



December 19, 2014

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application to institute a tertiary recovery project for the Drickey Queen Sand Unit, and to qualify the project for the recovered oil tax rate, Chaves County, New Mexico, filed with the New Mexico Oil Conservation Division by Legacy Reserves LP.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 8, 2015, 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 interest owner who 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 contesting this matter at a later date.

A party appearing in a Division case is required to file a Pre-Hearing Statement no later than Wednesday, December 31, 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. A copy of the pre-hearing statement must also be provided to our attorney, James Bruce, P.O. Box 1056, Santa Fe, NM 87504.

Very truly yours,

Kyle E. Pierce  
Landman  
Legacy Reserves Operating, LP

Oil Conservation Division  
Case No. 17 15285  
Exhibit No. \_\_\_\_\_

**Legacy Reserves**

303 West Wall, Suite 1800 • Midland, Texas 79701 • P. O. Box 10848 • Midland, Texas 79702



EXHIBIT A

Commissioner of Public Lands  
P.O. Box 1148  
Santa Fe, NM 87504

Trigg Oil & Gas LP  
P.O. Box 520  
Roswell, NM 88202

Bureau of Land Management  
620 East Greene  
Carlsbad, NM 88220

Anadarko E&P Onshore LLC  
P.O. Box 1330  
Houston, TX 77251

Blanco Company  
P.O. Box 25968  
Albuquerque, NM 87125

OXY USA WTP Limited Partnership  
5 Greenway Plaza  
Houston, TX 77046

Slash Ranch  
P.O. Box 1876  
Lovington, NM 88260

Reliance Energy, Inc.  
Suite 1200  
500 West Illinois  
Midland, TX 79701

ConocoPhillips Company  
P.O. Box 2197  
Houston, TX 77252-2197

**Legacy Reserves**

303 West Wall, Suite 1800 • Midland, Texas 79701 • P. O. Box 10848 • Midland, Texas 79702



Chevron U.S.A. Inc.  
P.O. Box 36366  
Houston, TX 77232

S&S Inc.  
P.O. Box 1046  
Eunice, NM 88231

Ruth Zimmerman, Trustee  
of the Ruth Zimmerman Trust  
842 Muirlands Vista Way  
La Jolla, CA 92037

Hazel Z. Hart, Trustee  
of the Hazel Z. Hart Trust  
842 Muirlands Vista Way  
La Jolla, CA 92037

Sawyer Ward  
207 Porr Drive  
Ruidoso, NM 88345

Scharbauer Alston Ward  
P.O. Box 64  
Nogal, NM 88341

Laine W. Gilbert  
c/o Western Commerce Bank  
Trust Department  
1003 West Avenue D  
Lovington, NM 88260

Jill C. Johnson  
c/o Western Commerce Bank  
Trust Department  
1003 West Avenue D  
Lovington, NM 88260

### Legacy Reserves

303 West Wall, Suite 1800 • Midland, Texas 79701 • P. O. Box 10848 • Midland, Texas 79702



Cimarex Energy Co.  
Magnum Hunter Production, Inc.  
Suite 600  
600 North Marienfeld  
Midland, TX 79701

Hardin-Simmons University  
2200 Hickory Street  
Abilene, TX 79698

Marianne Hannon Schoefield  
Apartment 143  
600 Park Grove Lane  
Katy, TX 77450

Jan H. Thomas  
10180 Paganica Pass  
Hutchinson, KS 67502

Marshall & Winston, Inc.  
P.O. Box 50880  
Midland, TX 79710

Rapid Company, Inc.  
P.O. Box 1231  
Lovington, NM 88260

Kevin O. Butler & Associates, Inc.  
Suite 660  
550 West Texas  
Midland, TX 79701

### **Legacy Reserves**

303 West Wall, Suite 1800 • Midland, Texas 79701 • P. O. Box 10848 • Midland, Texas 79702

7014 2120 0001 7471 9325

**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 \$ \_\_\_\_\_

Postmark Here

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *12/19/14*

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

Send To: 585 Inc.  
 P.O. Box 1046  
 Eunice, NM 88231

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 7471 9288

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

Postmark Here

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 X *[Signature]*  Agent  Addressee

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

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

Send To: Slash Ranch  
 P.O. Box 1876  
 Lovington, NM 88260

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 7471 9295

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10-19-14*

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

Send To: Reliance Energy, Inc.  
 Suite 1200  
 500 West Illinois  
 Midland, TX 79701

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 7471 9417

**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 \$ \_\_\_\_\_

Postmark Here

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 X *[Signature]*  Agent  Addressee

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

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

Send To: Hardin-Simmons University  
 2200 Hickory Street  
 Abilene, TX 79698

PS Form 3811, July 2013 Domestic Return Receipt

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 \$

Postmark Here

Sent to  
 Magnum Hunter Production, Inc.  
 Suite 600  
 600 North Marienfeld  
 Midland, TX 79701

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 Scott C. ...

