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

APPLICATION OF COG OPERATING LLC TO RE-OPEN CASE NO. 15376 TO AMEND THE WELL SURFACE LOCATION AND WELL ORIENTATION UNDER ORDER R-14072, EDDY COUNTY, NEW MEXICO.

CASE NO. 15376 (re-opened)

AFFIDAVIT

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

Jordan L. Kessler, attorney in fact and authorized representative of COG Operating LLC 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 04/14/19

Notary Public

BEFORE THE OIL CONVERSATION DIVISION
Santa Fe, New Mexico
Exhibit No. 17
Submitted by: COG OPERATING LLC
Hearing Date: January 21, 2016

HOLLAND&HART LLP

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: PARTIES SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC To Re-Open Case No. 15376 To Amend The Well Surface Location and Well Orientation Under The Terms Of Compulsory Pooling Order R-14072, Eddy County, New Mexico.

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

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: OFFSET PARTIES

RE: Application of COG Operating LLC To Re-Open Case No. 15376 To Amend The Well Surface Location and Well Orientation Under The Terms Of Compulsory Pooling Order R-14072, Eddy County, New Mexico.

This letter is to advise you that COG Operating LLC 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 December 22, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

7015 0640 0006 1646 5593

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BONEYARD 11H RN

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
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Sen
Stre
City

Janet M. Hanley
5422 Beaver Lodge Drive
Kingwood, TX 77345

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7015 0640 0006 1646 5586

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Sent T
Street
City,

Charles M. Thompson
P O Box 777
Pierre, SD 57501

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

SENDER: COMPLETE THIS SECTION

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

Charles M. Thompson
P O Box 777
Pierre, SD 57501

9590 9403 0670 5183 6893 32

2. Article Number (Transfer from service label)
7015 0640 0006 1646 5586

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Amanda Caye ☒ Agent ☐ Addressee

B. Received by (Printed Name) Amanda Caye
C. Date of Delivery 12-29

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
- ☐ on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery
- (over $500):
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Postage
$

Total
$

Sent To
Lois Thompson

Street
PO Box 396

City, S
Pierre, SD 57501

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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
Harvey D. Sheehan II

Street
19395 288th Avenue

City,
Pierre, SD 57501

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7015 0640 0006 1646 5562

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

SENDER: COMPLETE THIS SECTION

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

Lois Thompson
PO Box 396
Pierre, SD 57501

9590 9403 0670 5183 6893 25

2. Article Number (Transfer from service label)
7015 0640 0006 1646 5579

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 29 2015

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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

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- 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:

Harvey D. Sheehan II
19395 288th Avenue
Pierre, SD 57501

9590 9403 0670 5183 6893 18

2. Article Number (Transfer from service label)
7015 0640 0006 1646 5562

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 29 2015

USPS

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

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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$

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Dan Evans Sheehan
9227 Flushing Meadows Drive
NE
Albuquerque, NM 87111

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7015 1730 0000 3819 8146

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

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Street
City, S

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Postmark Here
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Doda Suzanne Sheehan
7043 W. Belmont Drive
Littleton, CO 80123

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- 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:

Doda Suzanne Sheehan
7043 W. Belmont Drive
Littleton, CO 80123

9590 9403 0670 5183 6890 97

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8146

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

USPS COLUMBINE HILLS BRANCH LITTLETON CO 80123 DEC 29 2015

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Extra Services & Fees *(check box, add fee as appropriate)*
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

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Postmark Here
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Postage
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Total Pi
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Sent To Dan Cody Keefe
Street a 2798 Paw Print Way
City, Sta Castle Rock, CO 80109

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7015 1730 0000 3819 8122

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$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postmark Here
DEC 24 2015
SANTA FE MAIN POST OFFICE

Postage
$

Total Pos
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Sent To Jimmy Lynn London
Street an 239 Dawn Drive
City, Stat Fritch, Texas 79036

PS Form 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:

Jimmy Lynn London
239 Dawn Drive
Fritch, Texas 79036

9590 9403 0670 5183 6890 73

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 8122

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] FRIT [ ] 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: [X] No

DEC 29 2015

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [ ] Certified Mail®
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

Restricted Delivery

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- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Christie Lynn London

Street and Apt. No., or PO Box No.
6116 Hanson Rd.

City, State, ZIP+4®
Amarillo, TX 79106

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7015 1730 0000 3819 8108

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Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Jack Dean London c/o Jimmy Lynn London

Street and Apt. No., or PO Box No.
239 Dawn Drive

City, State, ZIP+4®
Fritch, Texas 79036

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7015 1730 0000 3819 8115

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

1. Article Addressed to:

Jack Dean London c/o Jimmy
Lynn London
239 Dawn Drive
Fritch, Texas 79036

9590 9403 0670 5183 6890 66

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8115

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

DEC 29 2015

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

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

1. Article Addressed to:

Christie Lynn London
6116 Hanson Rd.
Amarillo, TX 79106

9590 9403 0670 5183 6890 59

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8108

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Christy London ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
12-28-15

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™
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Extra Services & Fees *(check box, add fee as appropriate)*
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Pc
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Sent To
Randy V. Watts
PO Box 2367
Roswell, NM 88202

Street a

City, St

USPS SANTA FE, NM 87501
DEC 24 2015
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- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
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Sent To
Suzanne Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

Street ar

City, Sta

USPS SANTA FE, NM 87501
DEC 24 2015
Postmark Here
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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:

Randy V. Watts
PO Box 2367
Roswell, NM 88202

9590 9403 0670 5183 6890 42

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 8092

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 31 2015

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] 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

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☒ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total Postage and Fees $
Sent To Robert Akins
Street 6134 Crane Drive
City, S Fort Collins, CO 80528

USPS SANTA FE, NM 87501
Postmark Here
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7015 1730 0000 3819 8078

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BONEYARD 11H RN

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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 Pc $
Sent To Patsy Harris
Street ar 6255 West Northwest Highway, Apt. #106
City, Stat Dallas, TX 75225

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

7015 1730 0000 3819 8061

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

SENDER: COMPLETE THIS SECTION

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

Robert Akins
6134 Crane Drive
Fort Collins, CO 80528

9590 9403 0670 5183 6890 28

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8078

COMPLETE THIS SECTION ON DELIVERY

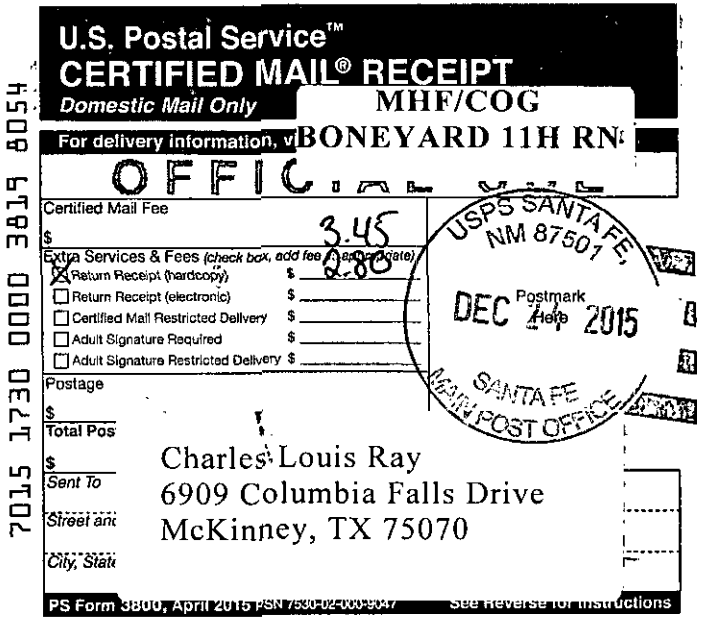
A. Signature
X [signature] ☐ Agent ☐ Addressee

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

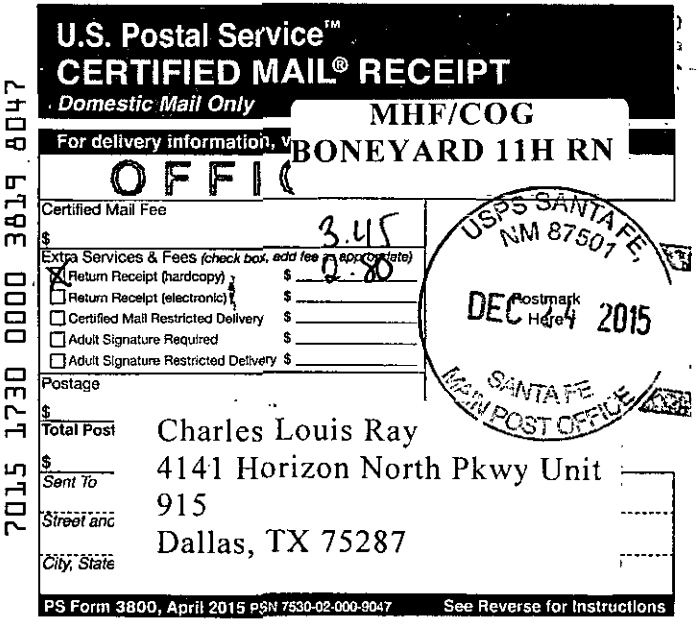
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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
Mail Mail Restricted Delivery

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



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, v
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 Pos
$
Sent To
Street and
City, State
MHF/COG
BONEYARD 11H RN
USPS SANTA FE, NM 87501
DEC 24 2015 Postmark Here
SANTA FE MAIN POST OFFICE
Charles Louis Ray
6909 Columbia Falls Drive
McKinney, TX 75070
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions
7015 1730 0000 3819 8054



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CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, v
OFFIC
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
MHF/COG
BONEYARD 11H RN
USPS SANTA FE, NM 87501
DEC 24 2015 Postmark Here
SANTA FE MAIN POST OFFICE
Charles Louis Ray
4141 Horizon North Pkwy Unit
915
Dallas, TX 75287
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions
7015 1730 0000 3819 8047

RETURNED

7015 1730 0000 3819 8030

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OFFIC

MHF/COG
BONEYARD 11H RN

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

USPS SANTA FE, NM 87501
DEC 24 2015
Postmark Here
SANTA FE NEW MEXICO POST OFFICE

Postage
$
Total Pc
$
Sent To
Street a
City, St

Christopher Robert Ray
929 Pleasant Drive
Mesquite, TX 75150

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

7015 1730 0000 3819 8023

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For delivery information,

OFFI

MHF/COG
BONEYARD 11H RN

Certified Mail Fee
$ 3.48

Extra Services & Fees *(check box, add fee as appropriate)*
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

USPS SANTA FE, NM 87501
DEC 24 2015
Postmark Here
SANTA FE NEW MEXICO POST OFFICE

Postage
$
Total
$
Sent
Street
City, St

Wilda Jean Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

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

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BONEYARD 11H RN

For delivery information

OFF

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Pos $

Sent To: Peggy Collins
Street an: 117 Crepe Myrtle
City, Stat: Glenn Laurel Park, NC 28739

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

PS Form

7015 1730 0000 3819 8016

U.S. Postal Service™
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Domestic Mail Only

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BONEYARD 11H RN

For delivery information

OFFI

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Post $

Sent To: Don Lyle
Street and: 1287 Silverado Street
City, State: La Jolla, CA 92037

USPS SANTA FE NM 87501
DEC Postmark Here 2015
SANTA FE MAIN POST OFFICE

PS Form

7015 1730 0000 3819 8009

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.

