LLP}



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February 13, 2015

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February 13, 2015

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RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

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Sincerely,

A handwritten signature in black ink, appearing to read 'JL Kessler', written over a horizontal line.

Jordan L. Kessler

ATTORNEYS FOR CHEVRON U.S.A. INC.

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 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^{LLP}



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Fax (505) 983-6043
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February 13, 2015

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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. ☐

7006 2760 0001 6382 8697

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

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

PS Form 3800, August 2006

7006 2760 0001 6382 8703

U.S. Postal Service™
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For delivery information, visit **MHF/CHEVRON OFFICE WHITE CITY 5H**

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

Sent To: **Panhandle Properties**
1717 Northgate Plaza
Artesia, NM 88210
Attn: Ross Duncan

PS Form 3800, August 2006

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

2. Article Number (Transfer from service label): **7006 2760 0001 6382 8697**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **Donna Russell** Agent Addressee

B. Received by (Printed Name): **Donna E Russell** C. Date of Delivery: **2-23-15**

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

Return

7006 2760 0001 6382 8529

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

Postmark Here: FEB 13 2015 SANTA FE NM 87501

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 8710

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	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

Postmark Here: FEB 13 2015 SANTA FE NM 87501

PS Form 3800, August 2006 See Reverse for Instructions

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:

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
[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

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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
[Signature]

B. Received by (Printed Name) *John Hamilton* 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

7229 2969 1000 0922 9007

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **MHF/CHEVRON**
OFFICE WHITE CITY 5H

Postage \$ 1.69
 Certified Fee 3.33
 Return Receipt Fee (Endorsement Required) 0.27
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 5.29

Postmark: **SANTA FE NM 87601 FEB 13 2015**

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- 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 Agent Addressee
X S Huerte

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

2159 8512 2969 1000 0922 9007

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 For delivery information visit **MHF/CHEVRON**
OFFICE WHITE CITY 5H

Postage \$ 1.64
 Certified Fee 3.33
 Return Receipt Fee (Endorsement Required) 0.27
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 5.24

Postmark: **SANTA FE NM 87601 FEB 13 2015**

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

SENDER: COMPLETE THIS SECTION

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

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

2. Article Number (Transfer from service label) **7006 2760 0001 6382 8512**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X S Huerte

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

9559 2899 1000 0922 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 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 87507

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

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 8536

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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

1121 2899 1000 0922 9002

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 87507

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

for Instructions

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

SENDER: COMPLETE THIS SECTION

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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 1711

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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

7006 2760 0001 6382 1728

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

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

Postage \$ 33.69
 Certified Fee 2.00
 Return Receipt Fee (Endorsement Required) 66.00
 Restricted Delivery Fee (Endorsement Required)

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

Postmark: FEB 13 2015
 USPS SANTA FE NM 87501

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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 1728

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Shw... 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

7006 2760 0001 6382 1735

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

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

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 2.00
 Restricted Delivery Fee (Endorsement Required)

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

Postmark: FEB 13 2015
 USPS SANTA FE NM 87501

PS Form 3811, August 2006 See Reverse for Instructions

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 Agent
 Addressee

B. Received by (Printed Name) Shw... 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

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
 Street, Apt. or PO Box: Mary I. Ervin
 City, State: 4016 Jones Street
 Carlsbad, NM 88220

Postmark Here: FEB 13 2015
 USPS SANTA FE NM 87601

PS Form 3811, July 2013

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: Klipstine & Hanratty
 Partnership
 Street, Apt. or PO Box: P. O. Box 1525
 City, State: Carlsbad, NM 88220

Postmark Here: FEB 13 2015
 USPS SANTA FE NM 87601

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 2-18

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

7006 2760 0001 6382 8673

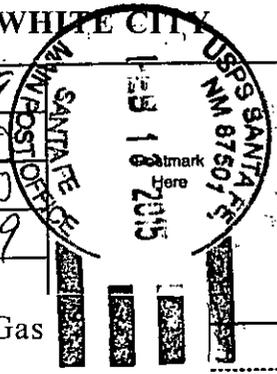
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/CHEVRON
WHITE CITY

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

Sent To
 Street, Apt. or PO Box
 City, State

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

PS Form 3811, July 2013



7006 2760 0001 6382 8673

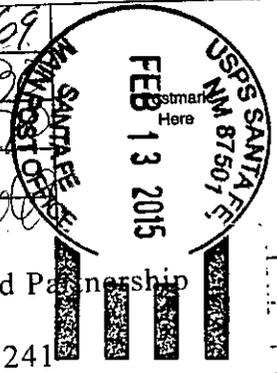
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/CHEVRON
WHITE CITY

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

Sent To
 Street, Apt. or PO Box
 City, State

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

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

1. Article Addressed to:

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

2. Article Number (Transfer from service label) 7006 2760 0001 6382 8673

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) LOR. SANDERS
 C. Date of Delivery 2-14-15

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

7006 2760 0001 6390 7798

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

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	27
Restricted Delivery Fee (Endorsement Required)	66
Total Postage	

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

Postmark: **FEB 13 2015**
 USPS SANTA FE NM 87601

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 **OFFICE** **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 75007

Postmark: **FEB 13 2015**
 USPS SANTA FE NM 87601

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

1. Article Addressed to:
MRC Permian
5400 LBJ Freeway
Suite 1500
Dallas, TX 75240

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

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:

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 7514

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **USPS.com**

MHF/CHEVRON
WHITE CITY

OFFICE

Postage \$ 69
 Certified Fee 33
 Return Receipt Fee (Endorsement Required) 27
 Restricted Delivery Fee (Endorsement Required) 66
 Total Postage & Fees \$ 195

