

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

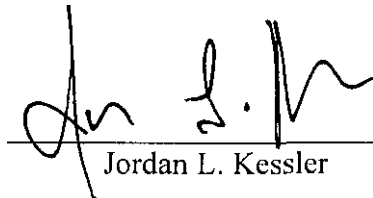
**APPLICATION OF MATADOR PRODUCTION COMPANY FOR A NON-STANDARD
SPACING AND PRORATION UNIT AND COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.**

CASE NOS. 15433

AFFIDAVIT

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

Jordan L. Kessler, attorney in fact and authorized representative of Matador Production Company the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letters attached hereto.

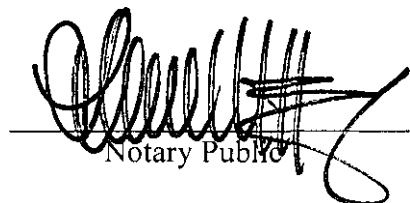


Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 20th day of January 2016 by Jordan L.
Kessler.



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



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 7
Submitted by: MATADOR PRODUCTION
Hearing Date: January 21, 2016**

HOLLAND & HART



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

December 24, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of Matador Production Company for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.
Eland State 32-18S-33E RN No. 123H Well

Ladies & Gentlemen:

This letter is to advise you that Matador Production Company 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 January 21, 2016. 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 Jeff Lierly, at (972) 371-5242 or jlrierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

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}



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

December 24, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of Matador Production Company for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.
Eland State 32-18S-33E RN No. 123H Well

This letter is to advise you that Matador Production Company has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on January 21, 2016. 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 with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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 Jeff Lierly, at (972) 371-5242 or jlrierly@matadorresources.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR

MATADOR PRODUCTION COMPANY

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. ☐

MATADOR PRODUCTION COMPANY
ELAND STATE 32-18S-33E RN NO. 123H WELL

POOLED PARTIES:

Anadarko E&P Onshore LLC
1201 LAKE ROBBINS DRIVE
THE WOODLANDS, TX 77380

Sybil Blackman Carney
21 Trovita
Irvine, CA 92720-1952

Dr. Robert B. Cahan and
Bernice A. Cahan
125 Lunado Way
San Francisco, CA 94127-2854

Dr. Robert B. Cahan and
Bernice A. Cahan
4154 Garden Car Road
Lincoln, CA 95648

Dr. Robert B. Cahan and
Bernice A. Cahan
2340 Sutter Street
San Francisco, CA 94115

Rohoel, Inc.
1600 Broadway, Suite 1050
Denver, CO 80202

Nadel and Gussman Capitan LLC
15 East 5th Street, Suite 3200
Tulsa, OK 74103

Colkelan Corporation
6120 Padre Court, NE
Albuquerque, NM 87111

Nearburg Exploration Co., L.L.C.
3300 N. A Street, Bldg. 2, Suite 120
Midland, TX 79705

OFFSETS:

Anadarko E&P Onshore LLC
1201 LAKE ROBBINS DRIVE
THE WOODLANDS, TX 77380

Nearburg Expl Co LLC
3300 N. A Street #120
Midland, Texas 79705

New NM Tex Oil-Co.
P.O. Box 297
Hobbs, New Mexico 88241

CONOCOPHILLIPS CO
PO BOX 7500
BARTLESVILLE, OK 74005

ISRMACO ENERGY LLC
11767 KATY FWY #711
HOUSTON, TEXAS 77079

LEGACY RESERVES OPERATING
303 W. WALL STREET,
SUITE 1800
MIDLAND, TEXAS 79701

MOURNE OIL & GAS
1500 FOUR MILE LANE
CANON CITY, CO 81212

OCCIDENTAL PERMIAN LP
5 E. GREENWAY PLAZA 3110
HOUSTON, TX 77046

SW Royalties, Inc.
407 N. Big Spring
Midland, TX 79701

Apache Corp
2000 Post Oak Blvd, Suite 100
Houston, Texas 77056-4400

ARD Oil LP
222 W. 4th Street PH 5
Fort Worth, Texas 76102

Black Hills Gas Resources Inc.
1515 Wynkoop Street,
Suite 500
Denver, Colorado 80202-2062