Peggy Collins
117 Crepe Myrtle
Glenn Laurel Park, NC 28739

9590 9403 0670 5183 6884 27

2. Article Number (Transfer from service label) 7015 1730 0000 3819 8016

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peggy Collins ☐ Agent ☐ Addressee

B. Received by (Printed Name) Peggy Collins C. Date of Delivery 12/28/15

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

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:

Don Lyle
1287 Silverado Street
La Jolla, CA 92037

9590 9403 0670 5183 6886 49

2. Article Number (Transfer from service label) 7015 1730 0000 3819 8009

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

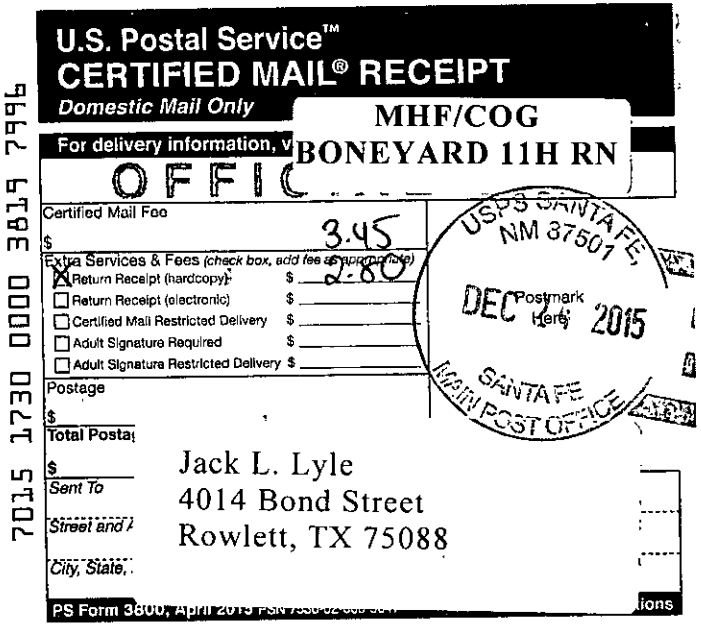
COMPLETE THIS SECTION ON DELIVERY

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



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

For delivery information, v

OFFIC

MHF/COG
BONEYARD 11H RN

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage $

Sent To: Jack L. Lyle
Street and Apt.: 4014 Bond Street
City, State, Zip: Rowlett, TX 75088

USPS SANTA FE NM 37501
DEC 24 2015 Postmark Here
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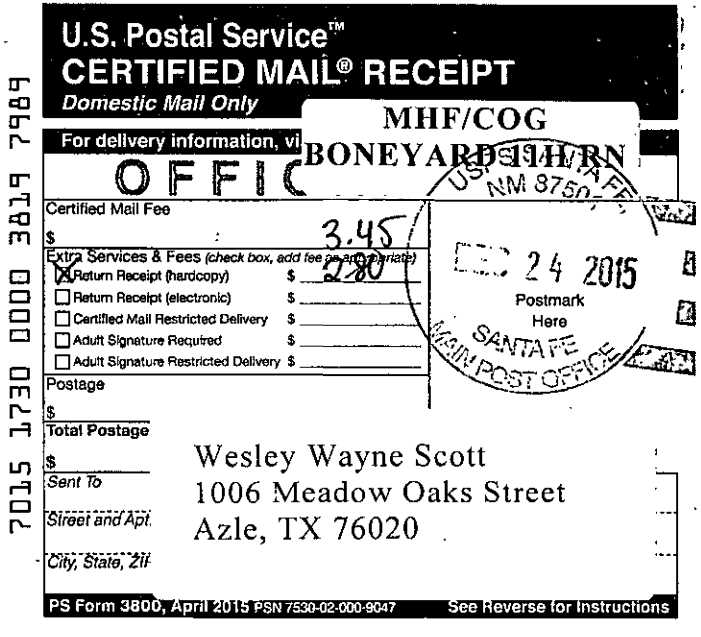
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 7996



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For delivery information, vi

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BONEYARD 11H RN

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

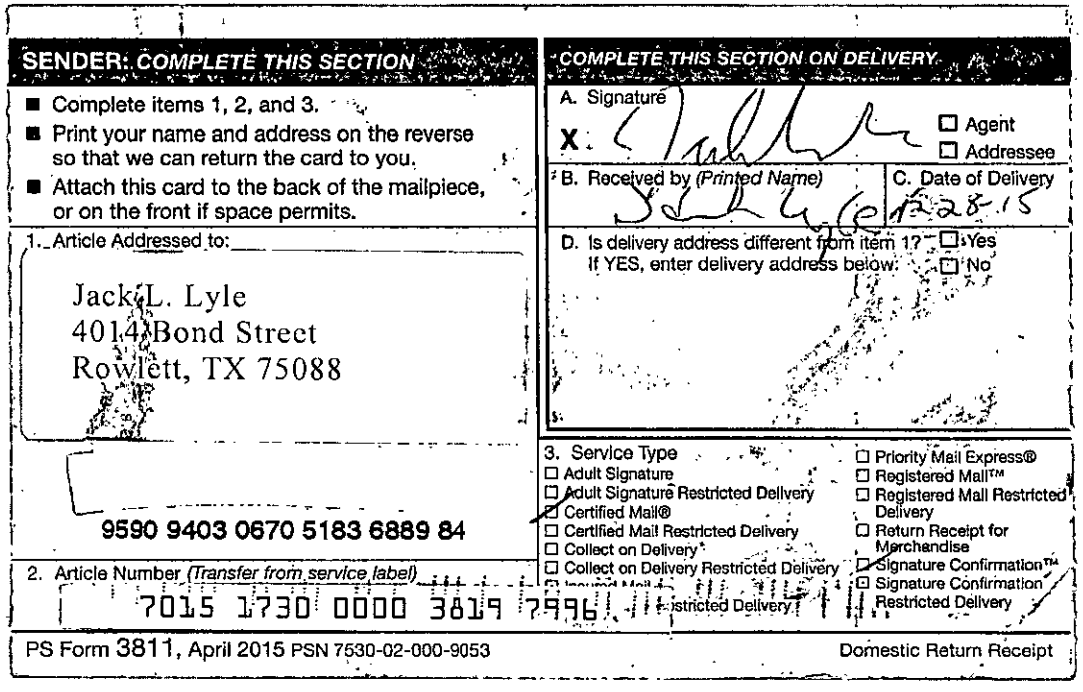
Total Postage $

Sent To: Wesley Wayne Scott
Street and Apt.: 1006 Meadow Oaks Street
City, State, Zip: Azle, TX 76020

USPS SANTA FE NM 37501
DEC 24 2015 Postmark Here
SANTA FE MAIN POST OFFICE

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

7015 1730 0000 3819 7989



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:

Jack L. Lyle
4014 Bond Street
Rowlett, TX 75088

9590 9403 0670 5183 6889 84

2. Article Number (Transfer from service label) 7015 1730 0000 3819 7996

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) [signature] C. Date of Delivery 12-28-15

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
- [x] 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

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Domestic Mail Only

For delivery information, vi

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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 Po	

Sent To: Kevin Scott
Street a: 2300 Conveyor Drive
City, Sta: Burleson, TX 76028

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

7015 1730 0000 3819 7972

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:

Kevin Scott
2300 Conveyor Drive
Burleson, TX 76028

9590 9403 0670 5183 6889 60

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7972

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kevin Scott C. Date of Delivery 12/28

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
☐ 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

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BONEYARD 11H RN

USPS SANTA FE, NM 87501
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: William Clinton Bird
Street and Ap: 806 N. Cummings Drive, #7
City, State, Z: Alvarado, TX 76009

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

7015 1730 0000 3819 7965

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:

William Clinton Bird
806 N. Cummings Drive, #7
Alvarado, TX 76009

9590 9403 0670 5183 6889 53

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7965

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

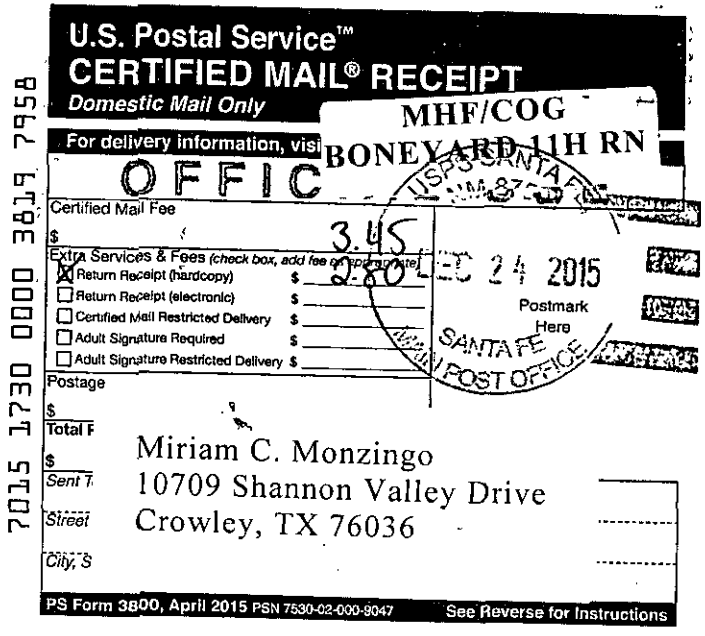
B. Received by (Printed Name) C. Date of Delivery