Postmark Here
FEB 13 2015
 USPS SANTA FE NM 87501-5

Sent To
 Street, Apt or PO Box
 City, State

The Estate of Mary Jo Dickerson,
 formerly Mary Jo Fieles, formerly
 Mary Jo Beeman, Dec 2014
 1157 Highway 121, Space 54
 Louisville, TX 75058

PS Form 3811, July 2013

7006 2760 0001 6390 7514

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **USPS.com**

MHF/CHEVRON
WHITE CITY

OFFICE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 009
 Total Postage & Fees \$ 669

Postmark Here
FEB 13 2015
 USPS SANTA FE NM 87501-5

Sent To
 Street, Apt or PO Box
 City, State

Nevill Manning
 2112 Indiana
 Lubbock, TX 79410

PS Form 3811, July 2013

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
 Agent
 Addressee
X Deborah Kemp

B. Received by (Printed Name) Date of Delivery
D. Kemp *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

7252 7006 2760 0001 6390 7521

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

Postage \$
 Certified Fee \$3.00
 Return Receipt Fee (Endorsement Required) \$2.00
 Restricted Delivery Fee (Endorsement Required) \$6.00
 Total Postage & Fees \$11.00

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

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

C. Date of Delivery: [Blank]

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

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

4. Restricted Delivery? (Extra Fee) Yes

7538 7006 2760 0001 6390 7538

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

Postage \$
 Certified Fee \$2.00
 Return Receipt Fee (Endorsement Required) \$2.00
 Restricted Delivery Fee (Endorsement Required) \$6.00
 Total Postage & Fees \$10.00

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

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 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 0669 7006 2760 0001 6390 7545

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

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
 Street, A or PO Box 8008 Slide Rd., Suite 33
 City, State Lubbock, TX 79424

Postmark Here **FEB 13 2015**

PS Form 3811, July 2013 Domestic Return Receipt

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**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) Greek 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

PS Form 3811, July 2013 Domestic Return Receipt

2552 0669 7006 2760 0001 6390 7552

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

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 Mary Camille Hall
 Street, A or PO Box 3812 Tailfeather Dr.
 City, State Round Rock, TX 78681

Postmark Here **FEB 13 2015**

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

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

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

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 7569

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

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

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

FEB 13 2015
 USPS SANTA FE NM 87501

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

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:
 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

7006 2760 0001 6390 7576

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

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

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

FEB 13 2015
 USPS SANTA FE NM 87501

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

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:
 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:

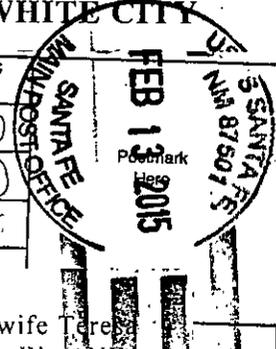
3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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 [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		



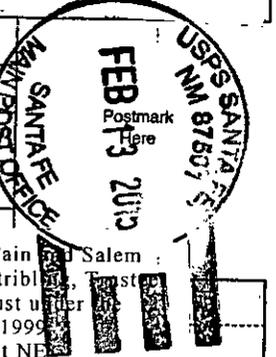
Sent to: George O. Stribling & wife Teresa
6818 Academy Parkway West NE
Albuquerque, NM 87109

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6390 7590

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Ins...)
For delivery information visit [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		



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

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:

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
X *George O. Stribling* Agent Addressee

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

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

Return

7006 2760 0000 0922 9002

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

For delivery information visit **USPS.com**

OFFICE WHITE CITY

MHF/CHEVRON

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

Handwritten: 33, 27, 669

Postmark: FEB 13 2015, SANTA FE, NM 87501

Return

7006 2760 0000 0922 9002

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

For delivery information visit **USPS.com**

OFFICE WHITE CITY

MHF/CHEVRON

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

Postmark: FEB 13 2015, SANTA FE, NM 87501

Return

0292 0699 1000 0922 7006 2760 0001 6390 7620

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Inland Return Receipts Permitted)

For delivery information visit **OFFIC**

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
 Street, Apt or PO Box: 52 Circle Dr.,
 City, State: Albuquerque, NM 87122

Postmark: FEB 13 2015
 USPS SANTA FE NM 87507

PS Form 3811, July 2013

7006 2760 0001 6390 7637

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Inland Return Receipts Permitted)

For delivery information visit **OFFIC**

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. S. Stribling Trust, a.k.a. Thomas Luk Stribling
 Street, Apt or PO Box: 520 Ranchitos Rd. NE
 City, State: Albuquerque, NM 87114

Postmark: FEB 13 2015
 USPS SANTA FE NM 87507

PS Form 3811, July 2013

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

Return

7006 2760 0001 6390 7644

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

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

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

Sent To: Martha G. Stribling 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 3806, August 2009

Return

7006 2760 0001 6390 7651

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

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

Postage \$ 69
 Certified Fee 33
 Return Receipt Fee (Endorsement Required) 27
 Restricted Delivery Fee (Endorsement Required) 29
 Total Postage & Fees \$

Sent To: Thomas Luke Stribling Trust, Thomas B. Stribling Trustee
 Street, or PO Box: 75 Circle Dr.
 City, State: Albuquerque, NM 87122

Postmark Here: FEB 13 2015
 USPS SANTA FE NM 87601

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

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

COMPLETE THIS SECTION ON DELIVERY

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

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

PS Form 3811, July 2013 Domestic Return Receipt