C. Date of Delivery  
 12/14

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

7014 2120 0001 7471 9400

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

Postmark Here

Sent to  
 Kevin O. Butler & Associates, Inc.  
 Suite 660  
 550 West Texas  
 Midland, TX 79701

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  
 12/14

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

7014 2120 0001 7471 9455

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 \$

Postmark Here

Sent to  
 c/o Western Commerce Bank  
 Trust Department  
 1003 West Avenue D  
 Lovington, NM 88250

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

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

7014 2120 0001 7471 9370

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 \$

Postmark Here

Sent to  
 Bureau of Land Management  
 620 East Greene  
 Carlsbad, NM 88220

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  
 12/14

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

7014 2120 0001 7471 9240

U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

Send to: Jan H. Thomas  
 Street & Zip: PO Box 10180 Paganica Pass  
 City, State, ZIP+4: Hutchinson, KS 67502

PS Form 3811, July 2013 See Reverse for Instructions

7014 2120 0001 7471 9394

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 Steve Thomas

C. Date of Delivery  
 12-26-14

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7014 2120 0001 7471 9394

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**OFFICIAL USE**

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

Postmark Here

Send to: Marshall & Winston, Inc.  
 Street & Zip: P.O. Box 50880  
 City, State, ZIP+4: Midland, TX 79710

PS Form 3811, July 2013 See Reverse for Instructions

114 2120 0001 7471 9424

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 Lynda Foss

C. Date of Delivery  
 12/22

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

114 2120 0001 7471 9424

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

Postmark Here

Send to: c/o Western Commerce Bank  
 Trust Department  
 Street & Zip: 1003 West Avenue D  
 City, State, ZIP+4: Lovington, NM 88260

PS Form 3811, July 2013 See Reverse for Instructions

2120 0001 7471 9387

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 [Signature]

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2120 0001 7471 9387

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

Postmark Here

Send to: GonocoPhillips Company  
 Street & Zip: P.O. Box 2197  
 City, State, ZIP+4: Houston, TX 77252-2197

PS Form 3811, July 2013 See Reverse for Instructions

2120 0001 7471 9301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 [Signature]

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2120 0001 7471 9301

**U.S. Postal Service**  
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**OFFICIAL USE**

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

Postmark Here

To: **Trigg Oil & Gas LP**  
 P.O. Box 520  
 Roswell, NM 88202

PS Form 3800, July 2014 PSN 7530-01-000-9001 See Reverse for Instructions  
 PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 [Stamp]

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

7014 2120 0001 7471 9233

Domestic Return Receipt

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

Postmark Here

To: **Anadarko E&P Onshore LLC**  
 P.O. Box 1330  
 Houston, TX 77251

PS Form 3800, July 2014 PSN 7530-01-000-9001 See Reverse for Instructions  
 PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 [Stamp]

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

2120 0001 7471 9257

Domestic Return Receipt

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**OFFICIAL USE**

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

Postmark Here

To: **Blanco Company**  
 P.O. Box 25968  
 Albuquerque, NM 87125

PS Form 3800, July 2014 PSN 7530-01-000-9001 See Reverse for Instructions  
 PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 [Stamp]

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

7014 2120 0001 7471 9264

Domestic Return Receipt

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

Postmark Here

To: **Scharbauer Alston Ward**  
 P.O. Box 64  
 Nogal, NM 88341

PS Form 3800, July 2014 PSN 7530-01-000-9001 See Reverse for Instructions  
 PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 [Stamp]

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

7014 2120 0001 7471 9363

Domestic Return Receipt





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

Postmark Here

Sent to  
 Hazel Z. Hart-Trustee  
 of the Hazel Z. Hart Trust  
 Street & Apt. No. 842 Muirlands Vista Way  
 or PO Box No.  
 City, State, ZIP+4® La Jolla, CA 92037