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

ALVARADO MAIN POST OFFICE TX 760 DEC 29 '15

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



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BONEYARD 11H RN

For delivery information, visi

OFFIC

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 F
$

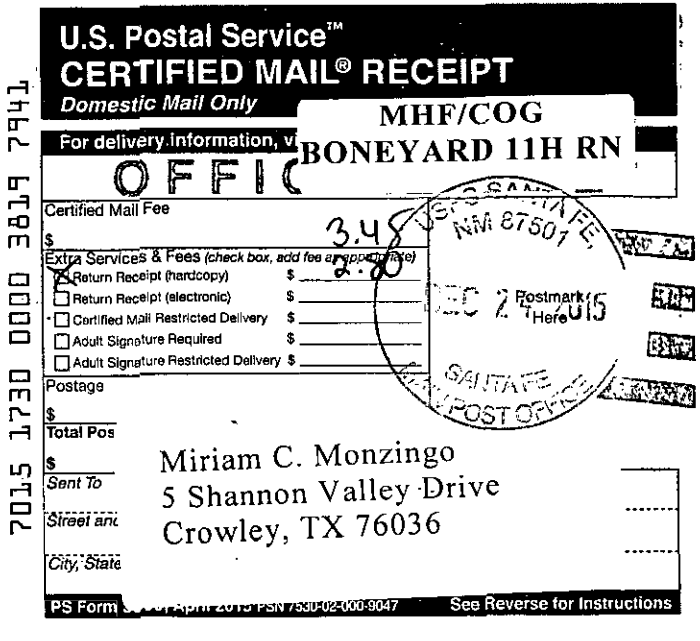
Sent T
Street
City, S

Miriam C. Monzingo
10709 Shannon Valley Drive
Crowley, TX 76036

USPS SANTA FE NM 87501 DEC 24 2015 Postmark Here SANTA FE MAIN POST OFFICE

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

7015 1730 0000 3819 7958



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BONEYARD 11H RN

For delivery information, vi

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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 Pos
$

Sent To
Street and
City, State

Miriam C. Monzingo
5 Shannon Valley Drive
Crowley, TX 76036

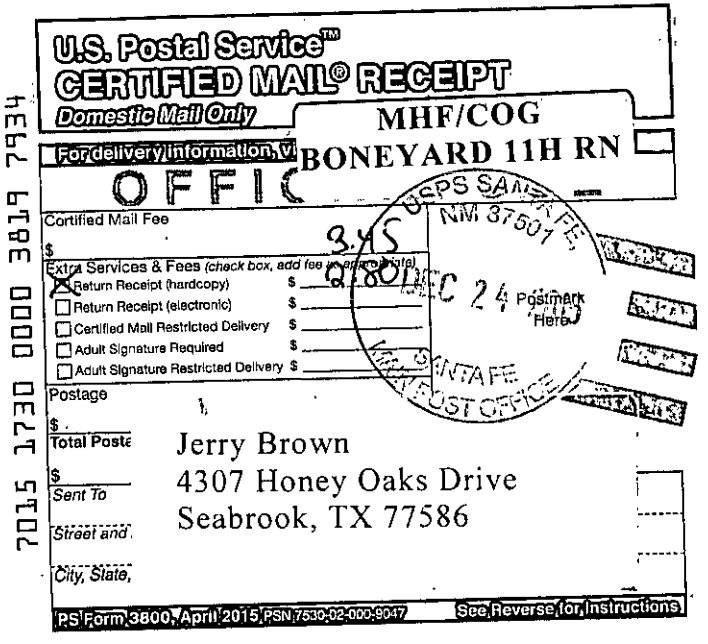
USPS SANTA FE NM 87501 DEC 24 2015 Postmark Here SANTA FE MAIN POST OFFICE

PS Form [illegible] April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

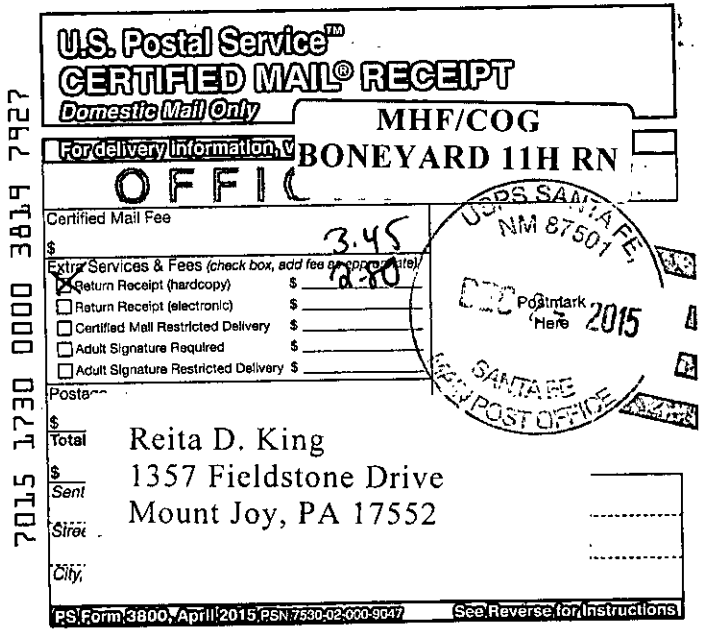
7015 1730 0000 3819 7941

RETURNED

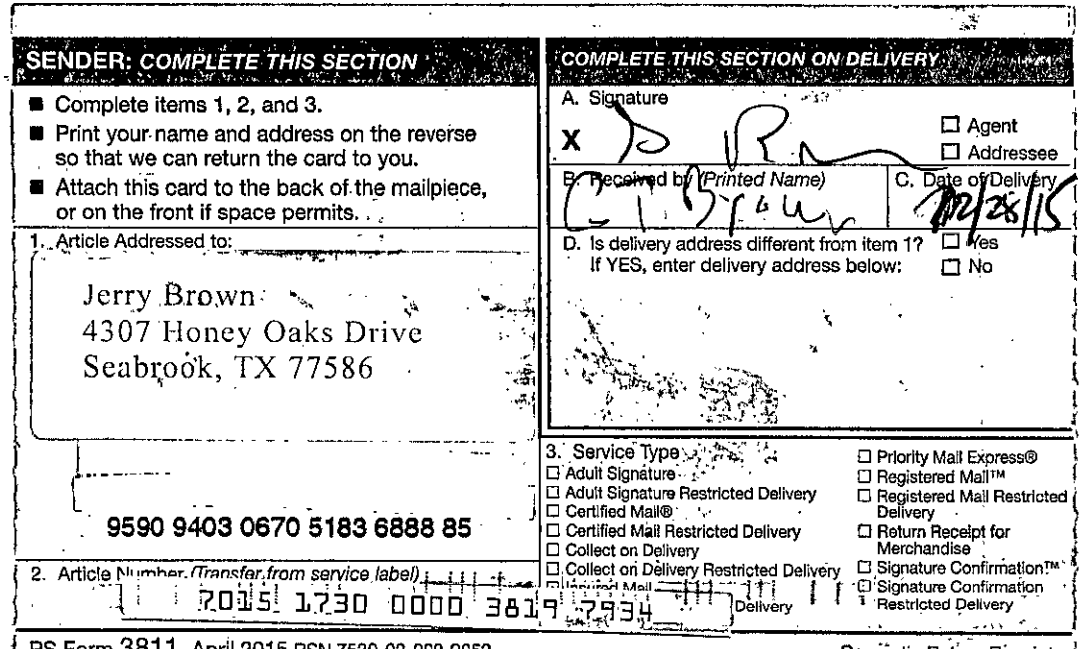
RETURNED



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, v
MHF/COG
BONEYARD 11H RN
OFFIC
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
City, State,
USPS SANTA FE NM 87501
DEC 24 Postmark Here
SANTA FE POST OFFICE
Jerry Brown
4307 Honey Oaks Drive
Seabrook, TX 77586
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions
7015 1730 0000 3819 7934



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, v
MHF/COG
BONEYARD 11H RN
OFFIC
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
City,
USPS SANTA FE NM 87501
DEC Postmark Here 2015
SANTA FE POST OFFICE
Reita D. King
1357 Fieldstone Drive
Mount Joy, PA 17552
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions
7015 1730 0000 3819 7927



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.

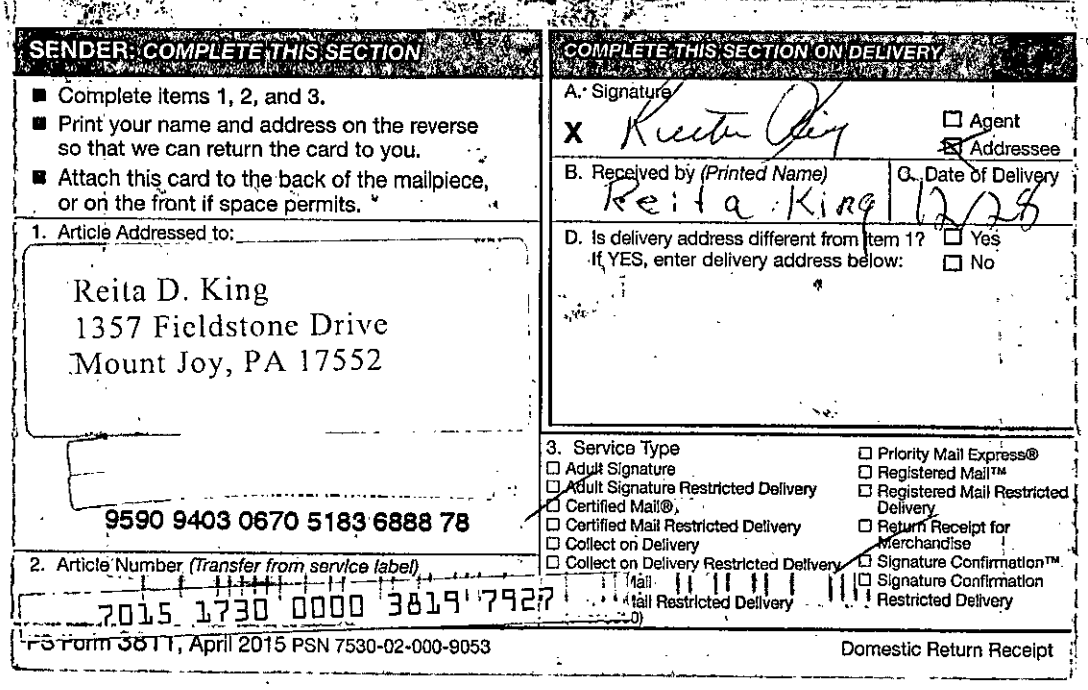
1. Article Addressed to:
Jerry Brown
4307 Honey Oaks Drive
Seabrook, TX 77586
9590 9403 0670 5183 6888 85