Bursake LLC
P.O. Box 51407
Midland, Texas 79710-1407

BWB Partners I
P.O. Box 51407
Midland, Texas 79710

Chisos, Ltd.
670 Dona Ana Road SW
Deming, New Mexico 88030

MATADOR PRODUCTION COMPANY
ELAND STATE 32-18S-33E RN NO. 123H WELL

Colkelan Corp.
6120 Padre Court, NE
Albuquerque, NM 87111

Cross Border Resources Inc.
14282 Gillis Road
Farmers Branch, Texas 75244

Delmar Hudson Lewis
616 Texas Street
Fort Worth, Texas 76102

Edward R. Hudson Trust 4
616 Texas Street
Fort Worth, Texas 76102-4612

Encana Oil & Gas (USA) Inc.
370 17th Street, #1700
Denver, Colorado 80202

Enfield Mona L.
P.O. Box 50010
Midland, Texas 79710

Enfield Robert N.
P.O. Box 2431
Santa Fe, New Mexico 87504

Explorers Petro Corp
P.O. Box 1933
Roswell, New Mexico 88202

Hanagan Hugh E.
P.O. Box 329
Roswell, New Mexico 88202

Hanagan Prop Ptnrshp
P.O. Box 1537
Roswell, New Mexico 88201

Hudson Edward R. Jr.
616 Texas Street
Fort Worth, Texas 76102

Hudson Josephine T. Estate of
616 Texas Street
Fort Worth, Texas 76102

Iverson Claire Ann
2005 Kidwell Street
Dallas, Texas 75214

Iverson Siegfried James III
P.O. Box 4095
Midland, Texas 79704

Iverson Wendell W.
P. O. Box 1343
Midland, Texas 79702

Iverson – Page Patsy
1155 Muirlands Vista Way
La Jolla, California 92037

J. H. Moore Trust
P.O. Box 1733
Midland, Texas 79702

James H. Yates Inc.
906 S. St. Francis Drive
Santa Fe, New Mexico 87501

Javelina Partners
616 Texas Street
Fort Worth, Texas 76102-4612

Lindy's Living Trust
616 Texas Street
Fort Worth, Texas 76102

M W Iverson Trust
P. O. Box 2546
Fort Worth, Texas 76113

Magnum Hunter Production Inc.
600 N. Marienfeld Street, Suite 600
Midland, Texas 79701

Manix Energy
P. O. Box 2818
Midland, Texas 79702-2818

McAnso LLC
P. O. Box 51407
Midland, Texas 79710-1407

Moore B J Trust
P. O. Box 1733
Midland, Texas 79702-1733

Moore Michael Harrison, Trustee
P.O. Box 51570
Midland, Texas 79710-1570

Moore Richard Lyons Trustee
1150 N. Carroll Ave
Southlake, Texas 76092-5306

MATADOR PRODUCTION COMPANY
ELAND STATE 32-18S-33E RN NO. 123H WELL

Nadel & Gussman Capitan LLC
15 E. 5th Street, Suite 3200
Tulsa, Oklahoma 74103-4340

7015 1730 0000 3619 3820

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

For delivery information, visit **OFFICIAL**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ **2.80**
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

To: **Anadarko E&P Onshore LLC**
1201 LAKE ROBBINS DRIVE
THE WOODLANDS, TX 77380

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:
Anadarko E&P Onshore LLC
1201 LAKE ROBBINS DRIVE
THE WOODLANDS, TX 77380

9590 9403 0670 5183 6898 44

2. Article Number, (Transfer from service label)
7015 1730 0000 3619 3820

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **12/29/18**

C. Date of Delivery **12/29/18**

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

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail ☐ Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 7106

U.S. Postal Service™
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For delivery information, visit **OFFICIAL**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ **2.80**
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total P \$ _____

Sent To: **Sybil Blackman Carney**
21 Trovita
Irvine, CA 92720-1952

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

RETURNED

7015 0640 0000 1646 3698

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Domestic Mail Only ELAND 123H

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OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

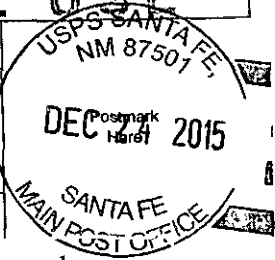
☐ Return Receipt (hardcopy)	\$ 2.80
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total \$

Sent to Dr. Robert B. Cahan and
Bernice A. Cahan
125 Lunado Way
San Francisco, CA 94127-2854

PS Form 3800, April 2013 PSN 7530-02-000-9047 Instructions



7015 1730 0000 3819 3752

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OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

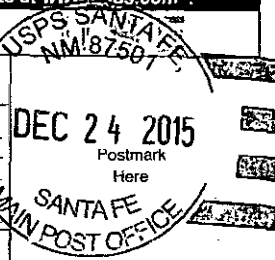
☐ Return Receipt (hardcopy)	\$ 2.80
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total \$

Sent to Dr. Robert B. Cahan and
Bernice A. Cahan
4154 Garden Car Road
Lincoln, CA 95648

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions



RETURNED

C

7015 1730 0000 3819 3790

U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit **OFFIC** **MHF/MATADOR ELAND 123H**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total P_t \$

Sent To **Dr. Robert B. Cahan and
 Bernice A. Cahan**
 Street **2340 Sutter Street**
 City, Sta **San Francisco, CA 94115**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 3783

U.S. Postal Service™
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For delivery information, visit **OFFIC** **MHF/MATADOR ELAND 123H**

Certified Mail Fee \$ 3.45

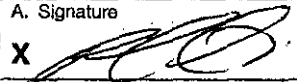
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total P_t \$