PS Form 3800, July 2014

7014 2120 0001 7471 9349

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Hazel Z. Hart*

B. Received by (Printed Name)  
*Hazel Z. Hart*

C. Date of Delivery  
*12/31/14*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
*1513 HERITAGE PL  
 MC PHERSON CA  
 67460*

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

4. Restricted Delivery? (Extra Fee)  Yes

7014 2120 0001 7471 9349

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**OFFICIAL USE**

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

Postmark Here

Sent to  
 Marianne Hannon Schiefel  
 Apartment 143  
 Street & Apt. No. 600 Park Grove Lane  
 or PO Box No.  
 City, State, ZIP+4® Katy, TX 77450

PS Form 3800, July 2014

7014 2120 0001 7471 9431

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*M. Schiefel*

B. Received by (Printed Name)  
*M. Schiefel*

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

4. Restricted Delivery? (Extra Fee)  Yes

7014 2120 0001 7471 9431

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits.	A. Signature <i>Yan Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to: Hazel Z. Hart, Trustee of the Hazel Z. Hart Trust 842 Miraflores Vista Way La Jolla, CA 92037	B. Received by (Printed Name) <i>Yan Williams</i> C. Date of Delivery <i>12/31/14</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 1513 H. R. HAGE PC M.C. HEASBORN'S 67HGO
PS Form 3811, July 2013	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
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PS Form 3811, July 2013	2. Article Number (Transfer from service label)
PS Form 3811, July 2013	PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits.	A. Signature <i>S. Schmitz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to: Marianne Hannon Schofield 600 Park Grove Lane Katy, TX 77450	B. Received by (Printed Name) <i>S. Schmitz</i> C. Date of Delivery <i>12-27-14</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
PS Form 3811, July 2013	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
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PS Form 3811, July 2013	2. Article Number (Transfer from service label)
PS Form 3811, July 2013	PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits.	A. Signature <i>Yan Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to: OKY USA WTP Limited Partnership 5 Gateway Plaza Houston, TX 77046	B. Received by (Printed Name) <i>Yan Williams</i> C. Date of Delivery <i>12-27-14</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
PS Form 3811, July 2013	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
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PS Form 3811, July 2013	2. Article Number (Transfer from service label)
PS Form 3811, July 2013	PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits.	A. Signature <i>Yan Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to: Scharbauer Alston Ward P.O. Box 6414 Nogal, NM 88341	B. Received by (Printed Name) <i>SCHARBAUER</i> C. Date of Delivery <i>12/27/14</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
PS Form 3811, July 2013	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
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PS Form 3811, July 2013	2. Article Number (Transfer from service label)
PS Form 3811, July 2013	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. Print your name and address on the reverse so that we can return the card to you. Attach this card to the front of boxes, parcels, or on the front if space permits.

Article addressed to:  
P.O. Box 1330  
Ashtabula, OH 44004  
P.O. Box 259681  
Atlanta, GA 30325

2. Article Number:  
7014 2120 0001 7473 9257  
PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

3. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:  
P.O. Box 259681  
Atlanta, GA 30325  
P.O. Box 520  
Ashtabula, OH 44004

2. Article Number:  
7014 2120 0001 7473 9254  
PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

3. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:  
P.O. Box 520  
Ashtabula, OH 44004  
P.O. Box 259681  
Atlanta, GA 30325

2. Article Number:  
7014 2120 0001 7473 9231  
PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

3. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:  
P.O. Box 520  
Ashtabula, OH 44004  
P.O. Box 259681  
Atlanta, GA 30325

2. Article Number:  
7014 2120 0001 7473 9424  
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

1. Signature of recipient or addressee. If Restricted Delivery is desired, signature is required. Signature of addressee is required for Registered Mail. Signature of addressee is required for Certified Mail. Signature of addressee is required for Return Receipt for Merchandise. Signature of addressee is required for Collect on Delivery. Signature of addressee is required for Restricted Delivery Extra Fee.

COMPLETE THIS SECTION ON DELIVERY

2. Signature type of recipient or addressee. If Restricted Delivery is desired, signature is required. Signature of addressee is required for Registered Mail. Signature of addressee is required for Certified Mail. Signature of addressee is required for Return Receipt for Merchandise. Signature of addressee is required for Collect on Delivery. Signature of addressee is required for Restricted Delivery Extra Fee.