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7934

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery 12/28/15
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

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:
Reita D. King
1357 Fieldstone Drive
Mount Joy, PA 17552
9590 9403 0670 5183 6888 78

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7927

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Reita King
☐ Agent
☒ Addressee
B. Received by (Printed Name) Reita King
C. Date of Delivery 12/28
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

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

For delivery information, visit o

MHF/COG
BONEYARD 11H RN

OFFICI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$
Total Postage an
$
Sent To
Street and Apt. Nz
City, State, ZIP+4

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

Mary Willis
4215 Callicoatte Road
Corpus Christi, TX 78410

7015 1730 0000 3819 7910

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

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

For delivery information,

MHF/COG
BONEYARD 11H RN

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$
Total Posta
$
Sent To
Street and A
City, State,

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

Gary Tipton
13219 Strada Tuscano NE
Albuquerque, NM 87112

7015 1730 0000 3819 7903

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RETURN ADDRESS, FOLD AT DOT

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:

Mary Willis
4215 Callicoatte Road
Corpus Christi, TX 78410

9590 9403 0670 5183 6888 61

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7910

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) GARY WILLIS C. Date of Delivery 12-28-15

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

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:

Gary Tipton
13219 Strada Tuscano NE
Albuquerque, NM 87112

9590 9403 0670 5183 6888 54

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7903

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) GARY TIPTON C. Date of Delivery 12/28/15

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

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

7015 1730 0000 3819 7897

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

MHF/COG
BONEYARD 11H RN
OFFIC

For delivery information, visi

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Posti
$

Sent To
Donna F. Leach

Street and
4008 Tracy Street NE

City, State
Albuquerque, NM 87111

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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

7015 1730 0000 3819 7880

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

MHF/COG
BONEYARD 11H RN
OFFIC

For delivery information, vis

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Dwain Leach

Stre
956 Pepper Tree Lane

City,
Fallbrook, CA 92028

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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:

Donna F. Leach
4008 Tracy Street NE
Albuquerque, NM 87111

9590 9403 0670 5183 6888 47

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7897

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Leach
- [ ] 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
- [ ] Mail
- [ ] Mail Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] 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:

Dwain Leach
956 Pepper Tree Lane
Fallbrook, CA 92028

9590 9403 0670 5183 6888 30

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7880

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X June Leach
- [ ] Agent
- [ ] Addressee

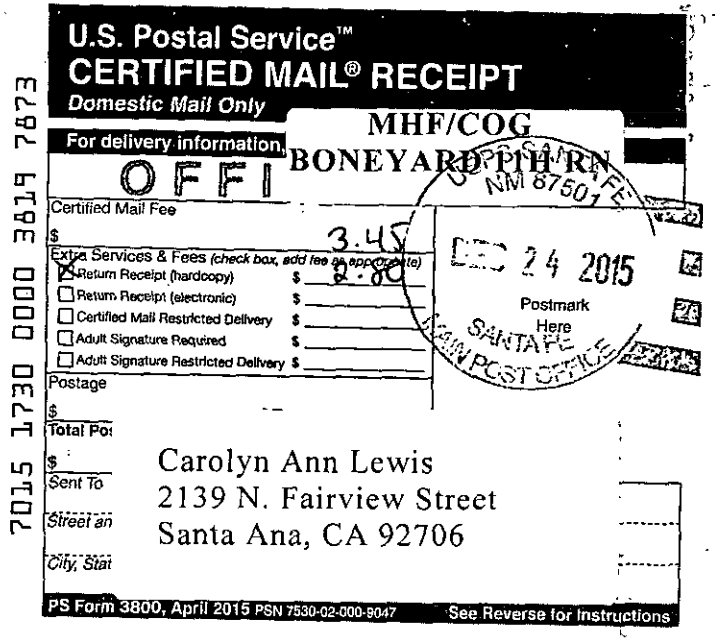
B. Received by (Printed Name)
June Leach

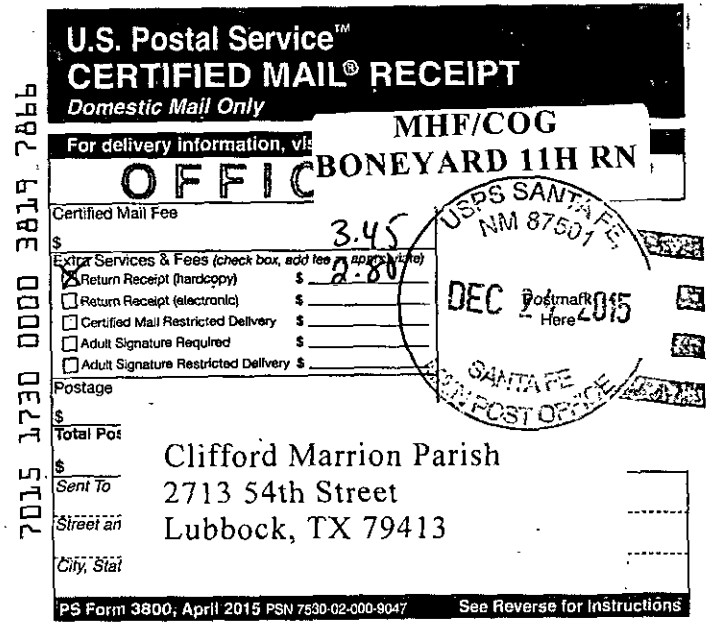
C. Date of Delivery

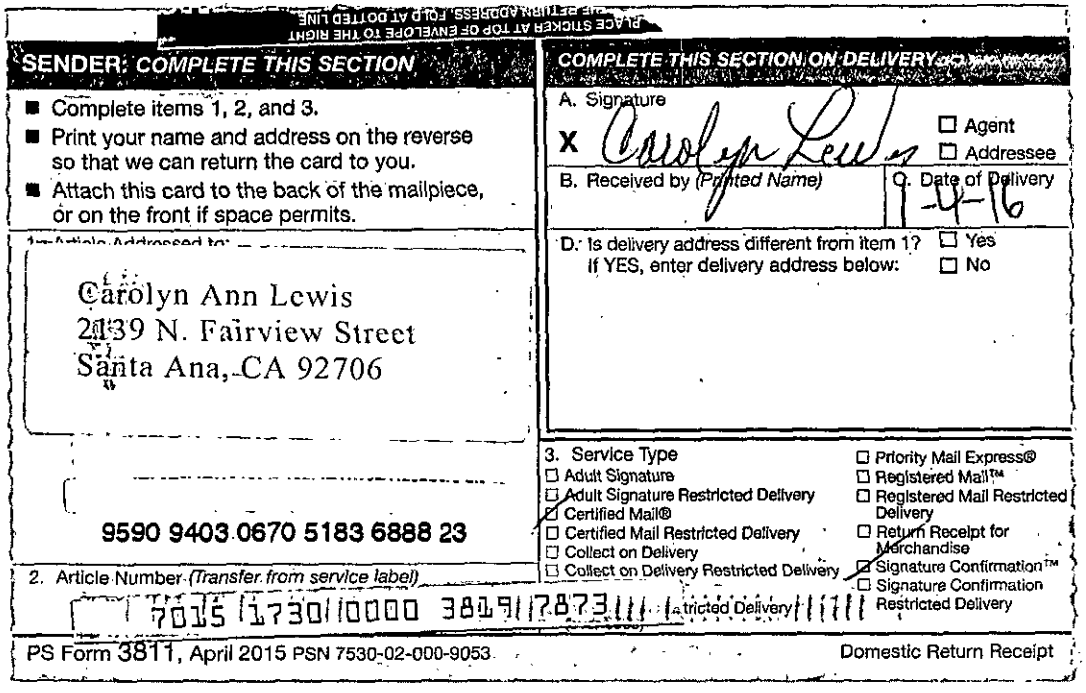
D. Is delivery address different from item 1? [ ] Yes
If YES, enter delivery address below: [ ] No

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [ ] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] 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


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
OFFICIAL USE
MHF/COG
BONEYARD 11TH RN
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 and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
Carolyn Ann Lewis
2139 N. Fairview Street
Santa Ana, CA 92706
USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1730 0000 3819 7873


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
OFFICIAL USE
MHF/COG
BONEYARD 11H RN
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 and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
Clifford Marrion Parish
2713 54th Street
Lubbock, TX 79413
USPS SANTA FE NM 87501
DEC 2015
Postmark Here
SANTA FE MAIN POST OFFICE
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1730 0000 3819 7866


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3.
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:
Carolyn Ann Lewis
2139 N. Fairview Street
Santa Ana, CA 92706
9590 9403 0670 5183 6888 23
2. Article Number (Transfer from service label)
7015 1730 0000 3819 7873
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Carolyn Lewis
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
9-4-16
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
Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053
Domestic Return Receipt

RETURNED

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

MHF/COG
BONEYARD 11H RN

For delivery information, vi
OFFIC

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
Stree
City,

USPS SANTA FE NM 87501
Postmark Here
DEC 14 2015
SANTA FE MAIN POST OFFICE

Bonnie E. Benson
5619 Charlotte Street
Kansas City, MO 64110

7015 1730 0000 3819 7859

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, FOLD 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:

Bonnie E. Benson
5619 Charlotte Street
Kansas City, MO 64110

9590 9403 0670 5183 6888 09

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7859

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie E Benson ☐ Agent ☒ Addressee

B. Received by (Printed Name) Bonnie E Benson
C. Date of Delivery JAN 15 2015

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

USPS KANSAS CITY MO 64137

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

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

MHF/COG
BONEYARD 11H RN

For delivery information,
OFFI

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
Stree
City,

USPS SANTA FE NM 87501
Postmark Here
DEC 14 2015
SANTA FE MAIN POST OFFICE

Richard W. Benson
100 SE 9 th Street, Apt. 606
Topeka, KS 66612

7015 1730 0000 3819 7842

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:

Richard W. Benson
100 SE 9 th Street, Apt. 606
Topeka, KS 66612

9590 9403 0670 5183 6887 93

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7842

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Richard Benson ☐ Agent ☒ Addressee

B. Received by (Printed Name) Richard Benson
C. Date of Delivery 1-6

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

Registered No. RB265971610US

Date Stamp USPS SANTA FE NM 87501 0500 19 DEC 24 2015 SANTA FE MAIN POST OFFICE

To Be Completed By Post Office

Reg. Fee	$1.20		
Handling Charge	$13.95	Return Receipt	
Postage	$3.85 $0.00	Restricted Delivery	
Received by	$0.00		$18.00

Customer Must Declare Full Value $0.00 NO 12/24/2015

Domestic Insurance up to $25,000 is included in the declared value. International indemnity is limited. (See Reverse).

