

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

**APPLICATION OF ANSCHUTZ OIL COMPANY,
LLC FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
RIO ARRIBA COUNTY, NEW MEXICO.**

Case No. 15,318

AFFIDAVIT OF NOTICE

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

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

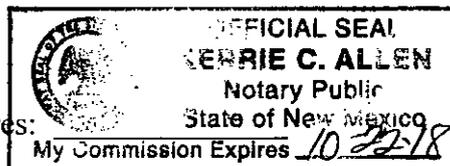
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Anschutz Oil Company, LLC.
3. Anschutz Oil Company, LLC has conducted a good faith, diligent effort to find the names and correct addresses of the working interest owners entitled to receive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

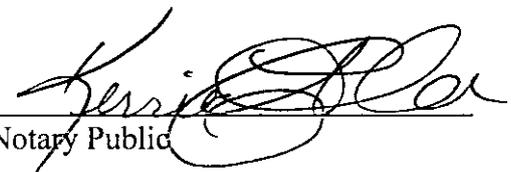


James Bruce

SUBSCRIBED AND SWORN TO before me this 9th day of June, 2015 by James Bruce.

My Commission Expires:





Notary Public

Oil Conservation Division
Case No. 5
Exhibit No. 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

May 21, 2015

Via Certified Mail - Return Receipt Requested

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Anschutz Oil Company, LLC, regarding a well in Section 1, Township 24 North, Range 2 West, N.M.P.M., Rio Arriba County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 11, 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 owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

The purpose of the non-standard unit in the Dakota formation (normally spaced on 320 acres) is to allow the interest owners in the well to share equally in production from both the Mancos and Dakota formations, which will be downhole commingled. If you have agreed to participate in the well, you may ignore the pooling portion of the application.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, June 4, 2015. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Anschutz Oil Company, LLC

Attachment

A

EXHIBIT A

Arriba Company, LLC
P.O. Box 35304
Tulsa, OK 74153

NM&O Operating Company
Suite 2000
320 South Boston
Tulsa, OK 74103

T.H. McElvain Oil & Gas, LLP
Suite 2500
1050 17th Street
Denver, CO 80265

J&M Raymond, Ltd.
P.O. Box 291445
Kerrville, TX 87029

McElvain Oil Company
P.O. Box 801888
Dallas, TX 75380

Estate of Thomas F. McKenna, Sr.
and Laurie Hedrich, Trustee of the
Thomas F. McKenna, Sr. Credit
Shelter Trust
Building D
3500 Comanche Road N.E.
Albuquerque, NM 87056

JAS Oil & Gas Co., LLC
Suite 129
200 West Marcy St.
Santa Fe, NM 87501

Darlene Schmitz, Trustee of the Tony
& Darlene Schmitz Living Trust,
and Schmitz Land, LLC
70 CR 405
Lindrith, NM 87029

Roger Julius Palmer Abbot, Jr.
792 Maryland Ave. East
St. Paul, MN 55106

Daniel Elwin Cody Britt, individually
and as Personal Representative of the
Estate of H.J. Guthman
P.O. Box 71
Sandpoint, ID 83864

Classical Gas & Oil, LLC
Suite 10C
1499 Blake Street
Denver 80202

cc: Bureau of Land Management
Suite A
6251 College Blvd.
Farmington, NM 87402

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"/> Agent <input checked="" 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>JAS Oil & Gas Co., LLC Suite 129 200 West Marcy St. Santa Fe, NM 87501</p>		<p>3. Service Type</p> <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>2. Article Number (Transfer from service label) 7013 3020 0000 4638 4148</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

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

7013 3020 0000 4638 4124

POSTAGE & FEES RECEIVED
 MAY 21 2015
 SANTA FE MAIN POST OFFICE

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

Sent To: Classical Gas & Oil, LLC
 Suite 10C
 1499 Blake Street
 Denver 80202

PS Form 3800, August 2008 See Reverse for Instructions

PS Form 3811, July 2013 Domestic Return Receipt A-5

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

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

7013 3020 0000 4638 4148

POSTAGE & FEES RECEIVED
 MAY 21 2015
 SANTA FE MAIN POST OFFICE

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

Sent To: JAS Oil & Gas Co., LLC
 Suite 129
 200 West Marcy St.
 Santa Fe, NM 87501

PS Form 3800, August 2008 See Reverse for Instructions

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 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>Classical Gas & Oil, LLC Suite 10C 1499 Blake Street Denver 80202</p>		<p>3. Service Type</p> <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>2. Article Number (Transfer from service label) 7013 3020 0000 4638 4124</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013 Domestic Return Receipt A-5

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:

J&M Raymond, Ltd.
P.O. Box 291445
Kerrville, TX 87029

2. Article Number (Transfer from service label) 7013 3020 0000 4638 4162

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Tiffenee Noy* C. Date of Delivery *5-28-15*

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

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 \$

MAY 27 2015
 SANTA FE
 MAIN POST OFFICE

Sent To T.H. McElvain Oil & Gas, LLP
 Suite 2500
 Street, Apt. No., or PO Box No. 1050 17th Street
 City, State, ZIP+4 Denver, CO 80265

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4638 4166

7013 3020 0000 4638 4166

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

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

MAY 21 2015
 SANTA FE
 MAIN POST OFFICE

Sent To J&M Raymond, Ltd.
 P.O. Box 291445
 Street, Apt. No., or PO Box No. Kerrville, TX 87029
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