Sent To **Rohoel, Inc.**
 Street **1600 Broadway, Suite 1050**
 City, Sta **Denver, CO 80202**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ 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 X  ☐ Agent ☐ Addressee	
1. Article Addressed to: Rohoel, Inc. 1600 Broadway, Suite 1050 Denver, CO 80202 9590 9403 0670 5183 6897 83		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	
2. Article Number (Transfer from service label) 7015 1730 0000 3819 3783		3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☒ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7015 1730 0000 3819 3776

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MHF/MATADOR
 ELAND 123H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$

Total P
 \$

Sent To
 Nadel and Gussman Capitan LLC
 15 East 5th Street, Suite 3200
 Street & Tulsa, OK 74103
 City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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For delivery information, visit **OFFICE**

MHF/MATADOR
 ELAND 123H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage
 \$

Sent To
 Colkelan Corporation
 6120 Padre Court, NE
 Street and Albuquerque, NM 87111
 City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Nadel and Gussman Capitan LLC
 15 East 5th Street, Suite 3200
 Tulsa, OK 74103

9590 9403 0670 5183 6897 76

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3776

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

DEC 30 2015

15 E 5TH ST - 3200

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Colkelan Corporation
 6120 Padre Court, NE
 Albuquerque, NM 87111

9590 9403 0670 5183 6897 69

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3776

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 3806

**U.S. Postal Service™
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**MHF/MATADOR
ELAND 123H**

OFFICE

Certified Mail Fee

\$ 3.15
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

 \$
Total Price

\$ Sent To
Nearburg Exploration Co., L.L.C.
3300 N. A Street, Bldg. 2, Suite 120
Street Address
Midland, TX 79705
City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

 USPS SANTI
NM 87501

 DEC 21 2015
Postmark
Here

 SANTI
MAIN POST OFFICE
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Nearburg Exploration Co., L.L.C.
3300 N. A Street, Bldg. 2, Suite 120
Midland, TX 79705

9590 9403 0670 5183 6897 52

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3806

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/18/15

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

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |

Domestic Return Receipt

7015 1730 0000 3819 3813

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

For delivery information, visit
OFFIC

MHF/MATADOR
ELAND 123H

USPS SANTA FE
NM 87507

DEC 24 2015
 Postmark Here

SANTA FE
MAIN POST OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Ser

Street and 2

City, State

Anadarko E&P Onshore LLC
1201 LAKE ROBBINS DRIVE
THE WOODLANDS, TX 77380

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

7015 1730 0000 3819 3846

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

For delivery information, visit
OFFIC

MHF/MATADOR
ELAND 123H

USPS SANTA FE
NM 87507

DEC 24 2015
 Postmark Here

SANTA FE
MAIN POST OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To

Street and 2

City, State

Nearburg Expl Co LLC
3300 N. A Street #120
Midland, Texas 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Anadarko E&P Onshore LLC
 1201 LAKE ROBBINS DRIVE
 THE WOODLANDS, TX 77380

9590 9403 0670 5183 6898 51

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3813

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/29/15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Nearburg Expl Co LLC
 3300 N. A Street #120
 Midland, Texas 79705

9590 9403 0670 5183 6894 55

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3846

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/15/15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 3639

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF/MATADOR

ELAND 123H

OFFICIAL

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.45

☐ Return Receipt (electronic) \$ 2.80

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Total P

Sent To

Street

City, St

PS Form

New NM Tex Oil Co.
P.O. Box 297
Hobbs, New Mexico 88241

DEC 24 2015

Postmark
HereSANTA FE
MAIN POST OFFICE

Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF/MATADOR

ELAND 123H

OFFICIAL

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.45

☐ Return Receipt (electronic) \$ 2.80

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Total P

Sent To

Street

City, St

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

CONOCOPHILLIPS CO
PO BOX 7500
BARTLESVILLE, OK 74005

DEC 24 2015

Postmark
HereSANTA FE
MAIN POST OFFICE

7015 1730 0000 3819 3837

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

New NM Tex Oil Co.
P.O. Box 297
Hobbs, New Mexico 88241

9590 9403 0670 5183 6894 48

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3639

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

HARRISON

C. Date of Delivery

1-7-16

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☒ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Restricted Delivery ☐ Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

CONOCOPHILLIPS CO
PO BOX 7500
BARTLESVILLE, OK 74005

9590 9403 0670 5183 6895 85

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3837

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

HARRISON

C. Date of Delivery

DEC 28 2015

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

DEC 28 2015

Mail Services

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☒ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Restricted Delivery ☐ Restricted Delivery

Domestic Return Receipt

RETURNED

4488 6786 0000 3819 3448

7015 1730 0000 3819 3448

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

MHF/MATADOR
ELAND 123H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage \$