SANTA FE NM 87501

OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed

FROM
Holland & Hart
PO Box 2208
Santa Fe NM
87501 USA 87504

TO
Catherine Connoly Trustee of the Catherine South Africa Trust a Revocable Trust under Agmt dtd 12-30-10
208 Esther Roberts Rd
Glenwood Durban, South AFRICA 4001

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
January 2014 (7530-02-000-9051) (See Information on Reverse).
For domestic delivery information, visit our website at www.usps.com®

Completed by the office of origin. (A remplir par le bureau d'origine.)

Item Description (Nature de l'envoi) ☒ Registered Article (Envoi recommandé) ☐ Letter (Lettre) ☐ Printed Matter (Imprimé) ☐ Other (Autre) ☐ Recorded Delivery (Envoi à livraison attestée) ☐ Express Mail International

☐ Insured Parcel (Colis avec valeur déclarée) | Insured Value (Valeur déclarée) | Article Number

Office of Mailing (Bureau de dépôt) | Date of Posting (Date de dépôt)

Addressee Name or Firm (Nom ou raison sociale du destinataire)
Catherine Connoly, Ethel

Street and No. (Rue et No.)
208 Esther Roberts Road

Place and Country (Localité et pays)
Glenwood, Durban, South Africa 4001

Completed at destination. (A compléter à destination.)

This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail.
(Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à expéditeur).

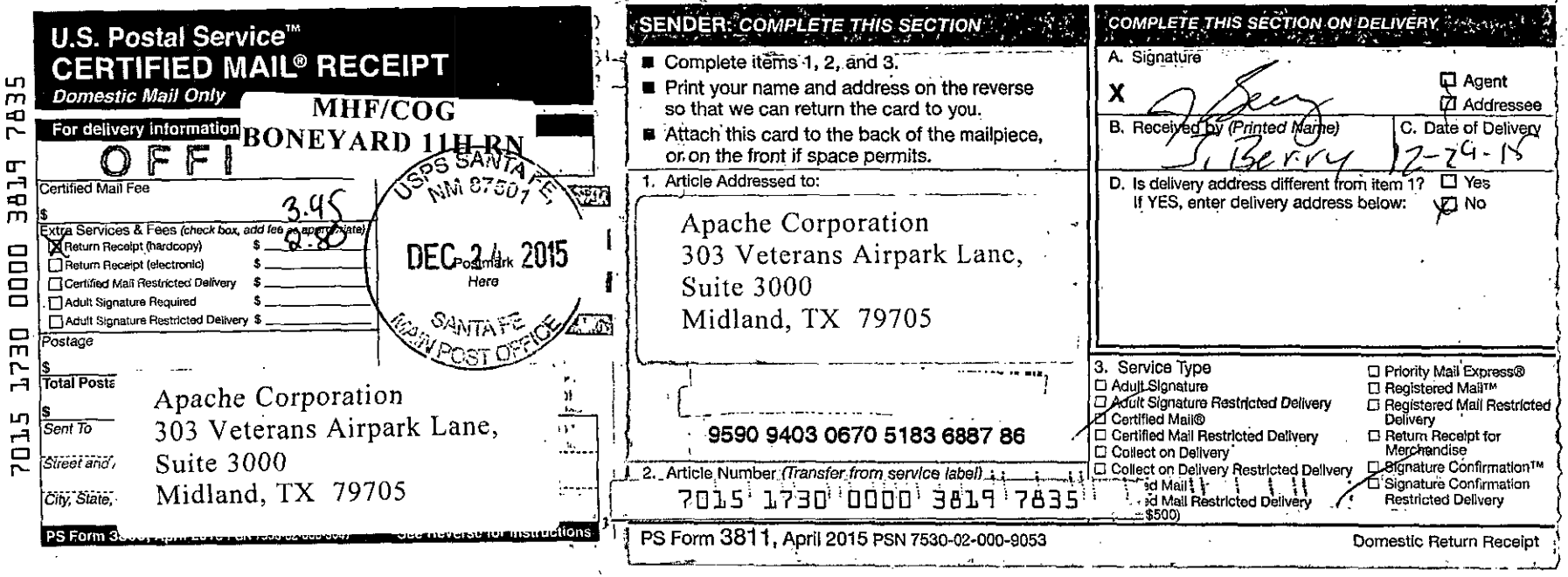
Postmark of Office of destination (Timbre du bureau de destination)

☐ The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.) Date 2015-12-26

Signature of Addressee (Signature du destinataire) C Connoly

Office of Destination Employee Signature (Signature de l'agent du bureau de destination)

PS Form 2865, February 1997 (Reverse)



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

For delivery information

MHF/COG
BONEYARD 11H-RN
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] 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 Corporation

Street and
303 Veterans Airpark Lane,
Suite 3000

City, State,
Midland, TX 79705

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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

7015 1730 0000 3819 7835

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:

Apache Corporation
303 Veterans Airpark Lane,
Suite 3000
Midland, TX 79705

9590 9403 0670 5183 6887 86

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7835

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name) S. Berry
C. Date of Delivery 12-24-15

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail
- [ ] Mail Restricted Delivery ($500)
- [ ] 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 9891

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/COG
BONEYARD 11H RN
OFFIC...

For delivery information, visit

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: Zanaida Ruth Griffin

Street: 2808 Abingdon Parkway

City: Birmingham, AL 35243

USPS SANTA FE NM 87501 DEC 24 2015 Postmark Here SANTA FE POST OFFICE

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

7015 1730 0000 3819 7828

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/COG
BONEYARD 11H RN
OFFIC...

For delivery information, v

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 Postag $

Sent To: Charles Lee Cole and Margaret K. Cole, Trustees under the Charles and Margaret Cole Living Trust dtd Charles Lee Cole individually and as Successor Trustee of the

Street and Ap: Oleta Mounts Cole Trust 3730 California Avenue

City, State, Z: Carmichael, CA 95608

USPS SANTA FE NM 87501 DEC 24 2015 Postmark Here SANTA FE POST OFFICE

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:

Zanaida Ruth Griffin
2808 Abingdon Parkway
Birmingham, AL 35243

9590 9403 0670 5183 6885 88

2. Article Number (Transfer from service label)
7015 1730 0000 3819 9891

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12-28-15

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
- ☐ Insured Mail 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

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

SENDER: COMPLETE THIS SECTION

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

Charles Lee Cole and Margaret K. Cole, Trustees under the Charles and Margaret Cole Living Trust dtd Charles Lee Cole individually and as Successor Trustee of the Oleta Mounts Cole Trust
3730 California Avenue
Carmichael, CA 95608

9590 9403 0670 5183 6887 79

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7828

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Charles Lee Cole
☐ Agent
☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
Charles Lee Cole 1/2/16

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

USPS CARMICHAEL CA JAN - 2 2016

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
- ☐ Insured Mail 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 7811

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

MHF/COG
BONEYARD 11H RN

For delivery information, v

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	
Sent	Chase Oil Corporation
Street	P.O. Box 1767
City,	Artesia, NM 88211

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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

7015 1730 0000 3819 7804

U.S. Postal Service™
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BONEYARD 11H RN

For delivery information, visit

OFFIC

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 Po	
Sent To	Cheryl Ann Currier
Street ar	PO Box 1813
City, Stat	Artesia, NM 88211-1813

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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, FOLD 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:

Chase Oil Corporation
P.O. Box 1767
Artesia, NM 88211

9590 9403 0670 5183 6887 62

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7811

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name)
KATHY BEAUREGARD

C. Date of Delivery
12-30

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
☐ Insured Mail	☐ Insured Mail Restricted Delivery (over $500)

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:

Cheryl Ann Currier
PO Box 1813
Artesia, NM 88211-1813

9590 9403 0670 5183 6887 55

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7804

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Lucy Brandon ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Lucy Brandon

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
☐ Insured Mail	☐ Insured Mail Restricted Delivery (over $500)

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

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OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.30
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To Chisos Ltd

Street and Apt. No., or PO Box No. 670 Dona Ana Road SW

City, State, ZIP+4® Deming, NM, 88030

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

USPS SANTA FE NM 87501
DEC 24 2015
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SANTA FE MAIN POST OFFICE

7015 1730 0000 3819 7798

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MHF/COG
BONEYARD 11H RN

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.30
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To Connacht, LLC

Street and Apt. No., or PO Box No. 9575 Katy Freeway Ste 440

City, State, ZIP+4® Houston, TX 77024

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

USPS SANTA FE NM 87501
DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

7015 1730 0000 3819 7781

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, NM, 88030

9590 9403 0670 5183 6887 48

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7798

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) [illegible]
C. Date of Delivery 12/28/15

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail
- [ ] Mail Restricted Delivery (00)
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] 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:

Connacht, LLC
9575 Katy Freeway Ste 440
Houston, TX 77024

9590 9403 0670 5183 6887 31

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7781

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name)
C. Date of Delivery 12/29/15

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

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BONEYARD 11H RN

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

OFFICIAL USE

Certified Mail Fee $3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Constance D. Connelly, Trustee of the Constance D. Connelly 2015 Rev Trust, dtd 3/6/15

Street and Apt. No.: 1014 Whispering Oak Ct.