T.H. McElvain Oil & Gas, LLP
 Suite 2500
 1050 17th Street
 Denver, CO 80265

2. Article Number (Transfer from service label) 7013 3020 0000 4638 4186

PS Form 3811, July 2013 Domestic Return Receipt

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 No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0000 4638 4186

PS Form 3811, July 2013 Domestic Return Receipt

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:

Daniel Elwin Cody Britt, individually
and as Personal Representative of the
Estate of H.J. Guthman
P.O. Box 71
Sandpoint, ID 83864

2. Article Number
(Transfer from service label) **7013 3020 0000 4638 4100**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X D. Britt

B. Received by (Printed Name) *D. BRITT* C. Date of Delivery *5-30-15*

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

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

MAY 21 2015
SANTA FE
MAIN POST OFFICE

Sent To: Darlene Schmitz, Trustee of the Tony & Darlene Schmitz Living Trust, and Schmitz Land, LLC
 Street, Apt. No., or PO Box No.: 70 CR 405
 City, State, ZIP+4: Lindrieth, NM 87029

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4638 4100

PS Form 3811, July 2013

Domestic Return Receipt *A-5*

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

MAY 21 2015
SANTA FE
MAIN POST OFFICE

Sent To: Daniel Elwin Cody Britt, individually and as Personal Representative of the Estate of H.J. Guthman
 P.O. Box 71
 Sandpoint, ID 83864

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:

Darlene Schmitz, Trustee of the Tony & Darlene Schmitz Living Trust, and Schmitz Land, LLC
 70 CR 405
 Lindrieth, NM 87029

2. Article Number
(Transfer from service label) **7013 3020 0000 4638 4131**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Darlene Schmitz

B. Received by (Printed Name) *Darlene Schmitz* 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 *A-5*

7013 3020 0000 4638 4100

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:

NM&O Operating Company
Suite 2000
320 South Boston
Tulsa, OK 74103

2. Article Number
(Transfer from service label) **7013 3020 0000 4638 4193**

PS Form 3811, July 2013 Domestic Return Receipt **A 5**

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™ CERTIFIED MAIL RECEIPT
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OFFICE OF THE POSTMASTER GENERAL
MAY 21 2015
SANTA FE MAIN POST OFFICE

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

Total Postage
Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Estate of Thomas F. McKenna, Sr.
and Laurie Hedrich, Trustee of the
Thomas F. McKenna, Sr. Credit
Shelter Trust
Building D
3500 Comanche Road N.E.
Albuquerque, NM 87056

PS Form 3800, August 2006 See Reverse for Instructions

5574 9694 0000 0206 E702

U.S. Postal Service™ CERTIFIED MAIL RECEIPT
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OFFICE OF THE POSTMASTER GENERAL
MAY 21 2015
SANTA FE MAIN POST OFFICE

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

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

NM&O Operating Company
Suite 2000
320 South Boston
Tulsa, OK 74103

PS Form 3800, August 2006 See Reverse for Instructions

5574 9694 0000 0206 E702

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of Thomas F. McKenna, Sr.
and Laurie Hedrich, Trustee of the
Thomas F. McKenna, Sr. Credit
Shelter Trust
Building D
3500 Comanche Road N.E.
Albuquerque, NM 87056

2. Article Number
(Transfer from service label) **7013 3020 0000 4638 4155**

PS Form 3811, July 2013 Domestic Return Receipt **A 5**

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **5-27-15**

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

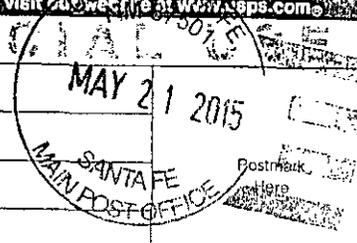
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Kimberly Adams</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Bureau of Land Management Suite A 6251 College Blvd. Farmington, NM 87402		<i>Kimberly Adams</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
			
		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	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7013 3020 0000 4638 4094	

PS Form 3811, July 2013

Domestic Return Receipt

AS

4604 4694 0000 0202 E102

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit www.usps.com	
	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Bureau of Land Management Suite A Street, Apt. 6251 College Blvd. or PO Box Farmington, NM 87402 City, State, ZIP+4	

PS Form 3800, August 2006

See Reverse for Instructions

J 0000 4637 5443

U.S. Postal Service™
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MAY 21 2015
 SANTA FE
 MAIN POST OFFICE

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

Sent To: Arriba Company, LLC
 P.O. Box 35304
 Tulsa, OK 74153

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4638 4177

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MAY 21 2015
 SANTA FE
 MAIN POST OFFICE

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

Sent To: Roger Julius Palmer Abbot, Jr.
 792 Maryland Ave. East
 St. Paul, MN 55106

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE 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"/> Agent <input checked="" 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 checked="" type="checkbox"/> No</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</p>
1. Article Addressed to: Arriba Company, LLC P.O. Box 35304 Tulsa, OK 74153	<p>MAY 21 2015 SANTA FE MAIN POST OFFICE</p>
2. Article Number (Transfer from service label)	7013 3020 0000 4637 5443
PS Form 3811, July 2013	Domestic Return Receipt A J

7013 3020 0000 4638 4177

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

MAY 21 2015
 SANTA FE
 MAIN POST OFFICE

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

Sent To: McElvain Oil Company
 P.O. Box 801888
 Dallas, TX 75380

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

PS Form 3800, August 2006 See Reverse for Instructions