Sent To
Street or
City, State

ISRMACO ENERGY LLC
11767 KATY FWY #711
HOUSTON, TEXAS 77079

PS Form 3800, April 2015 PSN 7530-02-000-9047

8488 6786 0000 3819 3448

7015 1730 0000 3819 3448

U.S. Postal Service™
CERTIFIED MAIL®
Domestic Mail Only

MHF/MATADOR
ELAND 123H

For delivery information, visit **OFFICIAL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage \$

Sent To
Street or
City, State

LEGACY RESERVES OPERATING
303 W. WALL STREET,
SUITE 1800
MIDLAND, TEXAS 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. - 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 ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Ville</i> C. Date of Delivery <i>12-25</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: LEGACY RESERVES OPERATING 303 W. WALL STREET, SUITE 1800 MIDLAND, TEXAS 79701		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	
2. Article Number (Transfer from service label) 7015 1730 0000 3819 3448		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

9590 9403 0670 5183 6896 77

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 3431

U.S. Postal Service™
CERTIFIED MAIL® MHF/MATADOR
 Domestic Mail Only ELAND 123H

For delivery information, visit www.usps.com

OFFICIAL MAIL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent \$

Street 1500 FOUR MILE LANE

City, State CANON CITY, CO 81212

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 1730 0000 3819 3424

U.S. Postal Service™
CERTIFIED MAIL® MHF/MATADOR
 Domestic Mail Only ELAND 123H

For delivery information, visit www.usps.com

OFFICIAL MAIL

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent \$

Street 5 E. GREENWAY PLAZA 3110

City, State HOUSTON, TX 77046

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER:

1. Article Addressed to:

OCCIDENTAL PERMIAN LP
 5 E. GREENWAY PLAZA 3110
 HOUSTON, TX 77046

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3424

ACTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

C. Date of Delivery

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 3417

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

For delivery information, visit usps.com

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total P \$

Sent To

SW Royalties, Inc.
 407 N. Big Spring
 Midland, TX 79701

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTIAGO NM 87501
 DEC 24 2015
 SANTIAGO NM 87501
 MAIN POST OFFICE

7015 1730 0000 3819 3400

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

For delivery information, visit our usps.com

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To

Apache Corp
 2000 Post Oak Blvd, Suite 100
 Houston, Texas 77056-4400

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTIAGO NM 87501
 DEC 24 2015
 SANTIAGO NM 87501
 MAIN POST OFFICE

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ 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 ☒ Agent ☐ Addressee B. Received by (Printed Name) <u>Reg. Collins</u> C. Date of Delivery <u>12-28-15</u> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Apache Corp 2000 Post Oak Blvd, Suite 100 Houston, Texas 77056-4400			
2. Article Number (Transfer from service label) 7015 1730 0000 3819 3400		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
9590 9403 0670 5183 6897 07			

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 3394

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

For delivery information, visit **OFFICIAL**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee in appropriate column)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
ARD Oil LP
222 W. 4th Street PH 5
Fort Worth, Texas 76102

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

7015 1730 0000 3819 3387

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

For delivery information, visit **OFFICIAL**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee in appropriate column)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
Black Hills Gas Resources Inc.
1515 Wynkoop Street,
Suite 500
Denver, Colorado 80202-2062

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

ARD Oil LP
222 W. 4th Street PH 5
Fort Worth, Texas 76102

9590 9403 0670 5183 6897 14

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3394

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bonnie Stork ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Bonnie Stork C. Date of Delivery 1-11-14

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Black Hills Gas Resources Inc.
1515 Wynkoop Street,
Suite 500
Denver, Colorado 80202-2062

9590 9403 0670 5183 6897 21

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3387

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Black Hills ☐ 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

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 3370

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

**MHF/MATADOR
ELAND 123H**

For delivery information, visit

OFFICIAL

Certified Mail Fee

 \$ 3.45
 Extra Services & Fees (check box, add fee for each service)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$ _____

Total Post

\$ _____

Sent To

Street and

City, State

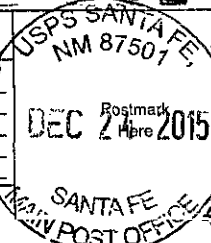
Bursake LLC

P.O. Box 51407

Midland, Texas 79710-1407

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions


**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

**MHF/MATADOR
ELAND 123H**

For delivery information, visit

OFFICIAL

Certified Mail Fee

 \$ 3.45
 Extra Services & Fees (check box, add fee for each service)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$ _____