City, State, ZIP+4®: Arlington, TX 76012

USPS SANTA FE NM 87501 DEC 24 2015 Postmark Here SANTA FE MAIN POST OFFICE

7015 1730 0000 3819 7774

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:

Constance D. Connelly, Trustee of the Constance D. Connelly 2015 Rev Trust, dtd 3/6/15
1014 Whispering Oak Ct.
Arlington, TX 76012

9590 9403 0670 5183 6887 24

2. Article Number (Transfer from service label) 7015 1730 0000 3819 7774

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 12-28-15

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

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BONEYARD 11H RN

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

OFFICIAL USE

Certified Mail Fee $3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Cross Border Resources
Street and Apt. No.: 2515 McKinney Ave Ste 900
City, State, ZIP+4®: Dallas, TX 75201

USPS SANTA FE NM 87501 DEC 24 2015 Postmark Here SANTA FE MAIN POST OFFICE

7015 1730 0000 3819 7767

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:

Cross Border Resources
2515 McKinney Ave Ste 900
Dallas, TX 75201

9590 9403 0670 5183 6887 17

2. Article Number (Transfer from service label) 7015 1730 0000 3819 7767

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 1/6/16

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

7015 1730 0000 3819 7750

U.S. Postal Service™
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For delivery information, v

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OFFI(

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City, S

D2 Resources, LLC
PO Box 10187
Midland, TX 79702

USPS SANTA FE, NM 87501
DEC 2 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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

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For delivery information

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BONEYARD 11H RN

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [X] 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
City, State

David N. Harris and Iris M. Harris as
Trustees of the David N. & Iris M. Harris
Living Trust dtd 10/16/09
2208 Falling Springs Lane
Yukon, OK 73099

USPS SANTA FE, NM 87501
DEC 2 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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:

D2 Resources, LLC
PO Box 10187
Midland, TX 79702

9590 9403 0670 5183 6887 00

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 7750

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x C Huggins
☐ Agent
☐ Addressee

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

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
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ 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:

David N. Harris and Iris M. Harris as
Trustees of the David N. & Iris M. Harris
Living Trust dtd 10/16/09
2208 Falling Springs Lane
Yukon, OK 73099

9590 9403 0670 5183 6886 94

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 7743

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

USPS YUKON OK DEC 28 2015

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ 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 7736

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BONEYARD 11H RN

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Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	2.30
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Po	

USPS SANTA FE NM 87501 Postmark Here DEC 24 2015 SANTA FE POST OFFICE

Sent To: David R. Woodson and Loretta M. Woodson,
Street a: Trustees of the David R. Woodson and
Loretta M. Woodson Living Trust dtd 1/4/99
20313 NE 89th Ave
City, St: Battleground, WA 98604

PS Form 3800, April 2015 ... ructions

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:

David R. Woodson and Loretta M. Woodson,
Trustees of the David R. Woodson and
Loretta M. Woodson Living Trust dtd 1/4/99
20313 NE 89th Ave
Battleground, WA 98604

9590 9403 0670 5183 6886 87

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7736

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Loretta Woodson ☐ Agent ☐ Addressee

B. Received by (Printed Name) L. Woodson C. Date of Delivery 12/24/15

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
☐ Insured Mail Restricted Delivery (over $500)
☐ 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 7729

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BONEYARD 11H RN

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Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	2.30
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Posta	

USPS SANTA FE NM 87501 Postmark Here DEC 24 2015 SANTA FE POST OFFICE

Sent To: DiaKan Minerals, LLC
Street and: PO Box 693
City, State, Artesia, NM 88211

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:

DiaKan Minerals, LLC
PO Box 693
Artesia, NM 88211

9590 9403 0670 5183 6886 70

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7729

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATHY BEAUREGARD C. Date of Delivery 12/30

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
☐ Insured Mail 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

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BONEYARD/THRN
SANTA FE NM 87501

DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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

Postage $
To
Edge Petroleum
PO Box 840133
Dallas, TX 75284-0133

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

7015 1730 0000 3819 7705

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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BONEYARD/THRN
SANTA FE NM 87501

DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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

Postage $
Total Postag $
Sent To
Street and A
City, State, Z
H.F. Investments, LLC
3018 S. High Street
Denver, CO 80210

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, FOLD 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:
Edge Petroleum
PO Box 840133
Dallas, TX 75284-0133

9590 9403 0670 5183 6886 63

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7712

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Billy Medlock
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) Billy Medlock
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
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail
- [ ] Mail Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [x] Return Receipt for Merchandise
- [ ] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
H.F. Investments, LLC
3018 S. High Street
Denver, CO 80210

9590 9403 0670 5183 6889 22

2. Article Number (Transfer from service label)
7015 1730 0000 3819 7705

COMPLETE THIS SECTION ON DELIVERY

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

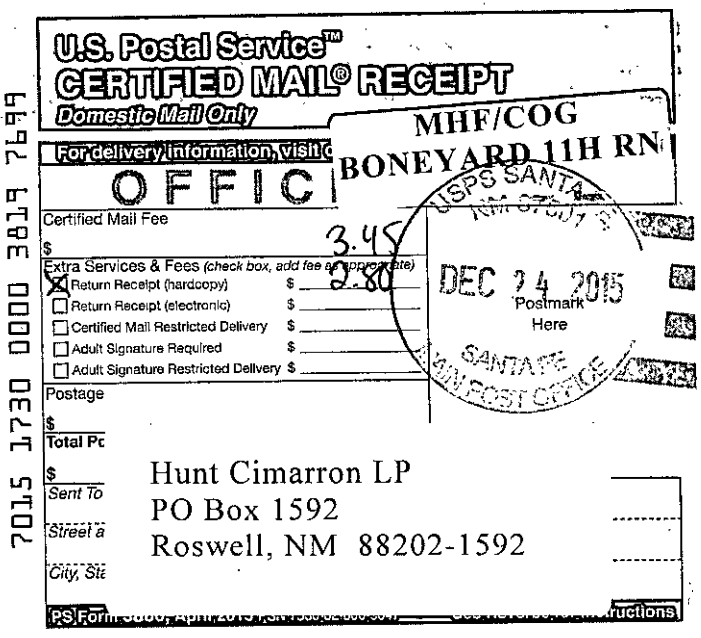
B. Received by (Printed Name)
C. Date of Delivery

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

DEC 28 2015

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail
- [ ] Mail Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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



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

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Hunt Cimarron LP
Street and Apt. No.: PO Box 1592
City, State, ZIP+4®: Roswell, NM 88202-1592

MHF/COG
BONEYARD 11H RN

USPS SANTA FE NM 87501
DEC 24 2015
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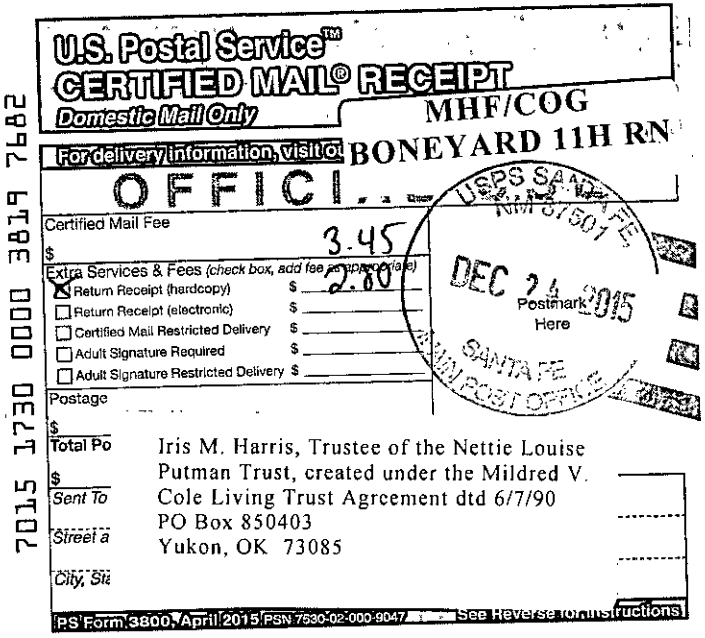
SANTA FE MAIN POST OFFICE

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

7015 1730 0000 3819 7699



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Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Iris M. Harris, Trustee of the Nettie Louise Putman Trust, created under the Mildred V. Cole Living Trust Agreement dtd 6/7/90
Street and Apt. No.: PO Box 850403
City, State, ZIP+4®: Yukon, OK 73085

MHF/COG
BONEYARD 11H RN

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DEC 24 2015
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 7682

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

SENDER: COMPLETE THIS SECTION

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

Hunt Cimarron LP
PO Box 1592
Roswell, NM 88202-1592

9590 9403 0670 5183 6889 15

2. Article Number (Transfer from service label) 7015 1730 0000 3819 7699

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janet Rowell
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) JANET ROWELL C. Date of Delivery 9/28/15

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

ROSWELL NM 88201 SEP 28 2015 USPS

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Insured Mail
- [ ] Insured Mail Restricted Delivery (over $500)
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [x] 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:

Iris M. Harris, Trustee of the Nettie Louise Putman Trust, created under the Mildred V. Cole Living Trust Agreement dtd 6/7/90
PO Box 850403
Yukon, OK 73085

9590 9403 0670 5183 6889 08

2. Article Number (Transfer from service label) 7015 1730 0000 3819 7682

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David M. Harris
- [ ] Agent
- [ ] Addressee

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

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

YUKON OK DEC 30 USPS

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Insured Mail
- [ ] Insured Mail Restricted Delivery (over $500)
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [x] 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 7675

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MHF/COG
BONEYARD 11H RN

For delivery information, vis
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USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

Postage
$
Total Posta
$
Sent To
Street and
City, State,

Janet M. Hanley
5422 Beaver Lodge Drive
Kingwood, TX 77345

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

7015 1730 0000 3819 8597

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MHF/COG
BONEYARD 11H RN

For delivery information,
OFFI

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

Postage
$
Total P
$
Sent T
Street
City, St

Laurence David Willard
11020 Mira Vista Place
Albuquerque, NM 87123

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:

Laurence David Willard
11020 Mira Vista Place
Albuquerque, NM 87123

"9590 9403 0670 5183 6889 46

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 8597

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by *(Printed Name)* LAURENCE D WILLARD
C. Date of Delivery 1/5/16