COMPLETE THIS SECTION ON DELIVERY

3. Signature type of recipient or addressee. If Restricted Delivery is desired, signature is required. Signature of addressee is required for Registered Mail. Signature of addressee is required for Certified Mail. Signature of addressee is required for Return Receipt for Merchandise. Signature of addressee is required for Collect on Delivery. Signature of addressee is required for Restricted Delivery Extra Fee.

COMPLETE THIS SECTION ON DELIVERY

4. Signature type of recipient or addressee. If Restricted Delivery is desired, signature is required. Signature of addressee is required for Registered Mail. Signature of addressee is required for Certified Mail. Signature of addressee is required for Return Receipt for Merchandise. Signature of addressee is required for Collect on Delivery. Signature of addressee is required for Restricted Delivery Extra Fee.



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Laine W. Gilbert            c/o Western Commerce Bank            Trust Department            1003 West Avenue D            Lovington, NM 88250</p>	<p>A. Signature: <i>Laine W. Gilbert</i></p> <p>B. Received by (Printed Name): _____ C. Date of Delivery: _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below: _____</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>12. Article Number: <b>7014 2120 0001 7471 9370</b></p> <p>13. (Transfer from service label)</p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Kevin O. Butler &amp; Associates, Inc.            Suite 660            550 West Texas            Midland, TX 79701</p>	<p>A. Signature: <i>Kevin O. Butler</i></p> <p>B. Received by (Printed Name): _____ C. Date of Delivery: _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below: _____</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>12. Article Number: <b>7014 2120 0001 7471 9455</b></p> <p>13. (Transfer from service label)</p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Bureau of Land Management            620 East Greene            Carlsbad, NM 88220</p>	<p>A. Signature: <i>Kevin O. Butler</i></p> <p>B. Received by (Printed Name): _____ C. Date of Delivery: <b>12/11/14</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below: _____</p> <p>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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>12. Article Number: <b>7014 2120 0001 7471 9240</b></p> <p>13. (Transfer from service label)</p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Reliance Energy, Inc.            Suite 1200            500 West Illinois            Midland, TX 79701</p>	<p>A. Signature: <i>Mary Ann</i></p> <p>B. Received by (Printed Name): _____ C. Date of Delivery: <b>12/11/14</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below: _____</p> <p>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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>12. Article Number: <b>7014 2120 0001 7471 9275</b></p> <p>13. (Transfer from service label)</p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:  
S&S Inc.  
P.O. Box 1046  
Elmwood, NJ 08221

2. Article Number: 7034 2120 0001 7471 9225 11  
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

3. Signature: [Signature]  
4. Received by: [Signature]  
5. Is delivery address different from item 1?  Yes  No  
6. IF YES, enter delivery address below:

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

7. Restricted Delivery?  Error Fee  Yes  No

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:  
Sharon Simmons University  
2200 Hickory Street  
Shelburne, VT 05652

2. Article Number: 7034 2120 0001 7472 9437 11  
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

3. Signature: [Signature]  
4. Received by: [Signature]  
5. Is delivery address different from item 1?  Yes  No  
6. IF YES, enter delivery address below:

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

7. Restricted Delivery?  Error Fee  Yes  No

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:  
Shari Ranch  
P.O. Box 1876  
Lynchburg, VA 24501

2. Article Number: 7034 2120 0001 7473 9288 11  
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

3. Signature: [Signature]  
4. Received by: [Signature]  
5. Is delivery address different from item 1?  Yes  No  
6. IF YES, enter delivery address below:

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

7. Restricted Delivery?  Error Fee  Yes  No

Sawyer Ward  
207 Porr Drive  
Ruidoso, NM 88345

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)

7014 2120 0001 7471 9356

PS Form 3811, July 2013

Domestic Return Receipt

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

**OFFICIAL USE**

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

Sawyer Ward

Sent to  
 207 Porr Drive  
 Street & Apt. No. or PO Box No. Ruidoso, NM 88345  
 City, State, ZIP+4

PS Form 3800, July 2013 See Reverse for Instructions

7014 2120 0001 7471 9356

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Commissioner of Public Lands  
P.O. Box 1148  
Santa Fe, NM. 87504

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

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

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

3. Service Type  
 Certified Mail®     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)

7014 2120 0001 7471 9226

PS Form 3811, July 2013

Domestic Return Receipt

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

**OFFICIAL USE**

Postage \$
Certified Fee

7014 2120 0001 7471 9226