Total Post

\$ _____

Sent To

Street and

City, State

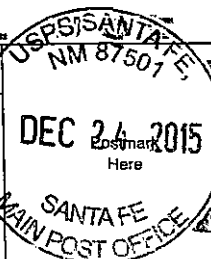
BWB Partners I

P.O. Box 51407

Midland, Texas 79710

PS Form

See Reverse for Instructions



7015 1730 0000 3819 3363

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

 Bursake LLC
 P.O. Box 51407
 Midland, Texas 79710-1407

9590 9403 0670 5183 6897 38

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3370

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

Andrew Bursake

C. Date of Delivery

12/24/17

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

3. Service Type

- ☐
- Adult Signature
-
- ☐
- Adult Signature Restricted Delivery
-
- ☒
- Certified Mail®
-
- ☐
- Certified Mail Restricted Delivery
-
- ☐
- Collect on Delivery
-
- ☐
- Collect on Delivery Restricted Delivery
-
- ☐
- Priority Mail Express®
-
- ☐
- Registered Mail™
-
- ☐
- Registered Mail Restricted Delivery
-
- ☐
- Return Receipt for Merchandise
-
- ☐
- Signature Confirmation™
-
- ☐
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

 BWB Partners I
 P.O. Box 51407
 Midland, Texas 79710

9590 9403 0670 5183 6894 31

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3363

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Andrew Bursake

C. Date of Delivery

12/24/17

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

3. Service Type

- ☐
- Adult Signature
-
- ☐
- Adult Signature Restricted Delivery
-
- ☒
- Certified Mail®
-
- ☐
- Certified Mail Restricted Delivery
-
- ☐
- Collect on Delivery
-
- ☐
- Collect on Delivery Restricted Delivery
-
- ☐
- Priority Mail Express®
-
- ☐
- Registered Mail™
-
- ☐
- Registered Mail Restricted Delivery
-
- ☐
- Return Receipt for Merchandise
-
- ☐
- Signature Confirmation™
-
- ☐
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 1730 0000 3819 3356

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

For delivery information, visit **OFFIC**

MHF/MATADOR
 ELAND 123H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Post \$

Sent To
 Street and
 City, State

Chisos, Ltd.
 670 Dona Ana Road SW
 Deming, New Mexico 88030

PS Form 3811, April 2015 PSN 7530-02-000-9053

7015 1730 0000 3819 3455

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

For delivery information, visit **OFFIC**

MHF/MATADOR
 ELAND 123H

Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Post \$

Sent To
 Street and
 City, State

Colkelan Corp.
 6120 Padre Court, NE
 Albuquerque, NM 87111

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Chisos, Ltd.
 670 Dona Ana Road SW
 Deming, New Mexico 88030

9590 9403 0670 5183 6894 24

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 3356

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 K. Jacobsen

C. Date of Delivery
 11/24/15

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

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Colkelan Corp.
 6120 Padre Court, NE
 Albuquerque, NM 87111

9590 9403 0670 5183 6894 17

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 3455

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 3462

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
MHF/MATADOR ELAND 123H OFFICE	
Certified Mail Fee \$ <u>3.45</u>	
Extra Services & Fees (check box, add fee to postage)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage \$	
Total Postage \$	
Sent To Street and City, State,	
Cross Border Resources Inc. 14282 Gillis Road Farmers Branch, Texas 75244	
PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions	

7015 1730 0000 3819 3479

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
MHF/MATADOR ELAND 123H OFFICE	
Certified Mail Fee \$ <u>3.48</u>	
Extra Services & Fees (check box, add fee to postage)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage \$	
Total Postage \$	
Sent To Street and A City, State, Z	
Delmar Hudson Lewis 616 Texas Street Fort Worth, Texas 76102	
PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ 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 X <u>Julda Kom</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: Cross Border Resources Inc. 14282 Gillis Road Farmers Branch, Texas 75244 9590 9403 0670 5183 6896 53		B. Received by (Printed Name) C. Date of Delivery 28 DEC 15	
2. Article Number (Transfer from service label) 7015 1730 0000 3819 3462		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ 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 X <u>Staci Gilbrs</u> ☒ Agent ☐ Addressee	
1. Article Addressed to: Delmar Hudson Lewis 616 Texas Street Fort Worth, Texas 76102 9590 9403 0670 5183 6896 46		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7015 1730 0000 3819 3479		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7015 1730 0000 3819 3547

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

For delivery information, visit **OFFIC** MHF/MATADOR ELAND 123H

Certified Mail Fee \$ 3.48

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To Edward R. Hudson Trust 4
 616 Texas Street
 Fort Worth, Texas 76102-4612

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 3530

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

For delivery information, visit **OFFIC** MHF/MATADOR ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Post \$

Sent To Encana Oil & Gas (USA) Inc.
 370 17th Street, #1700
 Denver, Colorado 80202

City, State

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Edward R. Hudson Trust 4 Edward R. Hudson Trust 4
 616 Texas Street 222 W. 4th Street PH-5
 Fort Worth, Texas 76102-4612 Fort Worth, Texas 76102

9590 9403 0670 5183 6896 39

2. Article Number (Transfer from service label)

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

28 Marie G. /-216

C. Date of Delivery

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS FOR ADDITIONAL MAILING INFORMATION

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Encana Oil & Gas (USA) Inc.
 370 17th Street, #1700
 Denver, Colorado 80202