D. Is delivery address different from item 1? [x] 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
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

Restricted Delivery

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

7015 1730 0000 3819 8580

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BONEYARD 11H RN

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USPS SANTA FE NM 87501

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

DEC 24 2015 Postmark Here

SANTA FE MAIN POST OFFICE

Postage $

Total Posta $

Sent To Marshall & Winston, Inc.
Street and PO Box 50880
City, State, Midland, TX 79710-0880

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

7015 1730 0000 3819 8573

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MHF/COG
BONEYARD 11H RN

For delivery information, v
OFFIC

USPS SANTA FE NM 87501

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

DEC 24 2015 Postmark Here

SANTA FE MAIN POST OFFICE

Postage $

Total Postage $

Sent To McCombs Energy LLC
Street and Ap 5599 San Felipe Ste 1200
City, State, Zi Houston, TX 77056-2794

PS Form 380 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:

Marshall & Winston, Inc.
PO Box 50880
Midland, TX 79710-0880

9590 9403 0670 5183 6889 39

2. Article Number (Transfer from service label) 7015 1730 0000 3819 8580

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marsha Rice
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) CHARLES RICE
C. Date of Delivery 12/28/15

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
- [x] 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
- [x] 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:

McCombs Energy LLC
5599 San Felipe Ste 1200
Houston, TX 77056-2794

9590 9403 0670 5183 6884 34

2. Article Number (Transfer from service label) 7015 1730 0000 3819 8573

COMPLETE THIS SECTION ON DELIVERY

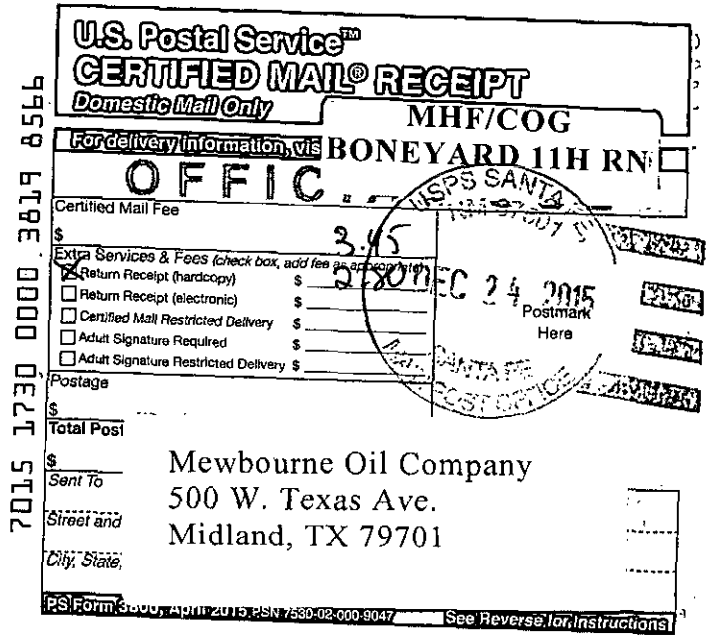
A. Signature
X SMcDonald
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name) SMcDonald
C. Date of Delivery 12/28/15

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
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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



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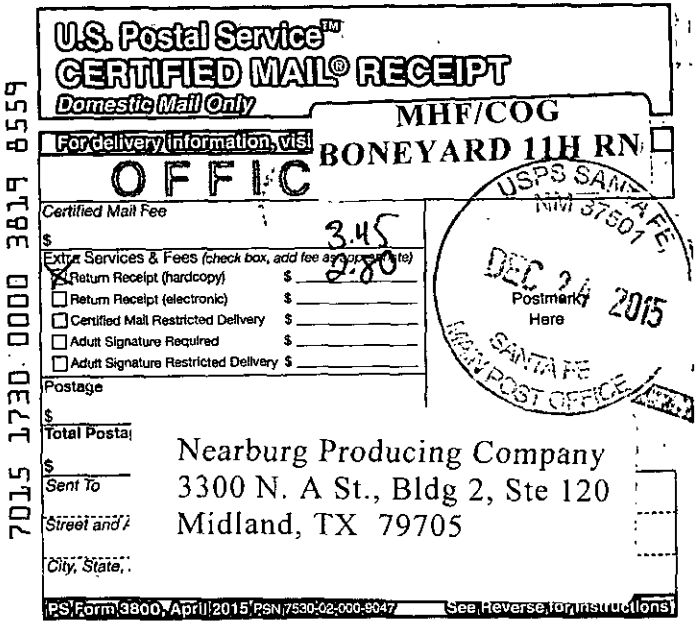
Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total Post $
Sent To
Street and
City, State,

Mewbourne Oil Company
500 W. Texas Ave.
Midland, TX 79701

7015 1730 0000 3819 8566

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



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BONEYARD 11H RN

USPS SANTA FE NM 87501
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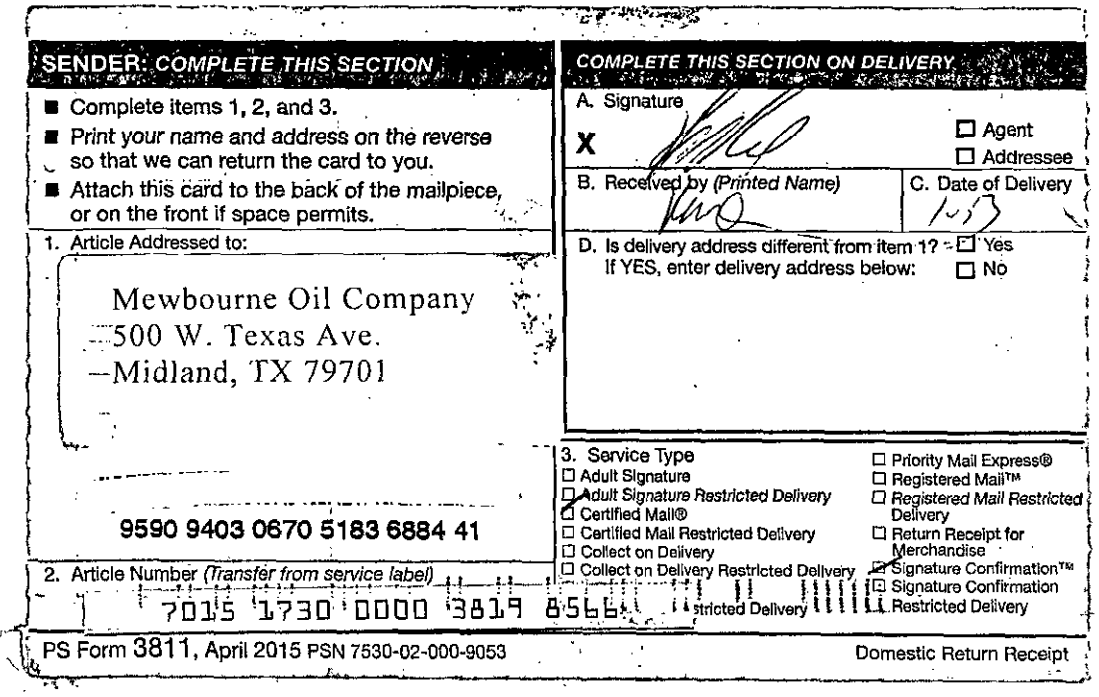
SANTA FE POST OFFICE

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 Postal $
Sent To
Street and
City, State,

Nearburg Producing Company
3300 N. A St., Bldg 2, Ste 120
Midland, TX 79705

7015 1730 0000 3819 8559

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:

Mewbourne Oil Company
500 W. Texas Ave.
Midland, TX 79701

9590 9403 0670 5183 6884 41

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8566

COMPLETE THIS SECTION ON DELIVERY

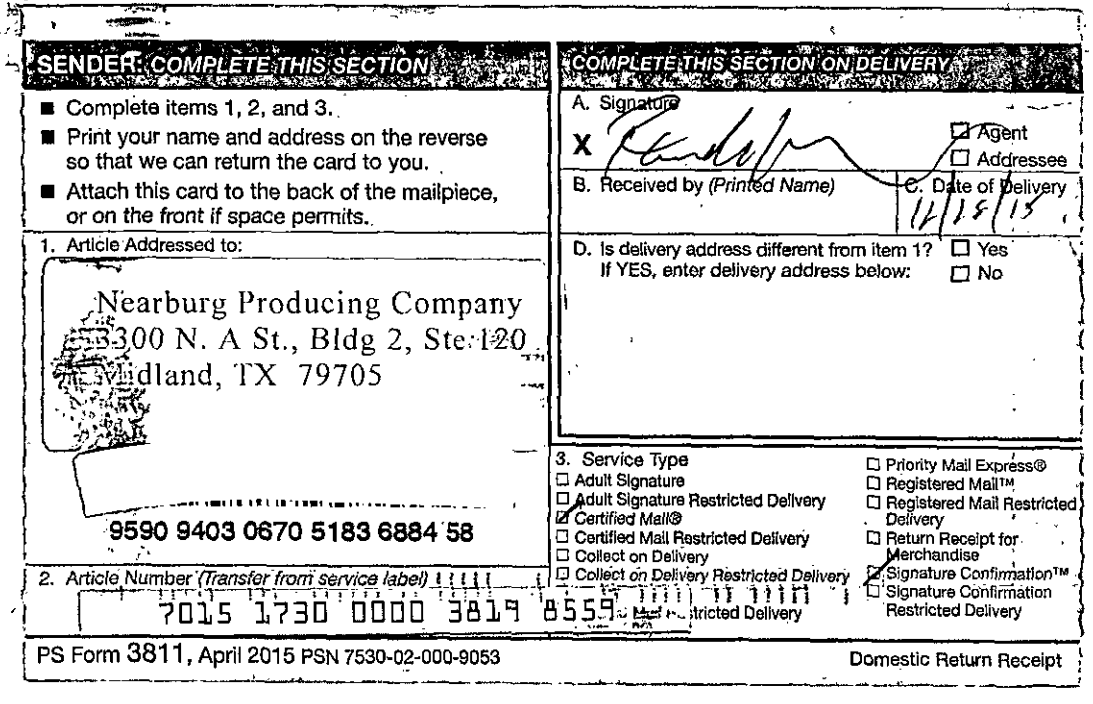
A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12/23

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:

Nearburg Producing Company
3300 N. A St., Bldg 2, Ste 120
Midland, TX 79705

9590 9403 0670 5183 6884 58

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8559

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ 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
☐ 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 8542

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BONEYARD 11H RN

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OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage $

Sent To: Partin Petroleum
Street and Apt. No.: PO Box 41070
City, State: Houston, TX 77241-1070

USPS SANTA FE NM 87501 DEC Postmark Here 2015 SANTA FE MAIN POST OFFICE

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

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Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage $

Sent To: Plains Production, Inc
Street and Apt. No.: 1601 SE 19th Street
City, State: Edmond, OK 73013

USPS SANTA FE NM 87501 DEC 24 2015 SANTA FE MAIN POST OFFICE Postmark Here

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:

Partin Petroleum
PO Box 41070
Houston, TX 77241-1070

9590 9403 0670 5183 6884 65

2. Article Number (Transfer from service label): 7015 1730 0000 3819 8542

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X E Davis ☑ Agent ☐ Addressee

B. Received by (Printed Name): E Davis
C. Date of Delivery: 12-30-15

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

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:

Plains Production, Inc
1601 SE 19th Street
Edmond, OK 73013

9590 9403 0670 5183 6884 72

2. Article Number: 7015 1730 0000 3820 0009

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mike Lenz ☑ Agent ☐ Addressee

B. Received by (Printed Name): M Lenz
C. Date of Delivery: 12/28/15

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

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

7015 1730 0000 3819 9990

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BONEYARD 11H RN

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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	Robert C. Chase
Street and	PO Box 297
City, State,	Artesia, NM 88211

DEC 24 2015
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SANTA FE MAIN POST OFFICE

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

7015 1730 0000 3819 9983

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BONEYARD 11H RN

For delivery information

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USPS SANTA FE NM 87501

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	Robert L. Aho and Sharon K. Aho
Street and Ap	2941 W. Rome Ave
City, State, Zi	Anaheim, CA 92804

DEC 24 2015
Postmark Here
SANTA FE MAIN POST OFFICE

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, FOLD 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:

Robert L. Aho and Sharon K. Aho
2941 W. Rome Ave
Anaheim, CA 92804

9590 9403 0670 5183 6884 96

2. Article Number (Transfer from service label)
7015 1730 0000 3819 9983

COMPLETE THIS SECTION ON DELIVERY

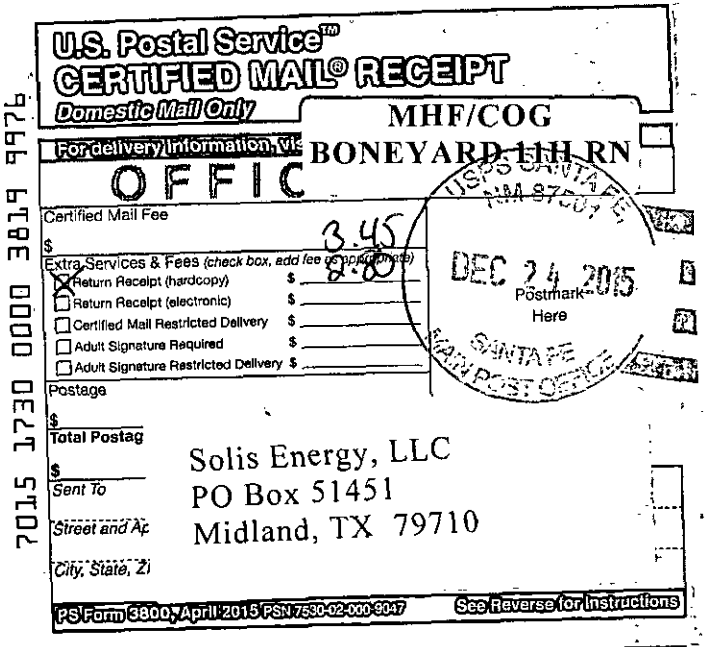
A. Signature
X R Aho ☐ Agent ☐ Addressee

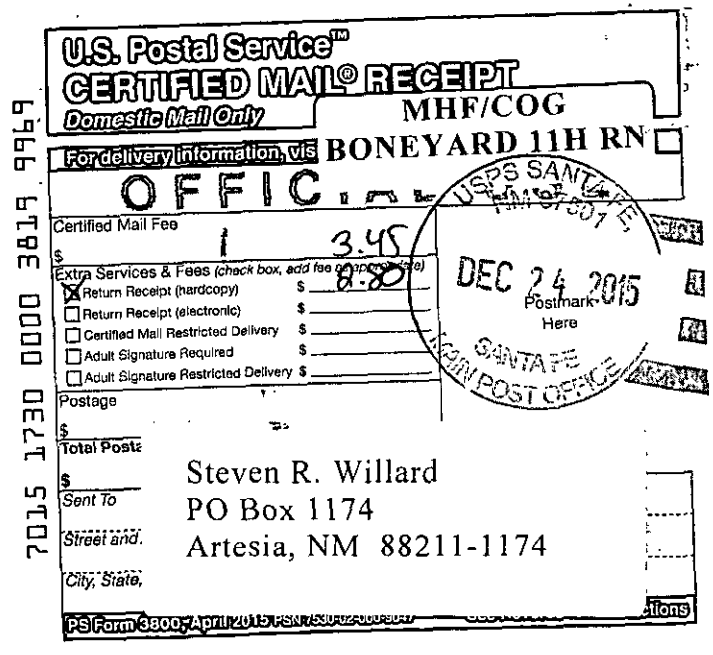
B. Received by (Printed Name) R Aho
C. Date of Delivery 12/28/15

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
☐ Insured Mail Restricted Delivery (over $500)
☐ 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





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

SENDER: COMPLETE THIS SECTION

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

Solis Energy, LLC
PO Box 51451
Midland, TX 79710

9590 9403 0670 5183 6885 02

2. Article Number (Transfer from service label) 7015 1730 0000 3819 9976

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Monica B. ☐ Agent ☐ Addressee

B. Received by (Printed Name) Monica B. 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

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

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

SENDER: COMPLETE THIS SECTION

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

Steven R. Willard
PO Box 1174
Artesia, NM 88211-1174

9590 9403 0670 5183 6885 19

2. Article Number (Transfer from service label) 7015 1730 0000 3819 9969

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Steve Willard ☐ Agent ☐ Addressee

B. Received by (Printed Name) Steve Willard C. Date of Delivery 12-30-15

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

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

7015 1730 0000 3819 9952

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visi

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MHF/COG
BONEYARD 11H RN

USPS SANTA FE NM 87501

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 Postag	
Sent To	Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson, Trustees of the Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson Rev Trust created 5/6/98
Street and A	PO Box 195
City, State, Z	Acton, CA 93510

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

7015 1730 0000 3819 9945

U.S. Postal Service™
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For delivery information, vi

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BONEYARD 11H RN

USPS SANTA FE NM 87501

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 Post	
Sent To	The Robert D. & Tawnya J. Cole Rev Living Trust
Street and	5414 70th Place
City, State,	Lubbock, TX 75711

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:

Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson, Trustees of the Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson Rev Trust created 5/6/98
PO Box 195
Acton, CA 93510

9590 9403 0670 5183 6885 26

2. Article Number (Transfer from service label)
7015 1730 0000 3819 9952

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X T.A. Woodson ☐ Agent ☒ Addressee

B. Received by (Printed Name) T.A. Woodson
C. Date of Delivery 12-30

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

ACTON CA 93510-9998
DEC 29 2015
USPS

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
☐ Restricted Delivery (over $500)
☐ 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:

The Robert D. & Tawnya J. Cole Rev Living Trust
5414 70th Place
Lubbock, TX 75711

9590 9403 0670 5183 6885 33

2. Article Number (Transfer from service label)
7015 1730 0000 3819 9945

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dayle Cole ☐ Agent ☒ Addressee

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

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

SINGER STATION LUBBOCK, TX
DEC 31 2015

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
☐ 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 9938

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USPS SANTA FE NM 87501

DEC 24 2015
Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage $

Sent To Thomas C. Woodson and Linda K. Woodson

Street and A 818 Del Mar Lane

City, State, Z Arlington, TX 76102

PS Form 38 ...ions

7015 1730 0000 3819 9921

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BONEYARD 11H RN

USPS SANTA FE NM 87501

DEC 24 2015
Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total P $

Sent T Ventana Minerals, LLC

Street PO Box 359

City, St Artesia, NM 88211

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, FOLD 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:

Ventana Minerals, LLC
PO Box 359
Artesia, NM 88211

9590 9403 0670 5183 6885 57

2. Article Number (Transfer from service label) 7015 1730 0000 3819 9921

COMPLETE THIS SECTION ON DELIVERY

A. Signature x Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATHY BEAUREGARD C. Date of Delivery 12-28

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
- ☐ Mail
- ☐ Mail Restricted Delivery ...00)
- ☐ 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 9914

U.S. Postal Service™
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BONEYARD 11H RN

For delivery information, visi
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Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

DEC 24 2015
Postmark Here
SANTA FE NM 87501 POST OFFICE

Postage
$
Total Posti
$
Sent To
Street and
City, State,

William J. Duncan
1414 Crownhill Drive
Arlington, TX 76012

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:

William J. Duncan
1414 Crownhill Drive
Arlington, TX 76012

9590 9403 0670 5183 6885 64

2. Article Number (Transfer from service label)
7015 1730 0000 3819 9914

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X WJ Duncan
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) WJ Duncan
C. Date of Delivery 12-28-15

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
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 9907

U.S. Postal Service™
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For delivery information, vis
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Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [X] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

DEC 24 2015
Postmark Here
USPS SANTA FE NM 87501 MAIN POST OFFICE

Postage
$
Total Pc
$
Sent To
Street a
City, Sti

William S. Woodson and Linda Kay Woodson, Trustees of the Willilam S. Woodson and Linda Kay Woodson Trust dtd 12/17/99
211 Dunes Street
Morro Bay, CA 93442

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:

William S. Woodson and Linda Kay Woodson, Trustees of the Willilam S. Woodson and Linda Kay Woodson Trust dtd 12/17/99
211 Dunes Street
Morro Bay, CA 93442

9590 9403 0670 5183 6885 71

2. Article Number (Transfer from service label)
7015 1730 0000 3819 9907

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
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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