9590 9403 0670 5183 6896 22

2. Article Number (Transfer from service label)

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

28 Marie G. /-216

C. Date of Delivery

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3619 3523

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

For delivery information, visit **OFFICIAL**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

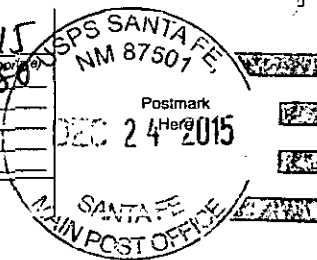
Postage \$

Total \$

Sent To Enfield Mona L.
P.O. Box 50010
Midland, Texas 79710

City

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



RETURNED

7015 1730 0000 3619 3516

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

For delivery information, visit **OFFICIAL**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee if appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

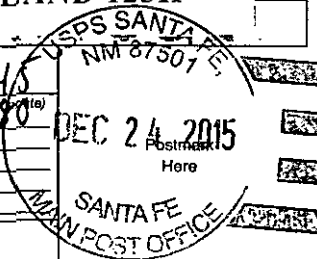
Postage \$

Total Po \$

Sent To Enfield Robert N.
P.O. Box 2431
Santa Fe, New Mexico 87504

City, Sta

PS Form 3800, April 2015 PSN 7530-02-000-9047 Instructions



7015 1730 0000 3819 3509

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

For delivery information: **OFF**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

Sent To
 Explorers Petro Corp
 P.O. Box 1933
 Roswell, New Mexico 88202

City, St
 Roswell, NM

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 3493

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

For delivery information: **OFF**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

Sent To
 Hanagan Hugh E.
 P.O. Box 329
 Roswell, New Mexico 88202

City, St
 Roswell, NM

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Explorers Petro Corp
 P.O. Box 1933
 Roswell, New Mexico 88202

9590 9403 0670 5183 6895 92

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3509

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 SM SANDERS

C. Date of Delivery
 DEC 31 2015

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Registered Mail Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Hanagan Hugh E.
 P.O. Box 329
 Roswell, New Mexico 88202

9590 9403 0643 5183 8030 62

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3493

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 MIKE HANAGAN

C. Date of Delivery
 DEC 31 2015

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Registered Mail Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 3486

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

For delivery information, visit **OFFIC** **MHF/MATADOR ELAND 123H**

Certified Mail Fee \$ 3.45 **USPS SANTA FE NM 87501**

Extra Services & Fees (check box, add fees as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____

Sent to: **Hanagan Prop Ptnrshp**
P.O. Box 1537
Roswell, New Mexico 88201

City, St: _____

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

7015 1730 0000 3819 3653

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

For delivery information, visit **OFFIC** **MHF/MATADOR ELAND 123H**

Certified Mail Fee \$ 3.45 **USPS SANTA FE NM 87501**

Extra Services & Fees (check box, add fees as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____

Sent to: **Hudson Edward R. Jr.**
616 Texas Street
Fort Worth, Texas 76102

City, St: _____

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Hanagan Prop Ptnrshp
P.O. Box 1537
Roswell, New Mexico 88201

2. Article Number (Transfer from service label)
9590 9403 0643 5183 8030 93

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **Mike Hanagan** C. Date of Delivery **DEC 24 2015**

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

3. Service Type
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Hudson Edward R. Jr.
616 Texas Street
Fort Worth, Texas 76102

2. Article Number (Transfer from service label)
9590 9403 0670 5183 6899 43

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **Staci Gilburk** C. Date of Delivery **DEC 24 2015**

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

3. Service Type
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 3660

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

For delivery information, visit **OFFICIAL**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
 Hudson Josephine T. Estate of
 616 Texas Street
 Fort Worth, Texas 76102

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 3677

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

For delivery information, visit **OFFICIAL**

MHF/MATADOR
ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
 Iverson Claire Ann
 2005 Kidwell Street
 Dallas, Texas 75214

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Hudson Josephine T. Estate of
 616 Texas Street
 Fort Worth, Texas 76102

9590 9403 0670 5183 6899 50

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3660

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Staci Gilbury*☒ Agent☐ Addressee

B. Received by (Printed Name)

Staci Gilbury

C. Date of Delivery

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Iverson Claire Ann
 2005 Kidwell Street
 Dallas, Texas 75214

9590 9403 0670 5183 6899 67

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3677

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Claire Iverson*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 3745

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit **OFFICIAL**MHF/MATADOR
ELAND 123H

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.45

☐ Return Receipt (electronic) \$ 2.80

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Total Post

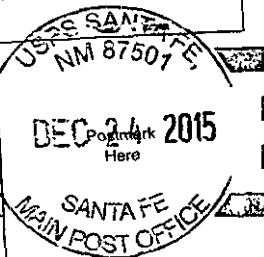
Sent To

Street and

City, State

PS Form

Iverson Siegfried James III
P.O. Box 4095
Midland, Texas 79704



7015 1730 0000 3819 3738

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit **OFFICIAL**MHF/MATADOR
ELAND 123H

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.45

☐ Return Receipt (electronic) \$ 2.80

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

Total Post

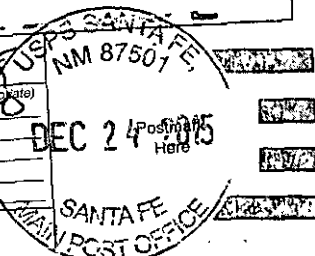
Sent To

Street and

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

Iverson Wendell W.
P. O. Box 1343
Midland, Texas 79702

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Iverson Wendell W.
P. O. Box 1343
Midland, Texas 79702

9590 9403 0670 5183 6899 81

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3738

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sam Burke*☒ Agent☐ Addressee

B. Received by (Printed Name)

SAM BURKE

C. Date of Delivery

12-29-15

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

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☒ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Mail Restricted Delivery | |

(over \$500)

Domestic Return Receipt

7015 1730 0000 3819 3721

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

For delivery information, visit **ELAND 123H**

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

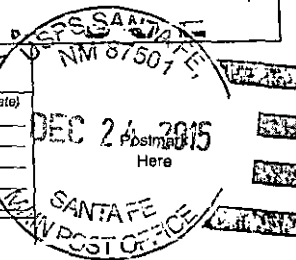
Total \$

Sent To Iverson - Page Patsy

Street 1155 Muirlands Vista Way

City, State La Jolla, California 92037

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 1730 0000 3819 3721

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

For delivery information, visit **ELAND 123H**

OFFICE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

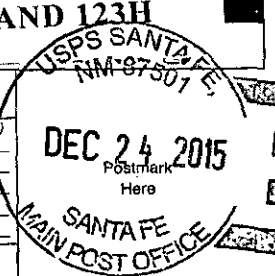
Total \$

Sent To J. H. Moore Trust

Street P.O. Box 1733

City, State Midland, Texas 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ 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:

Iverson - Page Patsy
1155 Muirlands Vista Way
La Jolla, California 92037

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3721

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Patsy Page ☐ Agent ☒ Addressee

B. Received by (Printed Name) Patsy Page C. Date of Delivery DEC 24 2015

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☒ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 3707

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

MHF/MATADOR

For delivery information, visit

ELAND 123H

OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Post

\$

Sent To

Street and

City, State

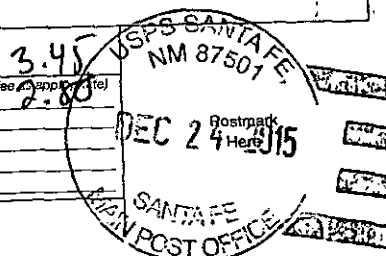
James H. Yates Inc.

906 S. St. Francis Drive

Santa Fe, New Mexico 87501

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7015 1730 0000 3819 3691

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

MHF/MATADOR

For delivery information, visit

ELAND 123H

OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Post

\$

Sent To

Street and

City, State

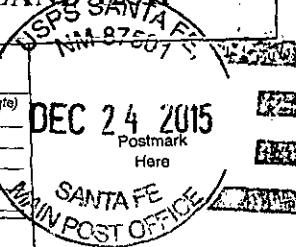
Javelina Partners

616 Texas Street

Fort Worth, Texas 76102-4612

PS Form 3811, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Javelina Partners
616 Texas Street
Fort Worth, Texas 76102-4612

2. Article Number (Transfer from service label)

9590 9403 0670 5183 6895 54

7015 1730 0000 3819 3691

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Stan E. P.*☐ Agent☐ Addressee

B. Received by (Printed Name)

Stan E. Gilbert

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 1730 0000 3819 3684

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

For delivery information, visit OFFICIAL

MHF/MATADOR ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Paid \$

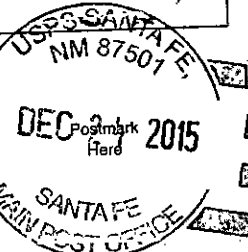
Sent To

Street Address

City, State

Lindy's Living Trust
 616 Texas Street
 Fort Worth, Texas 76102

PS Form 3800, April 2015 PSN 7530-02-000-9053 SEE REVERSE FOR INSTRUCTIONS



7015 1730 0000 3819 3554

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

For delivery information, visit OFFICIAL

MHF/MATADOR ELAND 123H

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Paid \$

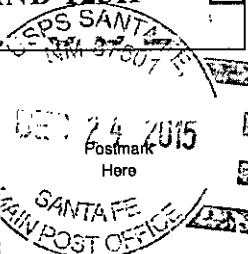
Sent To

Street Address

City, State

M W Iverson Trust
 P. O. Box 2546
 Fort Worth, Texas 76113

PS Form 3800, April 2015 PSN 7530-02-000-9053 SEE REVERSE FOR INSTRUCTIONS



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:

Lindy's Living Trust
 616 Texas Street
 Fort Worth, Texas 76102

9590 9403 0670 5183 6895 47

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 3684

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Staci Gilbo ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Staci Gilbo

C. Date of Delivery
DEC 24 2015

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☒ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:

M W Iverson Trust
 P. O. Box 2546
 Fort Worth, Texas 76113

9590 9403 0670 5183 6895 30

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 3554

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Colin Fouts ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Colin Fouts

C. Date of Delivery
DEC 28 2015

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 3561

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF/MATADOR
ELAND 123H

OFFICE

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fees as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

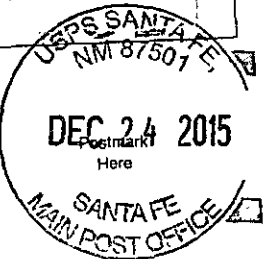
Street

City

State

PS Form

Magnum Hunter Production Inc.
600 N. Marienfeld Street, Suite 600
Midland, Texas 79701



U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF/MATADOR
ELAND 123H

OFFICE

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fees as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Post

\$

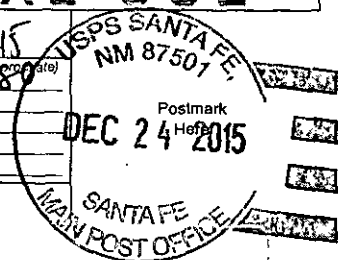
Sent To

Street and

City, State

PS Form

Manix Energy
P. O. Box 2818
Midland, Texas 79702-2818



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Magnum Hunter Production Inc.
600 N. Marienfeld Street, Suite 600
Midland, Texas 79701

9590 9403 0670 5183 6895 23

2. Article Number (Transfer from service label)

7015 1730 0000 3819 3561

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sachil Garcia

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sachil Garcia

C. Date of Delivery

12-29-15

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 3622

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/MATADOR**
ELAND 123H

For delivery information, **OFF**

Certified Mail Fee \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ **2.80**
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$
 Sent To **McAnso LLC**
P. O. Box 51407
Midland, Texas 79710-1407
 Street and Apt.
 City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTIAGO NM 87501
 DEC 24 2015
 SANTIAGO MAIN POST OFFICE

7015 1730 0000 3819 3625

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/MATADOR**
ELAND 123H

For delivery information, **OFF**

Certified Mail Fee \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ **2.80**
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$
 Sent To **Moore B J Trust**
P. O. Box 1733
Midland, Texas 79702-1733
 Street and Apt.
 City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9047

USPS SANTIAGO NM 87501
 DEC 24 2015
 SANTIAGO MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
McAnso LLC
P. O. Box 51407
Midland, Texas 79710-1407

9590 9403 0670 5183 6895 09

2. Article Number (Transfer from service label)
7015 1730 0000 3819 3622

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Andrew Surran** C. Date of Delivery **12/30/15**

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

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☒ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail: \$1 \$2 \$5 \$10 \$25 \$50 \$100 \$500

Domestic Return Receipt

7015 1730 0000 3819 3608

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/MATADOR**
 For delivery information, visit **ELAND 123H**
OFF.

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Postage \$ _____

Sent To **Moore Michael Harrison, Trustee**
P.O. Box 51570
 Street and Apt **Midland, Texas 79710-1570**
 City, State, Zip **City, State, Zip**

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 3592

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/MATADOR**
 For delivery information, visit **ELAND 123H**
OFFIC.

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Postage \$ _____

Sent To **Moore Richard Lyons Trustee**
1150 N. Carroll Ave
 Street and Apt **Southlake, Texas 76092-5306**
 City, State, Zip **City, State, Zip**

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ 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 ☒ Agent ☐ Addressee B. Received by (Printed Name) <u>Terri Turner</u> C. Date of Delivery <u>10/29/15</u>	
1. Article Addressed to: Moore Michael Harrison, Trustee P.O. Box 51570 Midland, Texas 79710-1570		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 9590 9403 0670 5183 6894 86		3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7015 1730 0000 3819 3585

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHE/MATADOR**
ELAND 123H
 For delivery information, **OFFI**

Certified Mail Fee \$ **3.45**
 Extra Services & Fees (check box, add fees as appropriate)
☒ Return Receipt (hardcopy) \$ **2.80**
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total \$
 Sent to **Nadel & Gussman Capitan LLC**
15 E. 5th Street, Suite 3200
Tulsa, Oklahoma 74103-4340
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

DEC 24 2015
SANTA FE
MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ 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:
Nadel & Gussman Capitan LLC
15 E. 5th Street, Suite 3200
Tulsa, Oklahoma 74103-4340

9590 9403 0670 5183 6894 62

2. Article Number (Transfer from service label)
7015 1730 0000 3819 3585

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

B. Received by (Printed Name) C. Date of Delivery
DEC 30 2015

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
15 E 5TH ST - 3200

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt