

**BEFORE THE OIL CONVERSION
DIVISION**
Santa Fe, New Mexico
Exhibit No. 9
Submitted by: **COG OPERATING LLC.**
Hearing Date: May 25, 2016

HOLLAND & HART



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

May 6, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico.
Clydesdale 1 Fee No. 5H Well**

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 May 26, 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

Phone (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☎

**Jordan L. Kessler**
Associate**Phone** (505) 988-4421**Fax** (505) 983-6043

JLKessler@hollandhart.com

May 6, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**TO: OFFSETTING LESSEES AND OPERATORS**

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Clydesdale 1 Fee No. 5H Well

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 May 26, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Stuart Dirks, at (432) 685-4354 or SDirks@concho.com.

Sincerely,

Jordan L. Kessler

ATTORNEY FOR COG OPERATING LLC

**COG OPERATING LLC
CLYDESDALE 1 FEE NO. 5H WELL**

BOILED PARTIES:

Yates Petroleum Corp
MYCO Industries, Inc
Abo Petroleum Corp
105 South Fourth St
Artesia, NM 88210

Wolfcamp Title LLC
PO Box 2423
Roswell, NM 88202-2423

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

FLP Trafalgar II, LP
4000 E. Third Ave., Ste. 600
Foster City, CA 94404-4801

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Cimarex Energy Co.
600 N. Marienfeld, Ste. 600
Midland, TX 79701

Marshall & Winston, Inc.
Attn: Mr. Kevin Hammit
PO Box 50880
Midland, TX 79710

Elyse Saunders Patterson Trust
Investments LLC
5110 S. Yale Avenue, Suite 400
Tulsa, OK 74135

Good Earth Minerals, LLC
849 Broken Arrow
Roswell, NM 88201

Matlock Minerals Ltd. Co.
11101 Bermuda Dunes, NE
Albuquerque, NM 87111

Gayle Glass Roche
PO Box 50248
Austin, TX 78763

Toles-Com-Ltd.
PO Box 1300
Roswell, NM 88202

Jon F. Coll, II
7335 Walla Walla
San Antonio, TX 78250

Spirit Trail, LLC
PO Box 1818
Roswell, NM 88202

R.R. Hinkle Company, Inc.
PO Box 2292
Roswell, NM 88202

Beulah Williams
9309 Orlando Place, NE
Albuquerque, NM 87111

Tara Wilde
3607 Mockingbird Lane
Midwest City, OK 73110

Pat Shelton
5105 72nd Avenue, NE
Norman, OK 73026

Jim Wilde
3709 North Donald
Bethany, OK 73008

Eric J. Coll
PO Box 550
Roswell, NM 88202

Clarke C. Coll
PO Box 1818
Roswell, NM 88202

Empire Energy, LLC
70 Riverside
Roswell, NM 88201

Charles H. Coll
PO Box 1818
Roswell, NM 88202

Lou Ann Langford DeLisser
404 East 55th Street, Apt. 10B
New York, NY 10022

Gayle Elizabeth Langford
Turner
PO Box 2084
Alpine, TX 79831

Jefferson Milner Langford
PO Box 22205
Santa Fe, NM 87502

Robert Glass Langford
Route 3, Box 49
Lockhart, TX 78644

**COG OPERATING LLC
CLYDESDALE 1 FEE NO. 5H WELL**

■ Morris E. Schertz
PO Drawer 2588
Roswell, NM 88202

New State Gas, LLC
1213 West 3rd Street
Roswell, NM 88201

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, NM 87505

Artesia Oil & Gas LLC
PO Box 1768
Artesia, NM 88211

Mildred Gothard
PO Box 1322
Hobbs, NM 88240

Alison Claire Curry Sanders
PO Box 50327
Austin, TX 78763-0327

Yates Brothers, a Partnership
PO Box 1394
Artesia, NM 88211

Clifton Wilderspin
PO Box 50088
Midland, TX 79710

Casa Grande Royalty Co., Inc.
PO Box 2305
Midland, TX 79702

Kelly Dawn Coll
736 South Sixth Street
LaGrange, IL 60525

Gloria Scott Hill
3611 Hunter Pier
San Antonio, TX 78230

Larry L. Howe, Elizabeth Loggie, Katherine
Howe-Frilot and Kerwin Overby, as TTE of
the Howe Family Living Trust, as amended
by agreement dtd 2/13/13
7970 Fredericksburg Rd, Suite 101-93
San Antonio, TX 78229

Wells Fargo Bank, N.A., as TTE of the
Helen Chase Rand Trust
■ Phillips Highway, Suite 601B,
Building F
Jacksonville, FL 32207

Willie Faye Haraughty Riggs
4712 SE Kentucky
Bartlesville, OK 74006

B&B Haxel Family, LLC
3737 N. College
Bethany, OK 73008

Sally A. Ellis
771 Crecent Drive
Boulder, CO 80306

Max W. Coll, III
7625-2 El Centro Blvd.
Las Cruces, NM 88012

Alfred Foy Curry, IV
1016 Alta Loma Circle
San Angelo, TX 76901

Thomas E. Laughlin, Jr.
Testamentary Trust
2526 Micliff Blvd.
Houston, TX 77068

Grace Elizabeth Dean Black
401 Bayshore Drive
La Porte, TX 77571

Barbara Lee Dean Hendricks
3603 Greenleaf Drive
SanAntonio, TX 78218

Dean Corley Myane
PO Box 787
Blanco, TX 78606

John Donald Wesley Corley
312 Mountain Vista Dr.
Penhook, VA 24137

Ross M. Enyart
1015 Applewood Street
Klamath Falls, OR 97603

Susie D. McEvers
12408 SW 14th St
■ Overton, OR 97005

James Hayes Young, III
140 State HWY 19
Huntsville, TX 77340

Dennis Van Hees
FM 247 Rd
Huntsville, TX 77320

**COG OPERATING LLC
CLYDESDALE 1 FEE NO. 5H WELL**

Elizabeth Van Hees
Hollingsworth
1325 CR 180
Leander, TX 77230

Sharon Ann Henry Willaby
PO Box 303
Nevada, TX 75173

Barbara Sue Henry Williams
PO Box 303
Nevada, TX 75173

Jimmie Miriam Henry Dickens
125 Mockingbird Ln
Livingston, TX 77351

Diane Schirmacher Glanzer
2404 Heritage Drive
Opelika, AL 36804

Anna K. Schirmacher Pruess
7053 Old Mill Creek
Brenham, TX 77733

Michael G. Schirmacher
1000 New Jersey Ave. SE, Unit 101
Washington, DC 20003

Mary Catherine Henry Chennault
2612 FM 859
Edgewood, TX 75117

Ronald Edgar Ham
1906 Cypress Point East
Austin, TX 78746

David Henry Ham
201 Dunkeld
Spicewood, TX 78669

Alma Bernice Henry Coleman
228 Elmwood Street
Huntsville, TX 77320

Nancy Jane Henry Oliver
PO Box 214
Riverside, TX 77367

Christine Henry Sivcoski
Box 17321
New Waverly, TX 77358

John Cary Riggs
954 CR 664
Devine, TX 78016

Harold P. Plocek
PO Box 1476
Bandera, TX 78003

Robert Bruce Anderson
PO Box 1000
Roswell, NM 88202

Robert B. Anderson
6404 Zapateco NW
Albuquerque, NM 87015

William Phelps Anderson
PO Box 1000
Roswell, NM 88202

Barbara Kryder
PO Box 1000
Roswell, NM 88202

James R. Swope
1832 Mountain Laurel Drive
Kerrville, TX 78028

Cydney McDonald, and spouse
if applicable
424 Brady Lane
Austin, TX 78746

Jack Scott McDonald, and
spouse if applicable
1110 College Avenue
Snyder, TX 79549

Jan Alice Herrstrom
3333 Castle
Waco, TX 76710

George Scott Cranford
2009 Hubbard Court
Villa Rica, GA 30180

Twin Oaks Petroleum LLC
1201 Front Avenue, Unit 416
Cumby, GA 31901

Ray Hall Beck, and spouse if
applicable
3509 Dominion Ridge Circle
San Angelo, TX 76904

B&G Royalties
PO Box 376
Artesia, NM 88211-0376

**COG OPERATING LLC
CLYDESDALE 1 FEE NO. 5H WELL**

● Ottilo Production
1705 W. Washington
Artesia, NM 88210

Van Winkle Family LLC
605 W. McCune
Roswell, NM 88203

David Harper
2417 Cero Road
Artesia, NM 88210

Juanel Harper
1207 West Centre Ave.
Artesia, NM 88210

Jami Harl
2485 East 54th
Tulsa, OK 74105

James Carson
1323 Tudor Street
Lowell, AR 72745

Terry Owen
13011 Royal George Ave.
Odessa, FL 33556

Eddie M. Mahfood
133 Fulton Place
Portland, TX 78374

Valerie Ann Mahfood, and
spouse if applicable
133 Fulton Place
Portland, TX 78374

OFFSET OWNERS:

Yates Petroleum Corp
MYCO Industries, Inc
Abo Petroleum Corp
105 South Fourth St
● Artesia, NM 88210

Argo Energy Partners Ltd
PO Box 1808
Corsicana, TX 75151-1808

Charles B. Read
PO Box 1518
Roswell, NM 88202

Cimarex Energy Co.
600 N. Marienfeld, Ste. 600
Midland, TX 79701

DES Acquisition LLC
9331 Wickford
Houston, TX 77024-3637

DHA, LLC
500 West Wall Street, Suite
300
Midland, TX 79701

Dugan Production Corporation
709 E. Murray Dr.
Farmington, NM 87401

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

Explorers Petroleum
Corporation
PO Box 1933
Roswell, NM 88202-1933

FLP Trafalgar II, LP
4000 E. Third Ave., Ste. 600
Foster City, CA 94404-4801

"Harvey E. Yates Company
Security Natinal Bank Building
Suite 1000
Roswell, NM 88201

Jalapeno Corporation
PO Box 1608
Albuquerque, NM 87103

Jo Ann Yates
257 North 26th Street
Artesia, NM 88210

John A. Yates
207 South 4th Street
Artesia, NM 88210

John A. Yates, Trustee of Trust
Q
105 South 4th Street
Artesia, NM 88210

● Los Chicos
105 South Fourth Street
Artesia, NM 88210

Marigold LLLP
PO Box 1290
Artesia, NM 88211

Mark Wilson Family
Partnership, LP
4501 Green Tree Boulevard
Midland, TX 79707

**COG OPERATING LLC
CLYDESDALE 1 FEE NO. 5H WELL**

Don-Smith Oil Properties Ltd
2505 Lakeview
Amarillo, TX 79109

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Rio Pecos Corp
4501 Green Tree Boulevard
Midland, TX 79707

Santo Legado LLLP
PO Box 1020
Artesia, NM 88211

Sharbro Energy, LLC
PO Box 840
Artesia, NM 88211

Spiral, Inc.
PO Box 1933
Roswell, NM 88201

Tulipan LLC
PO Box 1020
Artesia, NM 88211

Wolfcamp Title LLC
PO Box 2423
Roswell, NM 88202-2423

Yates Energy Corporation
PO Box 2323
Roswell, NM 88202-2323

Yates Industries LLC
PO Box 1091
Artesia, NM 88211

7015 1730 0000 3819 5015

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

For delivery information, visit **OFFICIAL**

MHF/COG
 CLYDESDALE 5H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.70

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

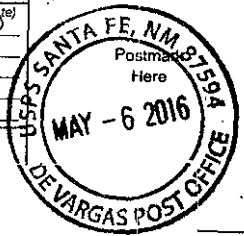
☐ Adult Signature Restricted Delivery \$

Postage \$

Total P \$

Sent To: Yates Petroleum Corp
 MYCO Industries, Inc
 Street: Abo Petroleum Corp
 105 South Fourth St
 City, St: Artesia, NM 88210

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corp
 MYCO Industries, Inc
 Abo Petroleum Corp
 105 South Fourth St
 Artesia, NM 88210

9590 9401 0128 5225 9688 32

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5015

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature]

C. Date of Delivery 5/9/16

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
- ☒ 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

7015 1730 0000 3819 5535

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MHF/COG
 CLYDESDALE 5H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.70

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

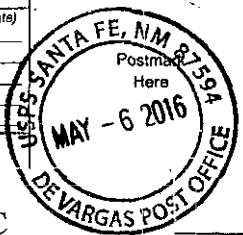
☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To: Wolfcamp Title LLC
 PO Box 2423
 Street: Roswell, NM 88202-2423
 City, St: Roswell, NM 88202-2423

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wolfcamp Title LLC
 PO Box 2423
 Roswell, NM 88202-2423

9590 9401 0132 5225 4684 96

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5535

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Michael S. Richardson

C. Date of Delivery 5-9-16

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
- ☒ 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

7015 1730 0000 3819 8528

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

For delivery information, visit **MHF/COG**
OFFICE **CLYDESDALE 5H**

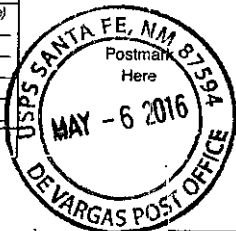
Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.50
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

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



7015 1730 0000 3819 8511

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

For delivery information, visit **MHF/COG**
OFFICE **CLYDESDALE 5H**

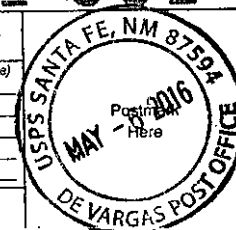
Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.50
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____

FLP Trafalgar II, LP
4000 E. Third Ave., Ste. 600
Foster City, CA 94404-4801

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:
ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name) **EMILY VICKERS** C. Date of Delivery **MM/YY** **5/5**

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

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

PS Form 3811, July 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:
FLP Trafalgar II, LP
4000 E. Third Ave., Ste. 600
Foster City, CA 94404-4801

2. Article Number (Transfer from service label)
7015 1730 0000 3819 8511

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name) **FLP** C. Date of Delivery **MM/YY** **5/11**

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

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

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

7015 1730 0000 3819 8504

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

For delivery information, visit **OFFIC**

MHF/COG
CLYDESDALE 5H

Certified Mail Fee \$ 3.85

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 \$

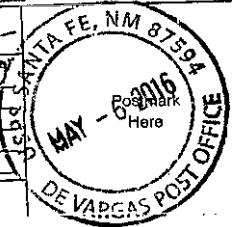
Sent To

Street and

City, State

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

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:

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

9590 9401 0132 5225 4685 26

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8504

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

BEAN

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 1730 0000 3819 8498

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

For delivery information, visit **OFFIC**

MHF/COG
CLYDESDALE 5H

Certified Mail Fee \$ 3.85

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 \$

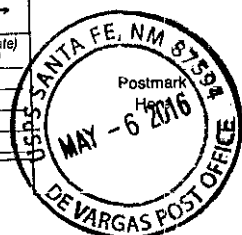
Sent To

Street and

City, State

Cimarex Energy Co.
 600 N. Marienfeld, Ste. 600
 Midland, TX 79701

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:

Cimarex Energy Co.
 600 N. Marienfeld, Ste. 600
 Midland, TX 79701

9590 9401 0132 5225 4685 33

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8498

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sadil Garcia

C. Date of Delivery

5-12-16

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

3. Service Type

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

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

Domestic Return Receipt

7015 1730 0000 3819 8481

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

For delivery information, visit **OFFICIAL**

MHF/COG
 CLYDESDALE 5H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.10
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$

Total P
 \$

Sent To
 Marshall & Winston, Inc.
 Attn: Mr. Kevin Hammit
 PO Box 50880
 Midland, TX 79710

City, State
 Midland, TX 79710

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:

Marshall & Winston, Inc.
 Attn: Mr. Kevin Hammit
 PO Box 50880
 Midland, TX 79710

9590 9401 0132 5225 4685 40

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8481

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Tina Foss

C. Date of Delivery

5/11/16

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes
☐ 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

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:

Elyse Saunders Patterson Trust
 Investments LLC
 5110 S. Yale Avenue, Suite 400
 Tulsa, OK 74135

9590 9401 0132 5225 4685 57

2. Article Number (Transfer from service label)

7015 1730 0000 3819 8474

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Elyse Patterson

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes
☐ 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

7015 1730 0000 3819 8474

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

For delivery information, visit **OFFICIAL**

MHF/COG
 CLYDESDALE 5H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.10
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$

Total Post
 \$

Sent To
 Elyse Saunders Patterson Trust
 Investments LLC
 5110 S. Yale Avenue, Suite 400
 Tulsa, OK 74135

City, State
 Tulsa, OK 74135

PS Form 3800, April 2015 PSN 7530-02-000-9047 See reverse for instructions



Domestic Return Receipt

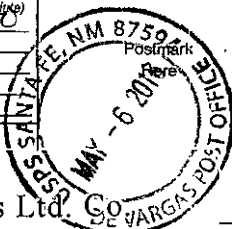
7015 1730 0000 3819 8467

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit MHF/COG	
OFFICIAL CLYDESDALE 5H	
Certified Mail Fee	\$ <u>3.45</u>
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$
Good Earth Minerals, LLC 849 Broken Arrow Roswell, NM 88201	
for instructions	



7015 1730 0000 3819 8450

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit MHF/COG	
OFFICIAL CLYDESDALE 5H	
Certified Mail Fee	\$ <u>3.45</u>
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$
Total Price	\$
Matlock Minerals Ltd. 11101 Bermuda Dunes, NE Albuquerque, NM 87111	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions	



RETURNED

7015 1730 0000 3819 5107

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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
 Street
 City, S

Gayle Glass Roche
 PO Box 50248
 Austin, TX 78763

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

Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE
 SANTA FE, NM 87594

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:
 Gayle Glass Roche
 PO Box 50248
 Austin, TX 78763

2. Article Number (Transfer from service label)
 9590 9401 0132 5225 4681 13

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mike Roche* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 Mike Roche

C. Date of Delivery
 5/9/16

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

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

7015 1730 0000 3819 5107

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

7015 1730 0000 3819 5091

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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
 Street
 City, S

Toles-Com-Ltd.
 PO Box 1300
 Roswell, NM 88202

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

Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE
 SANTA FE, NM 87594

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:
 Toles-Com-Ltd.
 PO Box 1300
 Roswell, NM 88202

2. Article Number (Transfer from service label)
 9590 9401 0132 5225 4681 20

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *R. Myrlene Chance* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 R. Myrlene Chance

C. Date of Delivery
 5/9/16

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

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

7015 1730 0000 3819 5091

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

7015 1730 0000 3819 5084

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

Certified Mail Fee
 \$ 3.85

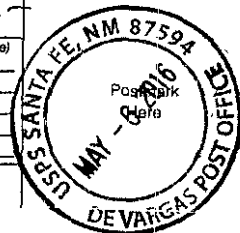
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage \$

Sent To
 Street or
 City, State

Jon F. Coll, II
 7335 Walla Walla
 San Antonio, TX 78250

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



7015 1730 0000 3819 5077

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

Certified Mail Fee
 \$ 3.85

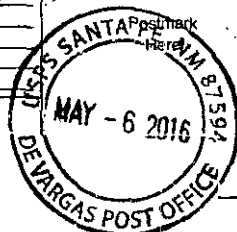
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$
 Total Postage \$

Sent To
 Street or
 City, State

Spirit Trail, LLC
 PO Box 1818
 Roswell, NM 88202

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:

Spirit Trail, LLC
 PO Box 1818
 Roswell, NM 88202

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5077

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☒ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature] ☒ Date of Delivery
 5/10/16

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

3. Service Type

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

(over \$500)

Domestic Return Receipt

0905 6189 0000 3819 5060

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

For delivery information, visit **OFFICIAL** **MHF/COG** **CLYDESDALE 5H**

Certified Mail Fee
 \$ 345

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 280
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____
 Total \$ _____

R.R. Hinkle Company, Inc.
 PO Box 2292
 Roswell, NM 88202

USPS SANTA FE, NM 87594
 Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE

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

0905 6189 0000 3819 5060

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

For delivery information, visit **OFFICIAL** **MHF/COG** **CLYDESDALE 5H**

Certified Mail Fee
 \$ 345

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 280
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____
 Total \$ _____

Beulah Williams
 9309 Orlando Place, NE.
 Albuquerque, NM 87111

USPS SANTA FE, NM 87594
 Postmark Here
 MAY - 6 2016
 DE VARGAS 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:
 R.R. Hinkle Company, Inc.
 PO Box 2292
 Roswell, NM 88202

2. Article Number (Transfer from service label)
 9590 9401 0132 5225 4681 51
 7015 1730 0000 3819 5060

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] 288 6 PM
☐ Agent ☐ Addressee

B. Received by (Printed Name)
Ann Moody Date of Delivery 5/6/2016

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

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

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

7015 1730 0000 3819 5046

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/COG**
 For delivery information, visit **CLYDESDALE 5H**
OFFICE

Certified Mail Fee
 \$ 3.85

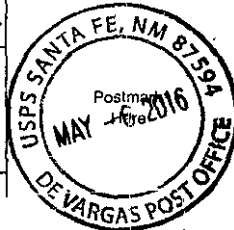
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____
Total P.
 \$ _____

Sent To
 Street a
 City, Sta

Tara Wilde
 3607 Mockingbird Lane
 Midwest City, OK 73110

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



RETURNED

7015 1730 0000 3819 5039

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/COG**
 For delivery information, visit **CLYDESDALE 5H**
OFFICE

Certified Mail Fee
 \$ 3.85

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

Postage
 \$ _____
Total P.
 \$ _____

Sent To
 Street a
 City, Sta

Pat Shelton
 5105 72nd Avenue, NE
 Norman, OK 73026

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



RETURNED

7015 1730 0000 3819 5022

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

For delivery information, visit **OFFICIAL USE**

MHF/COG
CLYDESDALE 5H

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 **Jim Wilde**

Street **3709 North Donald**

City **Bethany, OK 73008**

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

USPS SANTA FE, NM 87594
 Postmark Here
MAY - 6 2016
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

Jim Wilde
3709 North Donald
Bethany, OK 73008

9590 9403 1012 5271 2643 58

2. Article Number (Transfer from sender label)

7015 1730 0000 3819 5022

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **JIM WILDE**

C. Date of Delivery **MAY 13 2016**

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☒ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 5008

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

For delivery information, visit **OFFICIAL USE**

MHF/COG
CLYDESDALE 5H

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 **Eric J. Coll**

Street **PO Box 550**

City **Roswell, NM 88202**

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

USPS SANTA FE, NM 87594
 Postmark Here
MAY - 6 2016
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

Eric J. Coll
PO Box 550
Roswell, NM 88202

9590 9403 1012 5271 2643 41

2. Article Number (Transfer from sender label)

7015 1730 0000 3819 5008

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Eric J. Coll**

C. Date of Delivery **MAY 13 2016**

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☒ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 5206

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

For delivery information, visit **OFFICIAL** **MHF/COG** **CLYDESDALE 5H**

Certified Mail Fee \$ 3.45

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

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

Postage \$

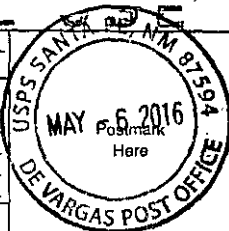
Total P \$

Sent To **Clarke C. Coll**

Street **PO Box 1818**

City, St **Roswell, NM 88202**

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Clarke C. Coll
PO Box 1818
Roswell, NM 88202

9590 9403 1012 5271 2643 34

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5206

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **Clarke C. Coll** C. Date of Delivery **5/10/16**

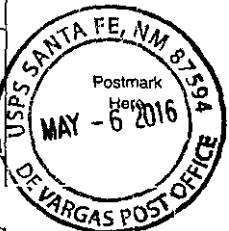
D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

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

(over \$500)

Domestic Return Receipt



7015 1730 0000 3819 5190

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

For delivery information, visit **OFFICIAL** **MHF/COG** **CLYDESDALE 5H**

Certified Mail Fee \$ 3.45

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

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

Postage \$

Total I \$

Sent To **Empire Energy, LLC**

Street **70 Riverside**

City, St **Roswell, NM 88201**

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

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Empire Energy, LLC
70 Riverside
Roswell, NM 88201

9590 9403 1012 5271 2643 27

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5190

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **MacBor Fulle** C. Date of Delivery **5/10/16**

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

3. Service Type

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

Domestic Return Receipt

7015 1730 0000 3819 5183

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

For delivery information, visit **MHF/COG**
OFFICIAL CLYDESDALE 5H

Certified Mail Fee \$ 3.45

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

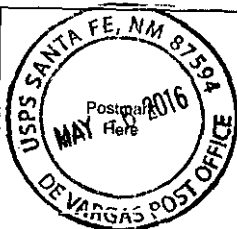
☒ Return Receipt (hardcopy)	\$ <u>2.10</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total \$

Sent To Charles H. Coll
PO Box 1818
Roswell, NM 88202

PS Form 3811, July 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:

Charles H. Coll
PO Box 1818
Roswell, NM 88202

2. Article Number (Transfer from service label)

9590 9403 1012 5271 2643 10

3. Service Type

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]

B. Received by (Printed Name) [Signature]

C. Date of Delivery 5/16/16

D. Is delivery address different from item 1? ☐ Yes ☒ No

7015 1730 0000 3819 5176

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

For delivery information, visit **MHF/COG**
OFFICIAL CLYDESDALE 5H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy)	\$ <u>2.10</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$

Total \$

Sent To Lou Ann Langford DeLisser
404 East 55th Street, Apt. 10B
New York, NY 10022

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



RETURNED

7015 1730 0000 3819 5152

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

For delivery information, visit **OFFICIAL**

MHF/COG
CLYDESDALE 5H

Certified Mail Fee \$ 3.85

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 \$

Postmark Here
MAY - 6 2016
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE

Gayle Elizabeth Langford
Turner
PO Box 2084
Alpine, TX 79831

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

7015 1730 0000 3819 5152

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

For delivery information, visit **OFFICIAL**

MHF/COG
CLYDESDALE 5H

Certified Mail Fee \$ 3.85

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 \$

Postmark Here
MAY - 6 2016
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE

Jefferson Milner Langford
PO Box 22205
Santa Fe, NM 87502

PS Form 3811, 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:

Jefferson Milner Langford
PO Box 22205
Santa Fe, NM 87502

9590 9403 1012 5271 2642 80

2. Article Number (Transfer from certified mail)

7015 1730 0000 3819 5152

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **Jefferson Milner Langford**

C. Date of Delivery **MAY 10 2016**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® 7505-9998 ☐ 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

(over \$500)

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

7015 1730 0000 3819 5145

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

For delivery information, visit

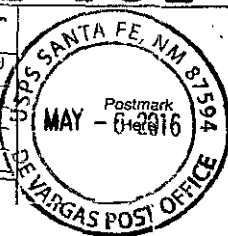
**MHF/COG
CLYDESDALE 5H**

OFFICIAL USE

Certified Mail Fee

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

Postage

 Robert Glass Langford
 Route 3, Box 49
 Lockhart, TX 78644


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, visit

**MHF/COG
CLYDESDALE 5H**

OFFICIAL USE

Certified Mail Fee

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

Postage

Total Postage

Sent To

Street and

City, State

 Morris E. Schertz
 PO Drawer 2588
 Roswell, NM 88202


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

See Reverse for Instructions

7015 1730 0000 3819 5138

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 Glass Langford
 Route 3, Box 49
 Lockhart, TX 78644

9590 9403 1012 5271 2642 73

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5145

PS Form 3811, July 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:

 Morris E. Schertz
 PO Drawer 2588
 Roswell, NM 88202

9590 9403 1012 5271 2642 66

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5138

PS Form 3811, July 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

 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 |

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 | ☐ 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 |

7015 1730 0000 3819 5121

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

For delivery information, visit **MHF/COG**
OFFIC CLYDESDALE 5H

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 \$

New State Gas, LLC
 1213 West 3rd Street
 Roswell, NM 88201

USPS SANTA FE, NM 87504
 MAY - 6 2016
 DENVER GAS 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:

New State Gas, LLC
 1213 West 3rd Street
 Roswell, NM 88201

9590 9403 1012 5271 2642 59

2. Article Number (Transfer from mailpiece)

7015 1730 0000 3819 5121

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Rodriguez, N. [Signature]

C. Date of Delivery MAY 6 2016

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

3. Service Type

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

(over \$500)

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

7015 1730 0000 3819 5114

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

For delivery information, visit **MHF/COG**
OFFIC CLYDESDALE 5H

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 \$

Sally Rodgers
 152 Arroyo Hondo Road
 Santa Fe, NM 87505

USPS SANTA FE, NM 87504
 MAY - 6 2016
 DENVER GAS POST OFFICE

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

7015 1730 0000 3819 5305

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

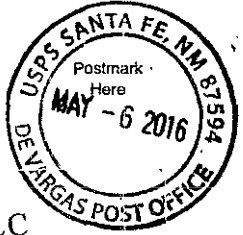
Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Price \$ _____

Sent To **Artesia Oil & Gas LLC**
PO Box 1768
Artesia, NM 88211

City, State _____

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



7015 1730 0000 3819 5299

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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 Price \$ _____

Sent To **Mildred Gothard**
PO Box 1322
Hobbs, NM 88240

City, State _____

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Artesia Oil & Gas LLC
PO Box 1768
Artesia, NM 88211

2. Article Number (Transfer from service label)
9590 9403 1012 5271 2642 35

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

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

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

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

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

7015 1730 0000 3819 5282

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 5H

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 Alison Claire Curry Sanders
PO Box 50327
Austin, TX 78763-0327

City, St _____

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

Postmark Here
 MAY - 6 2016
 USPS SANTA FE, NM 87504
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Alison Claire Curry Sanders
 PO Box 50327
 Austin, TX 78763-0327

9590 9403 1012 5271 2642 11

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5282

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Alison Sanders

☐ Agent☐ Addressee

B. Received by (Printed Name)

Alison Sanders

C. Date of Delivery

5/10/16

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☐ 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

WEST AUSTIN FINANCE
 MAY 10 2016
 AUSTIN, TX

Domestic Return Receipt

7015 1730 0000 3819 5275

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 5H

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 Yates Brothers, a Partnership
PO Box 1394
Artesia, NM 88211

City, St _____

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

Postmark Here
 MAY - 6 2016
 USPS SANTA FE, NM 87504
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Brothers, a Partnership
 PO Box 1394
 Artesia, NM 88211

9590 9403 1012 5271 2642 04

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5275

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Diana Carter

☐ Agent☐ Addressee

B. Received by (Printed Name)

Diana Carter

C. Date of Delivery

5/10/16

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☐ 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

(over \$500)

Domestic Return Receipt

7015 1730 0000 3819 5268

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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 \$
 \$ Tot
 \$ Ser
 \$ Str
 City

Clifton Wilderspin
 PO Box 50088
 Midland, TX 79710

USPS SANTA FE, NM 87504
 MAY 6 2016
 DE VARGAS 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:
 Clifton Wilderspin
 PO Box 50088
 Midland, TX 79710

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5268

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Dustin Cannon

C. Date of Delivery
5/3/16

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

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

7015 1730 0000 3819 5251

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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 \$
 \$ Tot
 \$ Ser
 \$ Str
 City

Casa Grande Royalty Co., Inc.
 PO Box 2305
 Midland, TX 79702

USPS SANTA FE, NM 87504
 MAY - 6 2016
 DE VARGAS 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:
 Casa Grande Royalty Co., Inc.
 PO Box 2305
 Midland, TX 79702

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5251

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. House

C. Date of Delivery
5/3/16

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

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

7015 1730 0000 3819 5244

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICE CLYDESDALE 5H

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

State

Zip

PS Form

Kelly Dawn Coll
736 South Sixth Street
LaGrange, IL 60525



See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICE CLYDESDALE 5H

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

Street at

City, Sta

Zip

PS Form

Gloria Scott Hill
3611 Hunter Pier
San Antonio, TX 78230



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:

Kelly Dawn Coll
736 South Sixth Street
LaGrange, IL 60525

9590 9401 0033 5071 8242 48

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5244

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X Kelly Dawn Coll
B. Received by (Printed Name) Date of Delivery
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

Domestic Return Receipt

7015 1730 0000 3819 5237

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

OFFICE CLYDESDALE 5H

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

Street at

City, Sta

Zip

PS Form

Gloria Scott Hill
3611 Hunter Pier
San Antonio, TX 78230



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:

Gloria Scott Hill
3611 Hunter Pier
San Antonio, TX 78230

9590 9401 0033 5071 8242 55

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5237

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X Gloria Scott
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

Domestic Return Receipt

7015 1730 0000 3819 5220

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

For delivery information, visit **OFFICE** **MHF/COG**
CLYDESDALE 5H

Certified Mail Fee
 \$ 3.25

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
 \$ _____

Article Addressed to:
 Larry L. Howe, Elizabeth Loggie, Katherine
 Howe-Frilot and Kerwin Overby, as TTE of
 the Howe Family Living Trust, as amended
 by agreement dtd 2/13/13
 7970 Fredericksburg Rd, Suite 101-93
 San Antonio, TX 78229

USPS SANTA FE, NM 87594
 MAY - 6 2016
 POST OFFICE

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

7015 1730 0000 3819 5213

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

For delivery information, visit **OFFICE** **MHF/COG**
CLYDESDALE 5H

Certified Mail Fee
 \$ 3.25

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
 \$ _____

Article Addressed to:
 Wells Fargo Bank, N.A., as TTE of the,
 Helen Chase Rand Trust
 3563 Philips Highway, Suite 601B,
 Building F
 Jacksonville, FL 32207

USPS SANTA FE, NM 87594
 MAY - 6 2016
 POST OFFICE
 DE VARGAS 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:
 Larry L. Howe, Elizabeth Loggie, Katherine Howe-Frilot and Kerwin Overby, as TTE of the Howe Family Living Trust, as amended by agreement dtd 2/13/13
 7970 Fredericksburg Rd, Suite 101-93
 San Antonio, TX 78229

2. Article Number (Transfer from mailpiece)
 7015 1730 0000 3819 5220

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

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

IS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 LAR HOWE

C. Date of Delivery
 5/9/16

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

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

RETURNED

7015 1730 0000 3819 5602

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

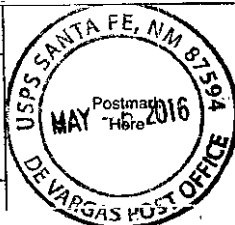
For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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

Willie Faye Haraughty Riggs
 4712 SE Kentucky
 Bartlesville, OK 74006

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:

Willie Faye Haraughty Riggs
 4712 SE Kentucky
 Bartlesville, OK 74006

9590 9403 0643 5183 8030 55

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5602

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *[Signature]* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-18-16

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

Domestic Return Receipt

7015 1730 0000 3819 5596

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

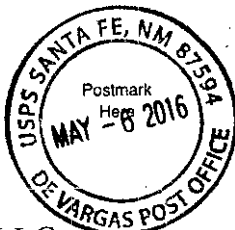
For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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
 Street
 City, State

B&B Haxel Family, LLC
 3737 N. College
 Bethany, OK 73008

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:

B&B Haxel Family, LLC
 3737 N. College
 Bethany, OK 73008

9590 9403 0643 5183 8029 66

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5596

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *[Signature]* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/18/16

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

Domestic Return Receipt

7015 1730 0000 3819 5589

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

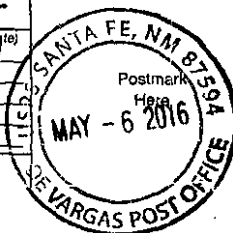
For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

Certified Mail Fee \$ 3.85
 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 Sally A. Ellis
 771 Crecent Drive
 Street in Boulder, CO 80306
 City, Sta.

PS Form 3811, 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:
 Sally A. Ellis
 771 Crecent Drive
 Boulder, CO 80306

9590 9403 0643 5183 8029 73

7015 1730 0000 3819 5589

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery 5-10-16

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

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

7015 1730 0000 3819 5572

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

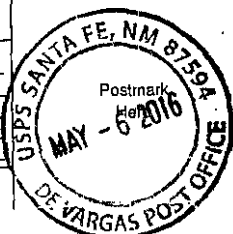
For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

Certified Mail Fee \$ 3.85
 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 Max W. Coll, III
 7625-2 El Centro Blvd.
 Street in Las Cruces, NM 88012
 City, Sta.

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



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Max W. Coll, III
 7625-2 El Centro Blvd.
 Las Cruces, NM 88012

9590 9403 0643 5183 8029 80

7015 1730 0000 3819 5572

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

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

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

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

7015 1730 0000 3819 5555

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

For delivery information, visit **CLYDESDALE 5H OFFICIAL USE**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Postmark
 MAY - 6 2016
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

Alfred Foy Curry, IV
 1016 Alta Loma Circle
 San Angelo, TX 76901

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:
 Alfred Foy Curry, IV
 1016 Alta Loma Circle
 San Angelo, TX 76901

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5555

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
 Alfred Curry

C. Date of Delivery
 5-11-16

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

9590 9403 0643 5183 8029 97

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

7015 1730 0000 3819 5555

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

For delivery information, visit **CLYDESDALE 5H OFFICIAL USE**

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Postmark
 MAY - 6 2016
 USPS SANTA FE, NM 87594
 DE VARGAS POST OFFICE

Thomas E. Laughlin, Jr.
 Testamentary Trust
 2526 Micliff Blvd.
 Houston, TX 77068

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:
 Thomas E. Laughlin, Jr.
 Testamentary Trust
 2526 Micliff Blvd.
 Houston, TX 77068

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5558

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
 Thomas

C. Date of Delivery
 5/11/16

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

9590 9403 0643 5183 8030 00

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

7015 1730 0000 3819 5534

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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
 \$ _____

Postmark Here
 USPS SANTA FE, NM 87594
 MAY - 6 2016
 DE VARGAS POST OFFICE

Send to
 Grace Elizabeth Dean Black
 401 Bayshore Drive
 La Porte, TX 77571

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

7015 1730 0000 3819 5534

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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
 \$ _____

Postmark Here
 USPS SANTA FE, NM 87594
 MAY - 6 2016
 DE VARGAS POST OFFICE

Send to
 Barbara Lee Dean Hendricks
 3603 Greenleaf Drive
 San Antonio, TX 78218

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:
 Barbara Lee Dean Hendricks
 3603 Greenleaf Drive
 San Antonio, TX 78218

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5534

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

9590 9403 0643 5183 8030 24

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]
 Agent
☒ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 5/9

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

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

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

7015 1730 0000 3819 5527

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

For delivery information, MHF/COG
OFFICIAL CLYDESDALE 5H

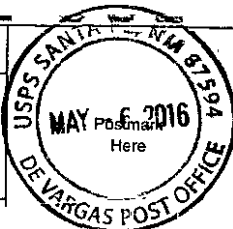
Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____

Sent To
 Dean Corley Myane
 PO Box 787
 Blanco, TX 78606

City, State

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Dean Corley Myane
 PO Box 787
 Blanco, TX 78606

9590 9403 0643 5183 8025 77

7015 1730 0000 3819 5527

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Kary Phipps ☐ Agent ☒ Addressee

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

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

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

7015 1730 0000 3819 5510

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

For delivery information, MHF/COG
OFFICIAL CLYDESDALE 5H

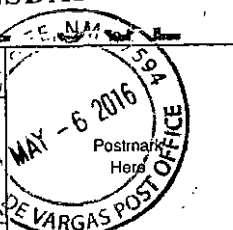
Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____

Sent To
 John Donald Wesley Corley
 312 Mountain Vista Dr.
 Penhook, VA 24137

City, State

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:
 John Donald Wesley Corley
 312 Mountain Vista Dr.
 Penhook, VA 24137

9590 9403 0643 5183 8025 84

7015 1730 0000 3819 5510

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature John Corley ☐ Agent ☒ Addressee

B. Received by (Printed Name) JOHN CORLEY C. Date of Delivery 11 MAY 16

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

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

7015 1730 0000 3819 5909

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

Certified Mail Fee \$ 3.95
 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 Ross M. Enyart
 1015 Applewood Street
 Klamath Falls, OR 97603
 City, State, ZIP+4®

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

USPS SANTA FE, NM 87594
 Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Ross M. Enyart
 1015 Applewood Street
 Klamath Falls, OR 97603

9590 9403 0643 5183 8025 91

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5909

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Ross M. Enyart

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

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

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

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

7015 1730 0000 3819 5893

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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 Susie D. McEvers
 12408 SW 14th St
 Beaverton, OR 97005
 City, State, ZIP+4®

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

USPS SANTA FE, NM 87594
 Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Susie D. McEvers
 12408 SW 14th St
 Beaverton, OR 97005

9590 9403 0643 5183 8026 07

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5893

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Susie D. McEvers

B. Received by (Printed Name) Susie D. McEvers C. Date of Delivery 5-9-16

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

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

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

7015 1730 0000 3819 5886

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

Domestic Mail Only

For delivery information, visit

MHF/COG

CLYDESDALE 5H

OFFICE

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.85
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total P

\$

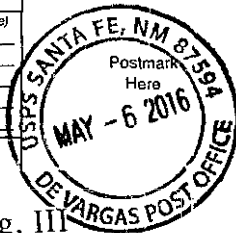
Sent To

Street

City, St

PS Form

James Hayes Young, III
 140 State HWY 19
 Huntsville, TX 77340



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:

James Hayes Young, III
 140 State HWY 19
 Huntsville, TX 77340

9590 9403 0643 5183 8026 14

2. Article Number (Transfer from mailpiece)

7015 1730 0000 3819 5886

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/9/16

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

(over \$500)

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

Domestic Return Receipt

7015 1730 0000 3819 5879

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

Domestic Mail Only

For delivery information, visit

MHF/COG

CLYDESDALE 5H

OFFICE

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.85
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

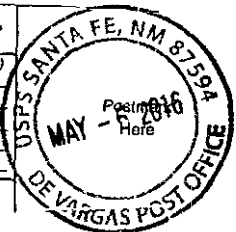
Sent To

Street

City, St

PS Form

Dennis Van Hees
 FM 247 Rd
 Huntsville, TX 77320



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:

Dennis Van Hees
 FM 247 Rd
 Huntsville, TX 77320

9590 9403 0643 5183 8026 38

2. Article Number (Transfer from mailpiece)

7015 1730 0000 3819 5879

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Dennis Van Hees

C. Date of Delivery

5/9/16

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

(over \$500)

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

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		MHF/COG CLYDESDALE 5H
For delivery information, visit OFFIC		
Certified Mail Fee \$ <u>3.85</u>		
Extra Services & Fees (check box, add fee as appropriate)		
☒ Return Receipt (hardcopy)	\$ <u>2.50</u>	
☐ Return Receipt (electronic)	\$ _____	
☐ Certified Mail Restricted Delivery	\$ _____	
☐ Adult Signature Required	\$ _____	
☐ Adult Signature Restricted Delivery	\$ _____	
Postage	\$ _____	
Total	\$ _____	
Sender	Elizabeth Van Hees Hollingsworth 1325 CR 180 Leander, TX 77230	
City		

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

For delivery information, visit usps.com/cmr

OFFICE

MHF/COG
CLYDESDALE 5H

Certified Mail Fee \$ 3.75

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

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

Postage \$ _____

Total Postage \$ _____

Sent To _____

Street and _____

City, State _____

Postmark
MAY - 6 2016
NEW MEXICO POST OFFICE

Sharon Ann Henry Willaby
PO Box 303
Nevada, TX 75173

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: Elizabeth Van Hees Hollingsworth 1325 CR 180 Leander, TX 77230 2. Article Number (Transfer from service label) 9590 9403 0643 5183 8026 21 7015 3811 0000 3811 5862		COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 5-9 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 THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Sharon Ann Henry Willaby PO Box 303 Nevada, TX 75173 9590 9403 0643 5183 8025 15 2. Article Number (Transfer from sender label) 7015 1730 0000 3817 5855	A. Signature X <i>Sharon Willaby</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) SHARON WILLABY C. Date of Delivery 5/5/16 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No MAY 09 2016 3. Service Type <u>USPS</u> ☐ 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	

7015 1730 0000 3819 5848

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF/COG

For delivery information, visit

CLYDESDALE 5H

OFFICE

Certified Mail Fee

\$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.70☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

Street

City

State

Zip

Instructions

Barbara Sue Henry Williams

PO Box 303

Nevada, TX 75173



U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF/COG

For delivery information, visit

CLYDESDALE 5H

OFFICE

Certified Mail Fee

\$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.70☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

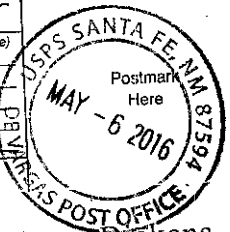
Sent To

Street and A

City, State, Zip

Instructions

Jimmie Miriam Henry Dickens
125 Mockingbird Ln
Livingston, TX 77351



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:

Barbara Sue Henry Williams
PO Box 303
Nevada, TX 75173

9590 9403 0643 5183 8025 22

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5848

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sherrill Williams

☒ Agent☐ Addressee

B. Received by (Printed Name)

SHERRILL WILLIAMS

C. Date of Delivery

5/9/16

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

MAY 09 2016

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail® PS☐ 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

Restricted Delivery

11

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:

Jimmie Miriam Henry Dickens
125 Mockingbird Ln
Livingston, TX 77351

9590 9403 0643 5183 8025 39

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5831

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jimmie Miriam Henry Dickens

☐ Agent☐ Addressee

B. Received by (Printed Name)

JIMMIE MIRIAM HENRY DICKENS

C. Date of Delivery

5-10

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

Restricted Delivery

11

Domestic Return Receipt

7015 1730 0000 3819 5824

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/COG
CLYDESDALE 5H

Certified Mail Fee
 \$ 3.45

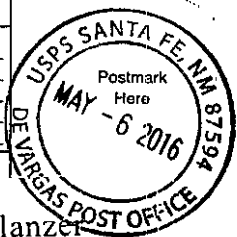
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____
 Total \$ _____

Sent To
 Diane Schirmacher Glanzer
 2404 Heritage Drive
 Opelika, AL 36804

City, State, ZIP+4®
 Opelika, AL 36804

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Diane Schirmacher Glanzer
 2404 Heritage Drive
 Opelika, AL 36804

2. Article Number (Transfer from sender label)
 7015 1730 0000 3819 5824

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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

3. Service Type
☐ 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 5817

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/COG
CLYDESDALE 5H

Certified Mail Fee
 \$ 3.45

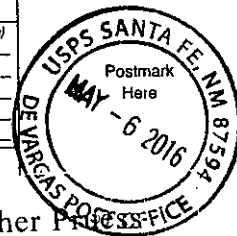
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____
 Total \$ _____

Sent To
 Anna K. Schirmacher Pruess
 7053 Old Mill Creek
 Brenham, TX 77833

City, State, ZIP+4®
 Brenham, TX 77833

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Anna K. Schirmacher Pruess
 7053 Old Mill Creek
 Brenham, TX 77833

2. Article Number (Transfer from sender label)
 7015 1730 0000 3819 5817

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

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
 6143 Homeland Ln
 Brenham, TX 77833

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

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

7015 1730 0000 3819 5800

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

For delivery information, visit **MHF/COG**
CLYDESDALE 5H

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
 \$ _____

Sent To
 Michael G. Schirmacher
 1000 New Jersey Ave. SE, Unit 101
 Washington, DC 20003

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



7015 1730 0000 3819 5794

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

For delivery information, visit **MHF/COG**
CLYDESDALE 5H

OFFICE

Certified Mail Fee
 \$ 3.45

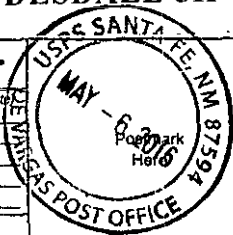
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Paid
 \$ _____

Sent To
 Mary Catherine Henry Chennault
 2612 FM 859
 Edgewood, TX 75117

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



RETURNED

7015 1730 0000 3819 5787

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF/COG
 For delivery information, visit **OFFICIAL** CLYDESDALE 5H

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 \$ _____

Ronald Edgar Ham
 1906 Cypress Point East
 Austin, TX 78746

USPS SANTA FE, NM 87594
 Postmark Here
 MAY - 6 2016
 DE VARGAS POST OFFICE

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

7015 1730 0000 3819 5992

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF/COG
 For delivery information, visit **OFFICIAL** CLYDESDALE 5H

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 \$ _____

David Henry Ham
 201 Dunkeld
 Spicewood, TX 78669

USPS SANTA FE, NM 87594
 Postmark Here
 MAY - 6 2016
 DE VARGAS 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:

Ronald Edgar Ham
 1906 Cypress Point East
 Austin, TX 78746

9590 9403 0643 5183 8027 44

2.

7015 1730 0000 3819 5787

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X R. E. Ham

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

R. E. Ham

C. Date of Delivery

5/13/16

D. Is delivery address different from item 1? If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- 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

(over \$500)

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 Henry Ham
 201 Dunkeld
 Spicewood, TX 78669

9590 9403 0643 5183 8027 51

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5992

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X David H. Ham

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

DAVID H. HAM

C. Date of Delivery

5/9/16

D. Is delivery address different from item 1? If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- 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

(over \$500)

Domestic Return Receipt

7015 1730 0000 3819 5985

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

For delivery information, visit **MHF/COG**
OFFICIAL CLYDESDALE 5H

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 \$

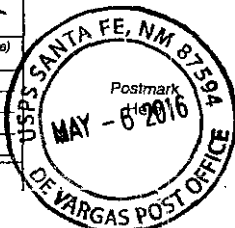
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Alma Bernice Henry Coleman
 228 Elmwood Street
 Huntsville, TX 77320

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



7015 1730 0000 3819 5978

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

For delivery information, visit **MHF/COG**
OFFICIAL CLYDESDALE 5H

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 \$

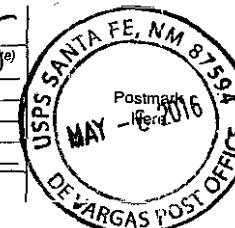
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Nancy Jane Henry Oliver
 PO Box 214
 Riverside, TX 77367

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:

Nancy Jane Henry Oliver
 PO Box 214
 Riverside, TX 77367

9590 9403 0643 5183 8025 46

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5978

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jimmy Oliver
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Jimmy Oliver

C. Date of Delivery

5/11/16

 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®
- ☐ 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

Domestic Return Receipt

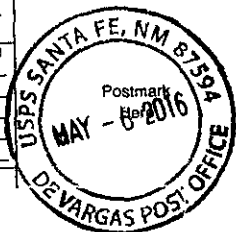
7015 1730 0000 3819 5961

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/COG**
 For delivery information, **CLYDESDALE 5H**
OFFICIAL U.S. MAIL

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

Postage \$ _____
 Total \$ _____
 Sent to Christine Henry Sivcoski
 PO Box 17321
 Street New Waverly, TX 77358
 City _____

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:
 Christine Henry Sivcoski
 PO Box 17321
 New Waverly, TX 77358

9590 9403 0643 5183 8025 53

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5961

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Christine Sivcoski Agent Addressee

B. Received by (Printed Name) Christine Sivcoski C. Date of Delivery 5-10-16

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

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

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

7015 1730 0000 3819 5954

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/COG**
 For delivery information, **CLYDESDALE 5H**
OFFICIAL U.S. MAIL

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

Postage \$ _____
 Total \$ _____
 Sent to John Cary Riggs
 954 CR 664
 Street Devine, TX 78016
 City _____

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:
 John Cary Riggs
 954 CR 664
 Devine, TX 78016

9590 9403 0643 5183 8025 60

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5954

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x John Cary Riggs Agent Addressee

B. Received by (Printed Name) John Cary Riggs C. Date of Delivery MAY 12 2016

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

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

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

7015 1730 0000 3819 5947

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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 \$

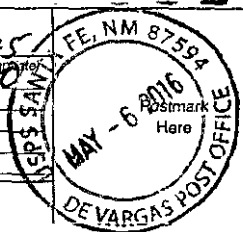
Sent \$

Street

City

Harold P. Ploccek
 PO Box 1476
 Bandera, TX 78003

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



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Harold P. Ploccek
 PO Box 1476
 Bandera, TX 78003

9590 9403 0643 5183 8034 99

7015 1730 0000 3819 5947

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

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

H. Ploccek 5-9-16

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

7015 1730 0000 3819 5930

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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

Robert Bruce Anderson
 PO Box 1000
 Roswell, NM 88202

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



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Bruce Anderson
 PO Box 1000
 Roswell, NM 88202

9590 9403 0643 5183 8035 05

7015 1730 0000 3819 5930

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

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

R. Bruce Anderson 5-9-16

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

7015 1730 0000 3819 5923

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

For delivery information, visit **MHF/COG**
OFFICIAL CLYDESDALE 5H

Certified Mail Fee
 \$ 3.45

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

Postage
 \$
 Total P.
 \$

Sent To
 Robert B. Anderson
 6404 Zapateco NW
 Albuquerque, NM 87015

City, St.
 Albuquerque, NM

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

RETURNED

7015 1730 0000 3819 5916

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

For delivery information, visit **MHF/COG**
OFFICIAL CLYDESDALE 5H

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
 William Phelps Anderson
 PO Box 1000
 Roswell, NM 88202

City, St.
 Roswell, NM

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 Phelps Anderson
 PO Box 1000
 Roswell, NM 88202

9590 9403 0643 5183 8035 29

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5916

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 D Reese

C. Date of Delivery
 MAY 11 2016

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 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 <i>Domestic Mail Only</i>		MHF/COG CLYDESDALE 5H
For delivery information, visit usps.com/cmr		
OFFICE		
Certified Mail Fee \$ <u>3.45</u>		
Extra Services & Fees (check box, add fee as appropriate)		
☒ Return Receipt (hardcopy)	\$	<u>2.80</u>
☐ Return Receipt (electronic)	\$	
☐ Certified Mail Restricted Delivery	\$	
☐ Adult Signature Required	\$	
☐ Adult Signature Restricted Delivery	\$	
Postage		
\$ <u>10.00</u>		
Total		
\$ <u>13.45</u>		
Sent		
Street		
City		

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		MHF/COG CLYDESDALE 5H
For delivery information, visit OFFIC		
Certified Mail Fee \$ <u>3.41</u>		
Extra Services & Fees (check box, add fee as appropriate) ☒ Return Receipt (hardcopy) \$ <u>2.00</u> ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____		
Postage \$ _____ Total \$ _____		
Sent to Street City, S		
James R. Swope 1832 Mountain Laurel Drive Kerrville, TX 78028		

CERTIFIED MAIL® PLACE STICKER AT TOP OF ENVELOPE, 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: Barbara Kryder PO Box 1000 Roswell, NM 88202 9590 9403 0643 5183 8035 36 2. Article Number (Transfer from service label) 7015 1730 0000 3619 5701	ACTION ON DELIVERY A. Signature <i>[Signature]</i> B. Received by (Printed Name) <i>D Reese</i> 8820 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 8820 NOV 10 2016 W.N.M. 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 4. Restricted Delivery ☐

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
☐ Complete items 1, 2, and 3. ☐ Print your name and address on the reverse so that we can return the card to you. ☐ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: James R. Swope 1832 Mountain Laurel Drive Kerrville, TX 78028 9590 9403 0643 5183 8027 75 2. Article Number (Transfer from service label) 7015 1730 0000 3819 5695	A. Signature <i>James Swope</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>S-9-16</i> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below: 3. Service Type <table style="width: 100%;"> <tr> <td> ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery </td> <td> ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery </td> </tr> </table>	☐ 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
☐ 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 5688

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

For delivery information, visit **OFFIC** **MHF/COG** **CLYDESDALE 5H**

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, State

Cydney McDonald, and spouse if applicable
 424 Brady Lane
 Austin, TX 78746

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



RETURNED

7015 1730 0000 3819 5671

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

For delivery information, visit **OFFIC** **MHF/COG** **CLYDESDALE 5H**

Certified Mail Fee
 \$ 3.45

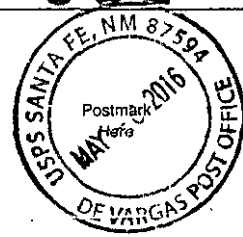
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____
 Total
 \$ _____

Sent
 Street
 City, State

Jack Scott McDonald, and spouse if applicable
 1110 College Avenue
 Snyder, TX 79549

PS Form 3811, 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:
 Jack Scott McDonald, and spouse if applicable
 1110 College Avenue
 Snyder, TX 79549

2. Article Number (over \$500)
 7015 1730 0000 3819 5671

THIS SECTION ON DELIVERY

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

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on 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 5664

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

For delivery information, visit **OFFICIAL MAIL SERVICE** **MHF/COG**
CLYDESDALE 5H

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 **Jan Alice Herrstrom**
 Street and **3333 Castle**
 City, State **Waco, TX 76710**

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



7015 1730 0000 3819 5657

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

For delivery information, visit **OFFICIAL MAIL SERVICE** **MHF/COG**
CLYDESDALE 5H

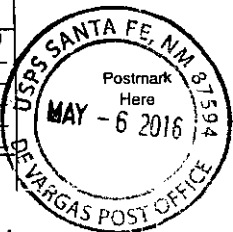
Certified Mail Fee
 \$ 3.45

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

Postage
 \$ _____

To **George Scott Cranford**
 Street and **2009 Hubbard Court**
 City, State **Villa Rica, GA 30180**

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



0495 6198 0000 0621 5107

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

For delivery information, visit **OFFICIAL USE**

MHF/COG
CLYDESDALE 5H

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 \$

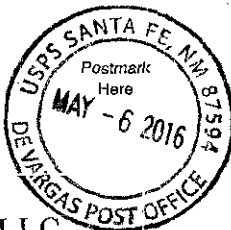
Total \$

Sent To **Twin Oaks Petroleum LLC**

Street **1201 Front Avenue, Unit 416**

City **Columbine, GA 31901**

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



0495 6198 0000 0621 5107

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

For delivery information, visit **OFFICIAL USE**

MHF/COG
CLYDESDALE 5H

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 **Ray Hall Beck, and spouse if applicable**

Street **3509 Dominion Ridge Circle**

City **San Angelo, TX 76904**

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, visit **OFFICIAL USE**

MHF/COG
CLYDESDALE 5H

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 **Ray Hall Beck, and spouse if applicable**

Street **3509 Dominion Ridge Circle**

City **San Angelo, TX 76904**

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

URGENT 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.

Article Addressed to:

Ray Hall Beck, and spouse if applicable
3509 Dominion Ridge Circle
San Angelo, TX 76904

9590 9403 0643 5183 8035 43

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5633

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **Tommy Smith**

C. Date of Delivery **5-9-16**

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 3819 5770

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF/COG

For delivery information, visit

CLYDESDALE 5H

OFFIC

Certified Mail Fee

\$

345

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

☒ Return Receipt (hardcopy) \$

280

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

Postage

\$

Tot:

\$

B&G Royalties

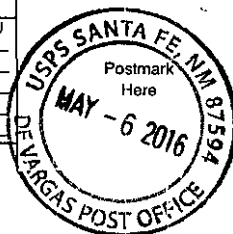
Ser.

PO Box 376

Stre

Artesia, NM 88211-0376

City



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

See Reverse for Instructions

7015 1730 0000 3819 5763

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF/COG

For delivery information, visit

CLYDESDALE 5H

OFFIC

Certified Mail Fee

\$

345

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

☒ Return Receipt (hardcopy) \$

280

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

Postage

\$

Tot:

\$

Ocotillo Production

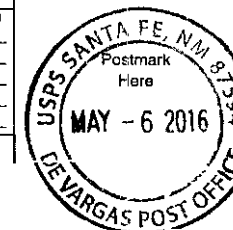
Ser.

1705 W. Washington

Stre

Artesia, NM 88210

City



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

See Reverse for Instructions

7015 1730 0000 3819 5756

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

For delivery information, visit **OFFICE** **MHF/COG**
CLYDESDALE 5H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.70
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Paid
 \$ _____

Sent To
 Van Winkle Family LLC
 605 W. McCune
 Roswell, NM 88203

City, Sta

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



7015 1730 0000 3819 5746

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

For delivery information, visit **OFFICE** **MHF/COG**
CLYDESDALE 5H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.70
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total
 \$ _____

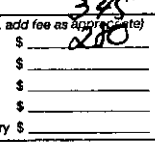
Sent
 David Harper
 2417 Cero Road
 Artesia, NM 88210

City

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



U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		MHF/COG CLYDESDALE 5H
For delivery information, visit usps.com		
OFFICIAL USE		
Certified Mail Fee \$ <u>3.95</u>		
Extra Services & Fees (check box, add fee as appropriate)		
☒ Return Receipt (hardcopy)	\$	<u>2.00</u>
☐ Return Receipt (electronic)	\$	_____
☐ Certified Mail Restricted Delivery	\$	_____
☐ Adult Signature Required	\$	_____
☐ Adult Signature Restricted Delivery	\$	_____
Postage _____		
Total \$ _____		
Sent _____		
Street _____		
City _____		

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		MHF/COG CLYDESDALE 5H
For delivery information, visit OFFICIAL MAIL		
Certified Mail Fee \$ <u>3.45</u>		
Extra Services & Fees (check box, add fee as appropriate)		
☐ Return Receipt (hardcopy)	\$ <u>2.80</u>	
☐ Return Receipt (electronic)	\$ _____	
☐ Certified Mail Restricted Delivery	\$ _____	
☐ Adult Signature Required	\$ _____	
☐ Adult Signature Restricted Delivery	\$ _____	
Postage \$ <u>1.00</u> Total \$ <u>4.45</u> Sent To Jami Harl 2485 East 54th Tulsa, OK 74105 City, State, ZIP+4®		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Juanel Harper 1207 West Centre Ave. Artesia, NM 88210 9590 9403 0643 5183 8026 45		A. Signature <i>Juanel Harper</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) JUANEL HARPER C. Date of Delivery ☐ Yes ☐ No	
2. 7015 1730 0000 3811 5732		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 (over \$500)	

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

Domestic Return Receipt

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
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. Jami Harl 2485 East 54th Tulsa, OK 74105 9590 9403 0643 5183 8034 68 2. Article Number (If Restricted Mail) 7015 1730 0000 3819 5725	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 5-10-16 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 ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, April 2015 PSN 7530-02-000-9053	

7015 1730 0000 3819 5718

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

For delivery information, visit **MHF/COG**
OFFICIAL USE CLYDESDALE 5H

Certified Mail Fee \$ 345

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

☒ Return Receipt (hardcopy) \$ 280

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total P. \$

Sent To **James Carson**

Street a **1323 Tudor Street**

City, St **Lowell, AR 72745**

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

USPS SANTA FE, NM 87594
 MAY - 6 2016
 DE VARGAS POST OFFICE

7015 1730 0000 3819 6005

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

For delivery information, visit **MHF/COG**
OFFICIAL USE CLYDESDALE 5H

Certified Mail Fee \$ 345

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

☒ Return Receipt (hardcopy) \$ 280

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total P. \$

Sent To **Terry Owen**

Street a **13011 Royal George Ave.**

City, St **Odessa, FL 33556**

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

USPS SANTA FE, NM 87594
 MAY - 6 2016
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Carson
1323 Tudor Street
Lowell, AR 72745

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5718

9590 9403 0643 5183 8034 75

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
James Carson

B. Received by (Printed Name) **JAMES CARSON**

C. Date of Delivery **05/11/16**

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

3. Service Type

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

Domestic Return Receipt

RETURNED

7015 1730 0000 3819 5626

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 5H

Certified Mail Fee \$ 3.85

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

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

Postage \$ _____

Total P \$ _____

Sent To **Eddie M. Mahfood**
133 Fulton Place
Portland, TX 78374

City, State, ZIP+4® _____

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



7015 1730 0000 3819 5619

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 5H

Certified Mail Fee \$ 3.85

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

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

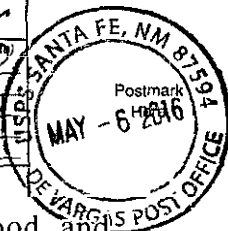
Postage \$ _____

Total \$ _____

Sent To **Valerie Ann Mahfood, and**
spouse if applicable
133 Fulton Place
Portland, TX 78374

City, State, ZIP+4® _____

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



7015 1730 0000 3819 5361

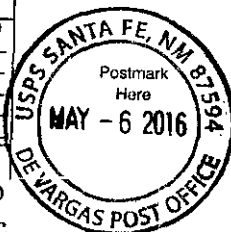
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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
 Sir
 City, State, ZIP+4®
 Yates Petroleum Corp
 MYCO Industries, Inc
 Abo Petroleum Corp
 105 South Fourth St
 Artesia, NM 88210

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



7015 1730 0000 3819 5404

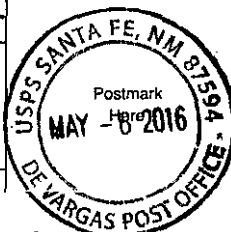
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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
 Sir
 City, State, ZIP+4®
 Argo Energy Partners Ltd
 PO Box 1808
 Corsicana, TX 75151-1808

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:
 Yates Petroleum Corp
 MYCO Industries, Inc
 Abo Petroleum Corp
 105 South Fourth St
 Artesia, NM 88210

9590 9403 1012 5271 2649 76

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5361

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) [Signature] C. Date of Delivery 5/9/16
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

PS Form 3811, July 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:
 Argo Energy Partners Ltd
 PO Box 1808
 Corsicana, TX 75151-1808

9590 9403 1012 5271 2649 52

2. Article Number (Transfer from service label)
 7015 1730 0000 3819 5404

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) DIAN WYLIE C. Date of Delivery 5-9-16
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

7015 1730 0000 3819 5367

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

For delivery information, visit **OFFICIAL**
MHF/COG
CLYDESDALE 5H

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

By

City

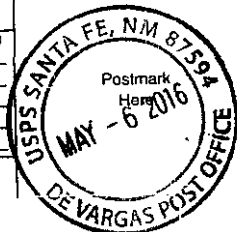
State

Zip

City

DES Acquisition LLC
 9331 Wickford
 Houston, TX 77024-3637

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:

DES Acquisition LLC
 9331 Wickford
 Houston, TX 77024-3637

9590 9403 1012 5271 2649 90

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5367

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

Maria Rodriguez Date of Delivery 5/12/16

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

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:

DHA, LLC
 500 West Wall Street, Suite
 300
 Midland, TX 79701

9590 9403 1012 5271 2650 03

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5350

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

Volker Date of Delivery 5/12

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

Domestic Return Receipt

7015 1730 0000 3819 5350

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

For delivery information, visit **OFFICIAL**
MHF/COG
CLYDESDALE 5H

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

By

City

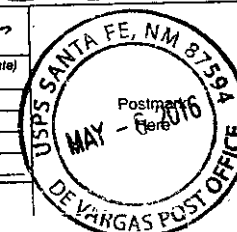
State

Zip

City

DHA, LLC
 500 West Wall Street, Suite
 300
 Midland, TX 79701

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



7015 1730 0000 3819 5345

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

For delivery information, visit **MHF/COG**
OFFICIAL USE **CLYDESDALE 5H**

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

Dugan Production Corporation
709 E. Murray Dr.
Farmington, NM 87401

USPS SANTA FE, NM 87594
Postmark Here
MAY - 6 2016
DE VARGAS 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:
Dugan Production Corporation
709 E. Murray Dr.
Farmington, NM 87401

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5343

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Helen Woodruff ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Helen Woodruff

C. Date of Delivery
5/9/16

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
☐ 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, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 5336

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

For delivery information, visit **MHF/COG**
OFFICIAL USE **CLYDESDALE 5H**

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

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

USPS SANTA FE, NM 87594
Postmark Here
MAY - 6 2016
DE VARGAS 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:
ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5336

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ellis Vickers ☐ Agent ☐ Addressee

B. Received by (Printed Name)
ELLIS VICKERS

C. Date of Delivery
NM 5/11/16

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
☐ 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, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 5329

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

For delivery information, visit **MHF/COG**
CLYDESDALE 5H

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 \$

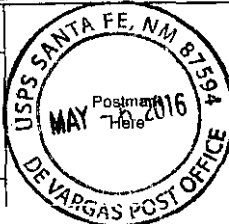
☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Explorer's Petroleum Corporation
 PO Box 1933
 Roswell, NM 88202-1933

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:

Explorers Petroleum Corporation
 PO Box 1933
 Roswell, NM 88202-1933

9590 9403 0670 5183 6875 12

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5329

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

X SM Saunders

B. Received by (Printed Name) SM SAUNDERS

C. Date of Delivery 5/9/16

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

3. Service Type

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

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

7015 1730 0000 3819 5312

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

For delivery information, visit **MHF/COG**
CLYDESDALE 5H

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 \$

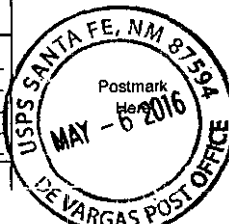
☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

FLP Trafalgar II, LP
 4000 E. Third Ave., Ste. 600
 Foster City, CA 94404-4801

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:

FLP Trafalgar II, LP
 4000 E. Third Ave., Ste. 600
 Foster City, CA 94404-4801

9590 9403 0670 5183 6875 29

2. Article Number (Transfer from service label)

7015 1730 0000 3819 5312

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X [Signature]

B. Received by (Printed Name) [Signature]

C. Date of Delivery 5/9/16

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

3. Service Type

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

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

7015 3010 0001 8827 0345

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

For delivery information, visit **OFFIC** **MHF/COG**
CLYDESDALE 5H

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 \$

Postmark Here **MAY 6 2016**
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE

"Harvey E. Yates Company
 Security Natinal Bank Building
 Suite 1000
 Roswell, NM 88201

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

RETURNED

5550 2880 1000 0001 8827 0355

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

For delivery information, visit **OFFIC** **MHF/COG**
CLYDESDALE 5H

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 \$

Postmark Here **MAY -6 2016**
USPS SANTA FE, NM 87594
DE VARGAS POST OFFICE

Jalapeno Corporation
 PO Box 1608
 Albuquerque, NM 87103

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

SENDE **COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:
 Jalapeno Corporation
 PO Box 1608
 Albuquerque, NM 87103
 9590 9403 0670 5183 6875 43

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0355

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

A. Signature
☒ Agent
☐ Addressee
 X *Julie A Pascal*

B. Received by (Printed Name)
 Julie A Pascal

C. Date of Delivery
 May 11, 2016

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

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

7015 3010 0001 8827 0362

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 5H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.70

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To: **Jo Ann Yates**
 257 North 26th Street
 Artesia, NM 88210

City, St:

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:

Jo Ann Yates
 257 North 26th Street
 Artesia, NM 88210

9590 9403 0670 5183 6875 50

2. Article Number (Transfer from service label)

7015 3010 0001 8827 0362

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **JAMES R. BLANK**

C. Date of Delivery

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☒ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 3010 0001 8827 0379

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 5H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.70

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

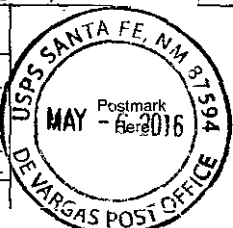
Postage \$

Total \$

Sent To: **John A. Yates**
 207 South 4th Street
 Artesia, NM 88210

City, St:

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:

John A. Yates
 207 South 4th Street
 Artesia, NM 88210

9590 9403 1012 5271 2648 84

2. Article Number (Transfer from service label)

7015 3010 0001 8827 0379

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) **John A. Yates**

C. Date of Delivery **5/11/16**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☒ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 3010 0001 8827 0386

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

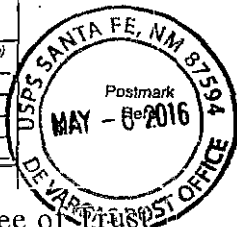
For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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 105 South 4th Street
 City, Artesia, NM 88210

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:
 John A. Yates, Trustee of Trust
 Q
 105 South 4th Street
 Artesia, NM 88210

9590 9403 1012 5271 2648 91

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 0386

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Bra ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Bra

C. Date of Delivery
5/9/16

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

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

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

7015 3010 0001 8827 0393

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

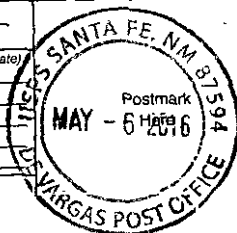
For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

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 105 South Fourth Street
 City, Artesia, NM 88210

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:
 Los Chicos
 105 South Fourth Street
 Artesia, NM 88210

9590 9403 1012 5271 2649 07

7015 3010 0001 8827 0393

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Bra ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Bra

C. Date of Delivery
5/9/16

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

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

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

7015 3010 0001 8827 0409

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

For delivery information, visit

MHF/COG
 CLYDESDALE 5H

OFFICE

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 345
☐ Return Receipt (electronic) \$ 210
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

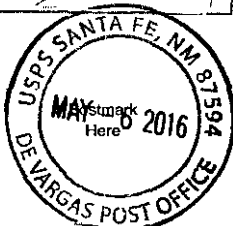
Street

City

Marigold LLLP
 PO Box 1290
 Artesia, NM 88211

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

See Reverse for Instructions



7015 3010 0001 8827 0416

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

For delivery information, visit

MHF/COG
 CLYDESDALE 5H

OFFICE

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 345
☐ Return Receipt (electronic) \$ 210
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

To

\$

Se

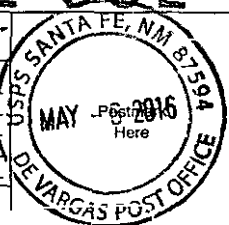
Str

City

Mark Wilson Family
 Partnership, LP
 4501 Green Tree Boulevard
 Midland, TX 79707

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:

Mark Wilson Family
 Partnership, LP
 4501 Green Tree Boulevard
 Midland, TX 79707

9590 9403 1012 5271 2649 21

2. Article Number (Transfer)

7015 3010 0001 8827 0416

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Lu Wilson*

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

(over \$500)

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

Domestic Return Receipt

7015 3010 0001 8827 0478

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only¹ **MHF/COG**
 For delivery information **CLYDESDALE 5H**
OFFICIAL USE

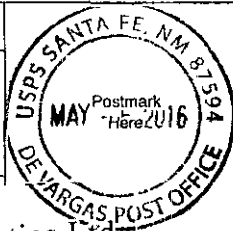
Certified Mail Fee
 \$ 3.45

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
 \$ _____

Orion-Smith Oil Properties Ltd
 2505 Lakeview
 Amarillo, TX 79109

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



7015 3010 0001 8827 0485

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only¹ **MHF/COG**
 For delivery information **CLYDESDALE 5H**
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 Post
 \$ _____

Sent To
 Street and
 City, State

OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, TX 77046-0521

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:
 Orion-Smith Oil Properties Ltd
 2505 Lakeview
 Amarillo, TX 79109

9590 9403 1012 5271 2648 53

2. 7015 3010 0001 8827 0478

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☐ Addressee

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

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

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

very Restricted Delivery (over \$500)

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

7015 3010 0001 8827 0492

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

Domestic Mail Only

MHF/COG

For delivery information, visit

CLYDESDALE 5H

OFFICE

Certified Mail Fee

\$

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

☒ Return Receipt (hardcopy) \$ 345☐ Return Receipt (electronic) \$ 280☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Post

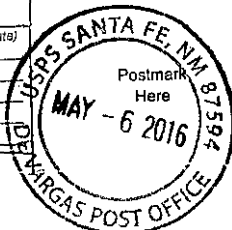
\$

Sent To

Street and

City, State,

Rio Pecos Corp
4501 Green Tree Boulevard
Midland, TX 79707



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:

Rio Pecos Corp
4501 Green Tree Boulevard
Midland, TX 79707

9590 9403 1012 5271 2648 39

2. Article Number (Transfer from service label)

7015 3010 0001 8827 0492

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary Lynn White

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3010 0001 8827 0508

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

Domestic Mail Only

MHF/COG

For delivery information, visit

CLYDESDALE 5H

OFFICE

Certified Mail Fee

\$

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

☒ Return Receipt (hardcopy) \$ 345☐ Return Receipt (electronic) \$ 280☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total P

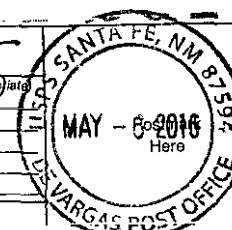
\$

Sent To

Street

City, S.

Santo Legado LLLP
PO Box 1020
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:

Santo Legado LLLP
PO Box 1020
Artesia, NM 88211

9590 9403 1012 5271 2648 22

2. Article Number (Transfer from service label)

7015 3010 0001 8827 0508

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Colleen Braell

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3010 0001 8827 0515

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

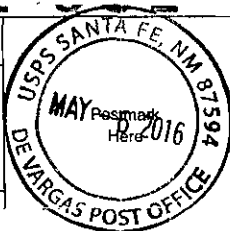
Certified Mail Fee
 \$ 3.45

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: Sharbro Energy, LLC
 PO Box 840
 Street: Artesia, NM 88211
 City, State: _____

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



7015 3010 0001 8827 0522

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 5H

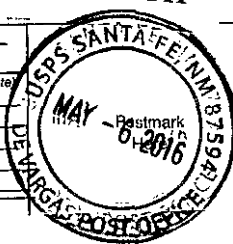
Certified Mail Fee
 \$ 3.45

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: Spiral, Inc.
 PO Box 1933
 Street: Roswell, NM 88201
 City, State: _____

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sharbro Energy, LLC
 PO Box 840
 Artesia, NM 88211

9590 9403 1012 5271 2648 15

2. 7015 3010 0001 8827 0515

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-10-16

 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
☐ 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

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:

Spiral, Inc.
 PO Box 1933
 Roswell, NM 88201

9590 9403 1012 5271 2648 08

2. Article Number (Transfer from service label)

7015 3010 0001 8827 0522

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

SM SAUNDERS

C. Date of Delivery

MAY 17 2016

 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

Domestic Return Receipt

7015 3010 0001 8827 0539

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

For delivery information, visit **MHF/COG**
OFFICIAL **CLYDESDALE 5H**

Certified Mail Fee
 \$ 345

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 \$ _____

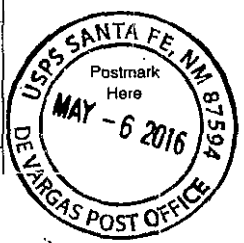
Postage
 \$ _____

Total
 \$ _____

Sent To
Tulipan LLC
PO Box 1020
Artesia, NM 88211

City, State, ZIP+4®

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



7015 3010 0001 8827 0423

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

For delivery information, visit **MHF/COG**
OFFICIAL **CLYDESDALE 5H**

Certified Mail Fee
 \$ 345

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 \$ _____

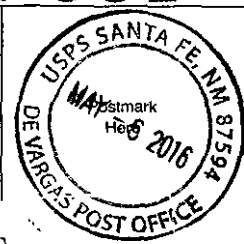
Postage
 \$ _____

Total
 \$ _____

Sent To
Wolfcamp Title LLC
PO Box 2423
Roswell, NM 88202-2423

City, State, ZIP+4®

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



PLACE STICKER AT TOP OF ENVELOPE, 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:
Wolfcamp Title LLC
PO Box 2423
Roswell, NM 88202-2423

2. Article Number (Transfer from service label)
7015 3010 0001 8827 0423

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Michael S. Richardson

C. Date of Delivery
5-9-16

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

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

7015 3010 0001 8827 0430

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 For delivery information, visit **OFFICIAL**
CLYDESDALE 5H

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

Yates Energy Corporation
 PO Box 2323
 Roswell, NM 88202-2323

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:

Yates Energy Corporation
 PO Box 2323
 Roswell, NM 88202-2323

9590 9403 1012 5271 2647 78

2. Article Number (Transfer from service label)

7015 3010 0001 8827 0430

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature PAT Escalante ☐ Agent ☒ Addressee
 B. Received by (Printed Name) PAT Escalante C. Date of Delivery MAY 9 2016
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

Domestic Return Receipt

7015 3010 0001 8827 4025

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 For delivery information, visit **OFFICIAL**
CLYDESDALE 5H

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

Yates Industries LLC
 PO Box 1091
 Artesia, NM 88211

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



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:

Yates Industries LLC
 PO Box 1091
 Artesia, NM 88211

9590 9403 1012 5271 2647 61

2. Article Number (Transfer from service label)

7015 3010 0001 8827 4025

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature FRANCIS MOREAU ☐ Agent ☒ Addressee
 B. Received by (Printed Name) FRANCIS MOREAU C. Date of Delivery MAY 5 2016
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

Domestic Return Receipt

HOLLAND & HART^{LLP}



Jordan L. Kessler

Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

May 6, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of COG Operating LLC for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico.
Clydesdale 1 Fee No. 7H Well**

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 May 26, 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}

Phone (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☐



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

May 6, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.
Clydesdale 1 Fee No. 7H Well

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 May 26, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Stuart Dirks, at (432) 685-4354 or SDirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

COG OPERATING LLC
CLYDESDALE 1 FEE NO. 7H WELL

RELATED PARTIES:

Yates Petroleum Corp
MYCO Industries, Inc
Abo Petroleum Corp
105 South Fourth St
Artesia, NM 88210

Wolfcamp Title LLC
PO Box 2423
Roswell, NM 88202-2423

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

FLP Trafalgar II, LP
4000 E. Third Ave., Ste. 600
Foster City, CA 94404-4801

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Cimarex Energy Co.
600 N. Marienfeld, Ste. 600
Midland, TX 79701

Marshall & Winston, Inc.
Attn: Mr. Kevin Hammit
PO Box 50880
Midland, TX 79710

Elyse Saunders Patterson Trust
Investments LLC
5110 S. Yale Avenue, Suite 400
Tulsa, OK 74135

Good Earth Minerals, LLC
849 Broken Arrow
Roswell, NM 88201

Matlock Minerals Ltd. Co.
11101 Bermuda Dunes, NE
Albuquerque, NM 87111

Toles-Com-Ltd.
PO Box 1300
Roswell, NM 88202

Jon F. Coll, II
7335 Walla Walla
San Antonio, TX 78250

Spirit Trail, LLC
PO Box 1818
Roswell, NM 88202

Beulah Williams
9309 Orlando Place, NE
Albuquerque, NM 87111

Tara Wilde
3607 Mockingbird Lane
Midwest City, OK 73110

Pat Shelton
5105 72nd Avenue, NE
Norman, OK 73026

Jim Wilde
3709 North Donald
Bethany, OK 73008

Eric J. Coll
PO Box 550
Roswell, NM 88202

Clarke C. Coll
PO Box 1818
Roswell, NM 88202

Empire Energy, LLC
70 Riverside
Roswell, NM 88201

Charles H. Coll
PO Box 1818
Roswell, NM 88202

Morris E. Schertz
PO Drawer 2588
Roswell, NM 88202

New State Gas, LLC
1213 West 3rd Street
Roswell, NM 88201

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, NM 87505

**COG OPERATING LLC
CLYDESDALE 1 FEE NO. 7H WELL**

Artesia Oil & Gas LLC
PO Box 1768
Artesia, NM 88211

Mildred Gothard
PO Box 1322
Hobbs, NM 88240

Yates Brothers, a Partnership
PO Box 1394
Artesia, NM 88211

Clifton Wilderspin
PO Box 50088
Midland, TX 79710

Casa Grande Royalty Co., Inc.
PO Box 2305
Midland, TX 79702

Kelly Dawn Coll
736 South Sixth Street
LaGrange, IL 60525

Gloria Scott Hill
3611 Hunter Pier
San Antonio, TX 78230

Larry L. Howe, Elizabeth Loggie, Katherine
Howe-Frilot and Kerwin Overby, as TTE of
the Howe Family Living Trust, as amended
by agreement dtd 2/13/13
7970 Fredericksburg Rd, Suite 101-93
San Antonio, TX 78229

Willie Faye Haraughty Riggs
4712 SE Kentucky
Bartlesville, OK 74006

B&B Haxel Family, LLC
3737 N. College
Bethany, OK 73008

Sally A. Ellis
771 Crecent Drive
Boulder, CO 80306

Max W. Coll, III
7625-2 El Centro Blvd.
Las Cruces, NM 88012

Thomas E. Laughlin, Jr.
Testamentary Trust
6 Micliff Blvd.
Houston, TX 77068

Grace Elizabeth Dean Black
401 Bayshore Drive
La Porte, TX 77571

Barbara Lee Dean Hendricks
3603 Greenleaf Drive
SanAntonio, TX 78218

Dean Corley Myane
PO Box 787
Blanco, TX 78606

John Donald Wesley Corley
312 Mountain Vista Dr.
Penhook, VA 24137

Ross M. Enyart
1015 Applewood Street
Klamath Falls, OR 97603

Susie D. McEvers
12408 SW 14th St
Beaverton, OR 97005

James Hayes Young, III
140 State HWY 19
Huntsville, TX 77340

Dennis Van Hees
FM 247 Rd
Huntsville, TX 77320

Elizabeth Van Hees
Hollingsworth
1325 CR 180
Leander, TX 77230

Sharon Ann Henry Willaby
PO Box 303
Nevada, TX 75173

Barbara Sue Henry Williams
PO Box 303
Nevada, TX 75173

Jimmie Miriam Henry Dickens
125 Mockingbird Ln
Livingston, TX 77351

Diane Schirmacher Glanzer
2404 Heritage Drive
Opelika, AL 36804

Anna K. Schirmacher Pruess
7053 Old Mill Creek
Brenham, TX 77833

**COG OPERATING LLC
CLYDESDALE 1 FEE NO. 7H WELL**

Michael G. Schirmacher
1000 New Jersey Ave. SE, Unit 101
Washington, DC 20003

Mary Catherine Henry Chennault
2612 FM 859
Edgewood, TX 75117

Ronald Edgar Ham
1906 Cypress Point East
Austin, TX 78746

David Henry Ham
201 Dunkeld
Spicewood, TX 78669

Alma Bernice Henry Coleman
228 Elmwood Street
Huntsville, TX 77320

Nancy Jane Henry Oliver
PO Box 214
Riverside, TX 77367

Christine Henry Sivcoski
PO Box 17321
New Waverly, TX 77358

John Cary Riggs
954 CR 664
Devine, TX 78016

Harold P. Plocek
PO Box 1476
Bandera, TX 78003

Robert Bruce Anderson
PO Box 1000
Roswell, NM 88202

Robert B. Anderson
6404 Zapateco NW
Albuquerque, NM 87015

William Phelps Anderson
PO Box 1000
Roswell, NM 88202

Barbara Kryder
PO Box 1000
Roswell, NM 88202

James R. Swope
1832 Mountain Laurel Drive
Kerrville, TX 78028

Cydney McDonald, and spouse
if applicable
424 Brady Lane
Austin, TX 78746

Jack Scott McDonald, and
spouse if applicable
1110 College Avenue
Snyder, TX 79549

Jan Alice Herrstrom
3333 Castle
Waco, TX 76710

George Scott Cranford
2009 Hubbard Court
Villa Rica, GA 30180

Twin Oaks Petroleum LLC
1201 Front Avenue, Unit 416
Columbine, GA 31901

Ray Hall Beck, and spouse if
applicable
3509 Dominion Ridge Circle
San Angelo, TX 76904

B&G Royalties
PO Box 376
Artesia, NM 88211-0376

Ocotillo Production
1705 W. Washington
Artesia, NM 88210

Van Winkle Family LLC
605 W. McCune
Roswell, NM 88203

David Harper
2417 Cero Road
Artesia, NM 88210

Juanel Harper
1207 West Centre Ave.
Artesia, NM 88210

Jami Harl
2485 East 54th
Tulsa, OK 74105

James Carson
1323 Tudor Street
Lowell, AR 72745

COG OPERATING LLC
CLYDESDALE 1 FEE NO. 7H WELL

Y Owen
15011 Royal George Ave.
Odessa, FL 33556

Eddie M. Mahfood
133 Fulton Place
Portland, TX 78374

Valerie Ann Mahfood, and
spouse if applicable
133 Fulton Place
Portland, TX 78374

OFFSET OWNERS:

Yates Petroleum Corp
MYCO Industries, Inc
Abo Petroleum Corp
105 South Fourth St
Artesia, NM 88210

AAR Limited Partnership
1320 W. 4th
Roswell, NM 88201

Argo Energy Partners Ltd
PO Box 1808
Corsicana, TX 75151-1808

B&L Oil Company
900 W. Cooper
Hobbs, NM 88240

C.W. Paine Company
1314 Juniper
Lewisville, TX 75067

Charles B. Read
PO Box 1518
Roswell, NM 88202

Cimarex Energy Co.
600 N. Marienfeld, Ste. 600
Midland, TX 79701

DES Acquisition LLC
9331 Wickford
Houston, TX 77024-3637

Devon Energy Production
Company, LP
PO Box 108838
Oklahoma City, OK 73101

DHA, LLC
500 W. Wall St. Suite 300
Midland, TX 79701

Dugan Production Corporation
709 E. Murray Dr.
Farmington, NM 87401

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

Eugene E. Nearburg c/o Nearburg
Exploration Company, LLC
PO Box 823085
Dallas, TX 75382-3085

Explorers Petroleum
Corporation
PO Box 1933
Roswell, NM 88202-1933

FLP Trafalgar II, LP
4000 E. Third Ave., Ste. 600
Foster City, CA 94404-4801

Fred N. Nelson Farms
3755 E. Grand Plains Rd.
Roswell, NM 88201

Harvey E. Yates Company
Security Natinal Bank Building
Suite 1000
Roswell, NM 88201

Hideaway Partnership c/o TMF
Investments
25 Hanover Rd., Building B
Florham Park, NJ 07932

Jalapeno Corporation
PO Box 1608
Albuquerque, NM 87103

Jo Ann Yates
257 North 26th Street
Artesia, NM 88210

Joe R. Wright, trustee of the
Wright Family Trust (5/21/98)
320 Kearney Ave. Apt. 9
Santa Fe, NM 87501

**COG OPERATING LLC
CLYDESDALE 1 FEE NO. 7H WELL**

John A. Yates
207 South 4th Street
Artesia, NM 88210

John A. Yates, Trustee of Trust Q
105 South 4th Street
Artesia, NM 88210

Los Chicos
105 South Fourth Street
Artesia, NM 88210

Marigold LLLP
PO Box 1290
Artesia, NM 88211

Mark Wilson Family Partnership, LP
4501 Green Tree Boulevard
Midland, TX 79707

Menpart Associates c/o Nearburg
Exploration Company, LLC
PO Box 823085
Dallas, TX 75382-3085

Nadel & Gussman Permian, LLC
601 N. Marienfeld Suite 508
Midland, TX 79701

Nearburg Exploration Company, LLC
1 Petroleum Center Bldg. 8, Suite 100
3300 North "A" Street
Midland, TX 79705

Orion-Smith Oil Properties Ltd
2505 Lakeview
Amarillo, TX 79109

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Rio Pecos Corp
4501 Green Tree Boulevard
Midland, TX 79707

Santo Legado LLLP
PO Box 1020
Artesia, NM 88211

Sharbro Energy LLC
PO Box 840
Artesia, NM 88211

Sharbro Energy, LLC
PO Box 840
Artesia, NM 88211

Spiral, Inc.
PO Box 1933
Roswell, NM 88201

Tulipan LLC
PO Box 1020
Artesia, NM 88211

Wolfcamp Title LLC
PO Box 2423
Roswell, NM 88202-2423

Yates Energy Corporation
PO Box 2323
Roswell, NM 88202-2323

Yates Industries LLC
PO Box 1091
Artesia, NM 88211

5102 0106 1000 2288 1712

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

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 105 South Fourth St

City, Artesia, NM 88210

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

USPS SANTA FE, NM 87594
 MAY - 8 2016
 DE VARGAS POST OFFICE

5102 0106 1000 2288 1712

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

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 PO Box 2423

City, Roswell, NM 88202-2423

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

USPS SANTA FE, NM 87594
 MAY - 8 2016
 DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

Yates Petroleum Corp
 MYCO Industries, Inc
 Abo Petroleum Corp
 105 South Fourth St
 Artesia, NM 88210

9590 9401 0128 5225 9697 61

7015 3010 0001 8827 6173

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 5/9/16

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

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.

Wolfcamp Title LLC
 PO Box 2423
 Roswell, NM 88202-2423

9590 9401 0128 5225 9697 30

7015 3010 0001 8827 5626

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Michael S. Richardson C. Date of Delivery 5-9-16

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

7015 3010 0001 8827 5763

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

MHF/COG
CLYDESDALE 7H
OFFICE

For delivery information, visit usps.com

Certified Mail Fee \$ 3.85

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

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

Postage \$

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

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:

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

9590 9401 0128 5225 9702 17

7015 3010 0001 8827 5763

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) BULLS VICKERS

C. Date of Delivery MAY 6 2016

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

3. Service Type

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

(over \$500)

7015 3010 0001 8827 5794

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

MHF/COG
CLYDESDALE 7H
OFFICE

For delivery information, visit usps.com

Certified Mail Fee \$ 3.85

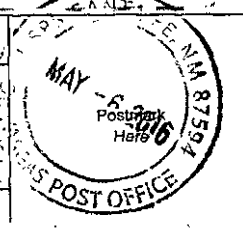
Extra Services & Fees (check box, add fee as appropriate)

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

Postage \$

FLP Trafalgar II, LP
4000 E. Third Ave., Ste. 600
Foster City, CA 94404-4801

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:

FLP Trafalgar II, LP
4000 E. Third Ave., Ste. 600
Foster City, CA 94404-4801

9590 9401 0128 5225 9702 48

7015 3010 0001 8827 5794

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [Signature]

C. Date of Delivery MAY 6 2016

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

3. Service Type

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

7015 3010 0001 8827 3851

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit MHF/COG CLYDESDALE 7H OFFICE	
Certified Mail Fee	\$ <u>3.85</u>
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total P	\$ _____
Sent To	OXY Y-1 Company
Street	5 Greenway Plaza, Suite 110
City, St.	Houston, TX 77046-0521
PS Form	Instructions



7015 3010 0001 8827 3868

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit MHF/COG CLYDESDALE 7H OFFICE	
Certified Mail Fee	\$ <u>3.85</u>
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total	\$ _____
Sent To	Cimarex Energy Co.
Street	600 N. Marienfeld, Ste. 600
City, St.	Midland, TX 79701
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



7015 3010 0001 8827 3875

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

For delivery information, visit **OFFIC**

MHF/COG
 CLYDESDALE 7H

Certified Mail Fee
 \$ 3.45

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

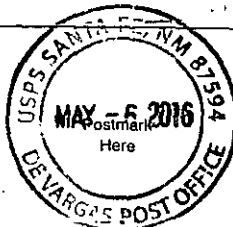
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage
 \$

Total
 \$

Send to
 Marshall & Winston, Inc.
 Attn: Mr. Kevin Hammit
 PO Box 50880
 Midland, TX 79710

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



7015 3010 0001 8827 3882

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

For delivery information, visit **OFFIC**

MHF/COG
 CLYDESDALE 7H

Certified Mail Fee
 \$ 3.45

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

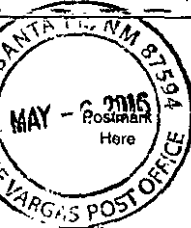
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage
 \$

Total
 \$

Send to
 Elyse Saunders Patterson Trust
 Investments LLC
 5110 S. Yale Avenue, Suite 400
 Tulsa, OK 74135

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Elyse Saunders Patterson Trust Investments LLC 5110 S. Yale Avenue, Suite 400 Tulsa, OK 74135 2. Article Number. (Transfer from service label) 9590 9401 0128 5225 9687 95	A. Signature ☒ Agent ☐ Addressee B. Received by (Printed Name) Carolyn Sutton C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type <table border="0"> <tr> <td> ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Registered Mail ☐ Registered Mail Restricted Delivery </td> <td> ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery </td> </tr> </table>	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Registered Mail ☐ Registered Mail Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Registered Mail ☐ Registered Mail Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery		

PS Form 3800, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 3010 0001 8827 3899

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

Domestic Mail Only

For delivery information, visit

**MHF/COG
CLYDESDALE 7H
OFFICE**

Certified Mail Fee

\$

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

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

Postage

\$

Total Paid

Sent To

Good Earth Minerals, LLC
849 Broken Arrow
Roswell, NM 88201

City, State

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

See Reverse for Instructions



7015 3010 0001 8827 3905

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

Domestic Mail Only

For delivery information, visit

**MHF/COG
CLYDESDALE 7H
OFFICE**

Certified Mail Fee

\$

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

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

Postage

\$

Total Paid

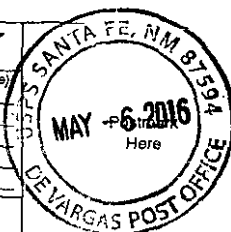
Sent To

Matlock Minerals Ltd. Co.
11101 Bermuda Dunes, NE
Albuquerque, NM 87111

City, State

PS Form 3800, April 2013 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:

Good Earth Minerals, LLC
849 Broken Arrow
Roswell, NM 88201

9590 9401 0128 5225 9688 01

7015 3010 0001 8827 3899

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-14-16

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

3. Service Type

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

RETURNED

7015 3010 0001 8827 3912

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

For delivery information, visit **MHF/COG**
OFFICIAL **CLYDESDALE 7H**

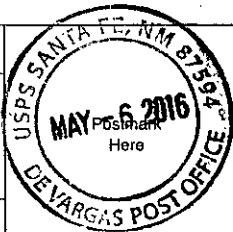
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Postage \$

Sent To
 Street and Apt.
 City, State, Zip

Toles-Com-Ltd.
 PO Box 1300
 Roswell, NM 88202

PS Form 3800, April 2013 PSN 7530-02-000-9053



7015 3010 0001 8827 3912

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

For delivery information, visit **MHF/COG**
OFFICIAL **CLYDESDALE 7H**

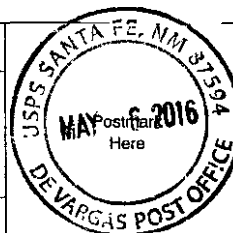
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total \$

Sent To
 Street
 City

Jon F. Coll, II
 7335 Walla Walla
 San Antonio, TX 78250

PS Form 3800, April 2013 PSN 7530-02-000-9053



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

For delivery information, visit **MHF/COG**
OFFICIAL **CLYDESDALE 7H**

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

Postage \$
 Total Postage \$

Sent To
 Street and Apt.
 City, State, Zip

Toles-Com-Ltd.
 PO Box 1300
 Roswell, NM 88202

PS Form 3800, April 2013 PSN 7530-02-000-9053

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

THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Toles-Com-Ltd.
 PO Box 1300
 Roswell, NM 88202

9590 9401 0128 5225 9688 25

2. 7015 3010 0001 8827 3912

A. Signature

x. R. Myrline Chance ☐ Agent
☐ Addressee

B. Received by (Printed Name)

R. Myrline Chance

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ 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, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 3010 0001 8827 3738

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 7H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.40
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

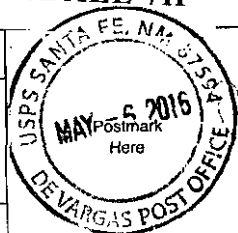
Postage
 \$ _____

Total P
 \$ _____

Sent To
 Spirit Trail, LLC
 PO Box 1818
 Roswell, NM 88202

City, State
 Roswell, NM 88202

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:

Spirit Trail, LLC
 PO Box 1818
 Roswell, NM 88202

9590 19401 0128 5225 9708 66

2. Article Number (Transfer from service label)

7015 3010 0001 8827 3738

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

B. Received by (Printed Name)

[Signature]

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent
☐ Addressee
☐ Yes
☐ No

3. Service Type

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

Domestic Return Receipt

7015 3010 0001 8827 3745

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 7H

Certified Mail Fee
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.40
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

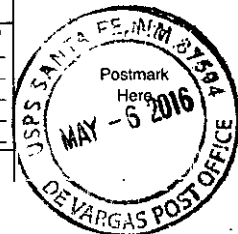
Postage
 \$ _____

Total P
 \$ _____

Sent To
 Beulah Williams
 9309 Orlando Place, NE
 Albuquerque, NM 87111

City, State
 Albuquerque, NM 87111

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



7015 3010 0001 8827 3752

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.45

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

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

Postage \$

Total Paid \$

Sent To **Tara Wilde**

Street or **3607 Mockingbird Lane**

City, State **Midwest City, OK 73110**

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

RETURNED

7015 3010 0001 8827 3769

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.45

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

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

Postage \$

Total Paid \$

Sent To **Pat Shelton**

Street or **5105 72nd Avenue, NE**

City, State **Norman, OK 73026**

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

RETURNED

7015 3010 0001 8827 3776

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

For delivery information, visit our **MHF/COG**
OFFICIAL **CLYDESDALE 7H**

Certified Mail Fee \$ 3.85

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 Jim Wilde

Street or 3709 North Donald

City, State, ZIP+4® Bethany, OK 73008

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



7015 3010 0001 8827 3783

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

For delivery information, visit our **MHF/COG**
OFFICIAL **CLYDESDALE 7H**

Certified Mail Fee \$ 3.85

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 \$

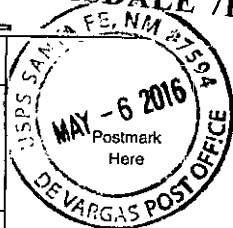
Total Po \$

Sent To Eric J. Coll

Street or PO Box 550

City, State, ZIP+4® Roswell, NM 88202

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



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

For delivery information, visit our **MHF/COG**
OFFICIAL **CLYDESDALE 7H**

Certified Mail Fee \$ 3.85

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 Jim Wilde

Street or 3709 North Donald

City, State, ZIP+4® Bethany, OK 73008

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

SEND TO 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:

Jim Wilde
3709 North Donald
Bethany, OK 73008

9590 9401 0128 5225 9708 97

2. Article Number (Transfer from service label)

7015 3010 0001 8827 3776

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jim Wilde ☐ Agent ☐ Addressee

B. Received by (Printed Name) JIM WILDE

C. Date of Delivery MAY 13 2016

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

☐ Mail Restricted Delivery

Domestic Return Receipt

7015 3010 0001 8827 3790

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

For delivery information, visit **OFFIC** **MHF/COG**
CLYDESDALE 7H

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 **Clarke C. Coll**
PO Box 1818
Roswell, NM 88202
 Street and City, State

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



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Clarke C. Coll
PO Box 1818
Roswell, NM 88202

2. Article Number (Transfer from service label)
7015 3010 0001 8827 3790

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/10/16*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

7015 3010 0001 8827 3806

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

For delivery information, visit **OFFIC** **MHF/COG**
CLYDESDALE 7H

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 **Empire Energy, LLC**
70 Riverside
Roswell, NM 88201
 Street and City, State

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



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Empire Energy, LLC
70 Riverside
Roswell, NM 88201

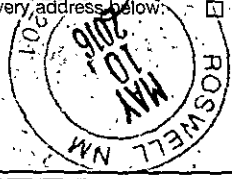
2. Article Number (Transfer from service label)
7015 3010 0001 8827 3806

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/10/16*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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



7015 3010 0001 8827 3813

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

MHF/COG
 CLYDESDALE 7H

OFFICIAL USE

For delivery information, visit usps.com

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Charles H. Coll

Street or PO Box 1818

City, State Roswell, NM 88202

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



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 H. Coll
PO Box 1818
Roswell, NM 88202

2. Article Number (Transfer from service label)

7015 3010 0001 8827 3813

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery 5/10/16

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

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

7015 3010 0001 8827 6289

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

MHF/COG
 CLYDESDALE 7H

OFFICIAL USE

For delivery information, visit usps.com

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.40

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Morris E. Schertz

Street or PO Drawer 2588

City, State Roswell, NM 88202

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



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:

Morris E. Schertz
PO Drawer 2588
Roswell, NM 88202

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6289

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery 5/10/16

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

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

7015 3010 0001 8827 6296

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/COG**
 For delivery information, visit **CLYDESDALE 7H**
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 Post \$ _____

Sent To **New State Gas, LLC**
1213 West 3rd Street
Roswell, NM 88201

Street and _____
 City, State _____

PS Form 3800, April 2015 PSN 7530-02-000-9053



7015 3010 0001 8827 6302

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/COG**
 For delivery information, visit **CLYDESDALE 7H**
OFFICIAL

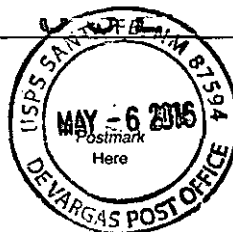
Certified Mail Fee \$ 3.45
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____

Sent To **Sally Rodgers**
152 Arroyo Hondo Road
Santa Fe, NM 87505

Street _____
 City, State _____

PS Form 3800, April 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
New State Gas, LLC
1213 West 3rd Street
Roswell, NM 88201

2. Article Number (Transfer from Service Label)
7015 3010 0001 8827 6296

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Ami Moody C. Date of Delivery MAY 10 2016
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

(over \$500) Restricted Delivery

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

7015 3010 0001 8827 6319

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF/COG

For delivery information, CLYDESDALE 7H

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

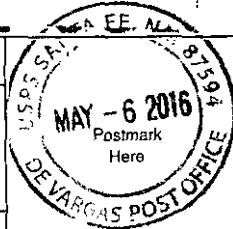
\$

Sent To

Street

City, St.

Artesia Oil & Gas LLC
PO Box 1768
Artesia, NM 88211



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

7015 3010 0001 8827 6326

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF/COG

For delivery information, vi CLYDESDALE 7H

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

Stre

City,

Mildred Gothard
PO Box 1322
Hobbs, NM 88240



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

SENDER

- 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:

Artesia Oil & Gas LLC
PO Box 1768
Artesia, NM 88211

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6319

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

ANDREA WATTS

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

Domestic Return Receipt

04E9 2288 1000 0106 5101

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

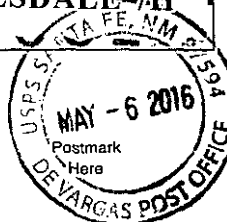
MHF/COG
 For delivery information, visit **CLYDESDALE 7H**
OFFICE

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 **Yates Brothers, a Partnership**
 Street at **PO Box 1394**
 City, State **Artesia, NM 88211**

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



04E9 2288 1000 0106 5101

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

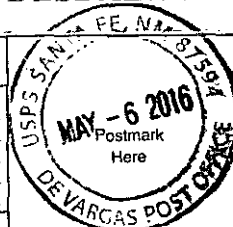
MHF/COG
 For delivery information, visit **CLYDESDALE 7H**
OFFICE

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 **Clifton Wilderspin**
 Street at **PO Box 50088**
 City, State **Midland, TX 79710**

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
- Complete items 1, 2, and 3. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☒ Agent ☐ Addressee B. Received by (Printed Name) <u>Dustin Pannell</u> C. Date of Delivery <u>5-14-16</u> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:
1. Article Addressed to: Clifton Wilderspin PO Box 50088 Midland, TX 79710	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
2. Article Number (Transfer from service label) 7015 3010 0001 8827 6340	

7015 3010 0001 8827 6357

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

For delivery information, visit **CLYDESDALE 7H**

OFFICIAL U.S. MAIL

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Tota \$

Sen \$

Str \$

City \$

Casa Grande Royalty Co., Inc.
 PO Box 2305
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9053

Instructions



7015 3010 0001 8827 6364

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

For delivery information, visit **CLYDESDALE 7H**

OFFICIAL U.S. MAIL

Certified Mail Fee \$ 3.45

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

☐ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Tot \$

Sen \$

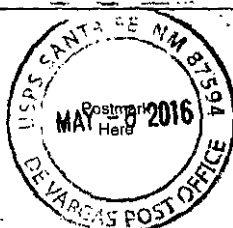
Str \$

City \$

Kelly Dawn Coll
 736 South Sixth Street
 LaGrange, IL 60525

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Casa Grande Royalty Co., Inc.
 PO Box 2305
 Midland, TX 79702

9590 9401 0128 5225 9692 11

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6357

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

P. Hux

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 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:

Kelly Dawn Coll
 736 South Sixth Street
 LaGrange, IL 60525

7540 9401 0128 5225 9692 28

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6364

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

K. Kelly

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

Domestic Return Receipt

7015 3010 0001 8827 6371

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

For delivery information, visit **usps.com**

OFFICE MHF/COG
 CLYDESDALE 7H

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 \$

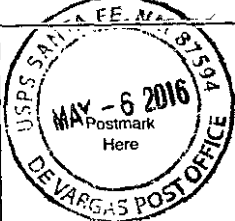
Postage \$

Total \$

Sent to: Gloria Scott Hill
 3611 Hunter Pier
 San Antonio, TX 78230

City:

PS Form 3811, July 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:

Gloria Scott Hill
 3611 Hunter Pier
 San Antonio, TX 78230

9590 9401 0128 5225 9692 35

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6371

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gloria Scott*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Gloria Scott

C. Date of Delivery

5/10/16

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
☐ Mail Restricted Delivery

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

7015 3010 0001 8827 6081

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

For delivery information, visit **usps.com**

OFFICE MHF/COG
 CLYDESDALE 7H

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 \$

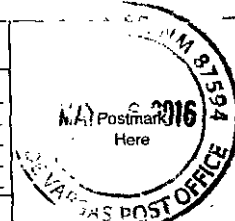
Postage \$

Total \$

Sent to: Larry L. Howe, Elizabeth Loggie, Katherine Howe-Frilot and Kerwin Overby, as TTE of the Howe Family Living Trust, as amended by agreement dtd 2/13/13
 7970 Fredericksburg Rd, Suite 101-93
 San Antonio, TX 78229

City:

PS Form 3811, July 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:

Larry L. Howe, Elizabeth Loggie, Katherine Howe-Frilot and Kerwin Overby, as TTE of the Howe Family Living Trust, as amended by agreement dtd 2/13/13
 7970 Fredericksburg Rd, Suite 101-93
 San Antonio, TX 78229

9590 9401 0128 5225 9692 42

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6081

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Larry L. Howe*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Larry L. Howe

C. Date of Delivery

5/10/16

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
☐ Mail Restricted Delivery

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

Domestic Return Receipt

7015 3010 0001 8827 6098

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

For delivery information, visit **CLYDESDALE 7H OFFICE**

MHF/COG

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 Willie Faye Haraughty Riggs

Street 4712 SE Kentucky

City Bartlesville, OK 74006

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

Willie Faye Haraughty Riggs
4712 SE Kentucky
Bartlesville, OK 74006

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6098

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 5-9-16

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

3. Service Type

☐ Priority Mail Express®

☐ Adult Signature ☐ Registered Mail™

☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery

☒ Certified Mail® ☐ Return Receipt for Merchandise

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery

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

7015 3010 0001 8827 6104

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

For delivery information, visit **CLYDESDALE 7H OFFICE**

MHF/COG

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 \$

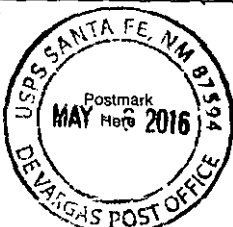
Total \$

Sent B&B Haxel Family, LLC

Street 3737 N. College

City Bethany, OK 73008

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

B&B Haxel Family, LLC
3737 N. College
Bethany, OK 73008

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6104

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) LISA CARLISLE C. Date of Delivery 5/9

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

3. Service Type

☐ Priority Mail Express®

☐ Adult Signature ☐ Registered Mail™

☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery

☒ Certified Mail® ☐ Return Receipt for Merchandise

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery

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

7015 3010 0001 8827 6111

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

For delivery information, visit **usps.com**

OFFICIAL USE

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

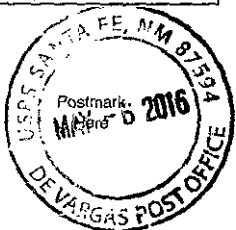
Total Postage \$

Sent To Sally A. Ellis

Street or P.O. Box 771 Crecent Drive

City, State, ZIP+4® Boulder, CO 80306

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



7015 3010 0001 8827 6126

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

For delivery information, visit **usps.com**

OFFICIAL USE

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

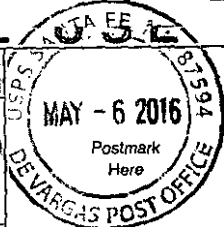
Total Postage \$

Sent To Max W. Coll, III

Street or P.O. Box 7625-2 El Centro Blvd.

City, State, ZIP+4® Las Cruces, NM 88012

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



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:

Sally A. Ellis
771 Crecent Drive
Boulder, CO 80306

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6111

COMPLETE THIS SECTION ON DELIVERY

A. Signature Sally A. Ellis ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sally A. Ellis

C. Date of Delivery 5/10/16

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

PS Form 3811, July 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:

Max W. Coll, III
7625-2 El Centro Blvd.
Las Cruces, NM 88012

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6126

COMPLETE THIS SECTION ON DELIVERY

A. Signature Max Coll III ☐ Agent ☐ Addressee

B. Received by (Printed Name) Max Coll III

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

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

7015 3010 0001 8827 6135

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

For delivery information, visit **MHF/COG**
OFFICIAL **CLYDESDALE 7H**

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 **Thomas E. Laughlin, Jr.**

Street and **Testamentary Trust**

City, State, **2526 Micliff Blvd.**

Houston, TX 77068

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



7015 3010 0001 8827 6142

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

For delivery information, visit **MHF/COG**
OFFICIAL **CLYDESDALE 7H**

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 **Grace Elizabeth Dean Black**

Street **401 Bayshore Drive**

City, State, **La Porte, TX 77571**

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:

Thomas E. Laughlin, Jr.
Testamentary Trust
2526 Micliff Blvd.
Houston, TX 77068

9590 9401 0128 5225 9700 88

7015 3010 0001 8827 6135

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Thomas**

C. Date of Delivery **5/4/16**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 6180

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

For delivery information, visit **MHF/COG**
OFFICIAL CLYDESDALE 7H

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 Barbara Lee Dean Hendricks
3603 Greenleaf Drive
San Antonio, TX 78218

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9054 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:
Barbara Lee Dean Hendricks
3603 Greenleaf Drive
San Antonio, TX 78218

2. Article Number (Transfer from secure label)
9590 9401 0128 5225 9697 85
7015 3010 0001 8827 6180

COMPLETE THIS SECTION ON DELIVERY

A. Signature Barbara Lee Dean Hendricks ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/9

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

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

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

7015 3010 0001 8827 6197

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

For delivery information, visit **MHF/COG**
OFFICIAL CLYDESDALE 7H

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 \$

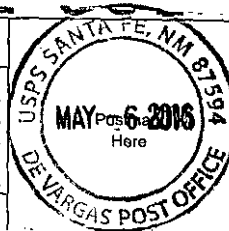
Postage \$

Total \$

Sent Dean Corley Myane
PO Box 787
Blanco, TX 78606

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9054 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:
Dean Corley Myane
PO Box 787
Blanco, TX 78606

2. Article Number (Transfer from secure label)
9590 9401 0128 5225 9697 92
7015 3010 0001 8827 6197

COMPLETE THIS SECTION ON DELIVERY

A. Signature Ray Phipps ☐ Agent ☐ Addressee

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

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

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

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

7015 3010 0001 8827 6201

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

MHF/COG
CLYDESDALE 7H

OFFICIAL

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
 John Donald Wesley Corley
 312 Mountain Vista Dr.
 Penhook, VA 24137

City, State

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

7015 3010 0001 8827 6210

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

MHF/COG
CLYDESDALE 7H

OFFICIAL

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
 Ross M. Enyart
 1015 Applewood Street
 Klamath Falls, OR 97603

City, State

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

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 John Donald Wesley Corley
 312 Mountain Vista Dr.
 Penhook, VA 24137

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 6203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 JOHN CORLEY

C. Date of Delivery
 11 MAY 16

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

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

PS Form 3811, July 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:
 Ross M. Enyart
 1015 Applewood Street
 Klamath Falls, OR 97603

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 6210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 ROSS M. ENYART

C. Date of Delivery

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

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

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

7015 3010 0001 8827 6227

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

For delivery information, visit **OFFIC** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

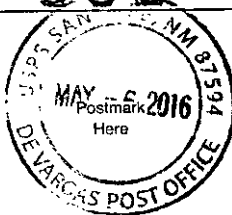
Total P \$

Sent To **Susie D. McEvers**

Street **12408 SW 14th St**

City, St **Beaverton, OR 97005**

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:

Susie D. McEvers
12408 SW 14th St
Beaverton, OR 97005

2. Article Number (Transfer from service label) **7015 3010 0001 8827 6227**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Susie D. McEvers* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Susie D. McEvers** C. Date of Delivery **5-9-16**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 6234

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

For delivery information, visit **OFFIC** **MHF/COG**
CLYDESDALE 7H

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 \$

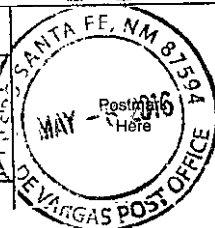
Total \$

Sent To **James Hayes Young, III**

Street **140 State HWY 19**

City, St **Huntsville, TX 77340**

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



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Hayes Young, III
140 State HWY 19
Huntsville, TX 77340

2. Article Number (Transfer from service label) **7015 3010 0001 8827 6234**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *James Hayes Young, III* ☒ Agent ☐ Addressee

B. Received by (Printed Name) **James Hayes Young, III** C. Date of Delivery **5/9/16**

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 6241

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

MHF/COG
 CLYDESDALE 7H
 OFFICIAL

For delivery information, visit usps.com

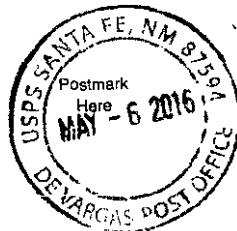
Certified Mail Fee \$ 3.45
2.10

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.10
☐ Return Receipt (electronic) \$ 0.00
☐ Certified Mail Restricted Delivery \$ 0.00
☐ Adult Signature Required \$ 0.00
☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00
 Total \$ 5.55

Sent To: Dennis Van Hees
 FM 247 Rd
 Street: Huntsville, TX 77320
 City:

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:
 Dennis Van Hees
 FM 247 Rd
 Huntsville, TX 77320

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 6241

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dennis Van Hees C. Date of Delivery MAY 13 2016

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

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

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

7015 3010 0001 8827 6241

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

MHF/COG
 CLYDESDALE 7H
 OFFICIAL

For delivery information, visit usps.com

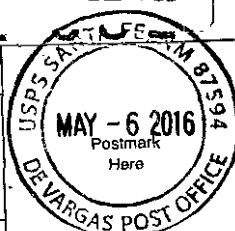
Certified Mail Fee \$ 3.45
2.10

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.10
☐ Return Receipt (electronic) \$ 0.00
☐ Certified Mail Restricted Delivery \$ 0.00
☐ Adult Signature Required \$ 0.00
☐ Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.00
 Total \$ 5.55

Sent To: Elizabeth Van Hees
 Hollingsworth
 Street: 1325 CR 180
 City, St: Leander, TX 77320

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:
 Elizabeth Van Hees
 Hollingsworth
 1325 CR 180
 Leander, TX 77320

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 6258

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery 5-9

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

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

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

7015 3010 0001 8827 6265

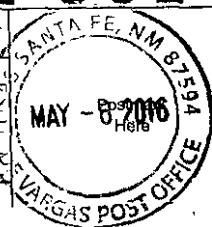
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF/COG
 For delivery information, visit **CLYDESDALE 7H**
OFFICIAL USE

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 Paid \$ _____

Sent To
 Street Address
 City, State

Sharon Ann Henry Willaby
 PO Box 303
 Nevada, TX 75173

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



7015 3010 0001 8827 6272

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF/COG
 For delivery information, visit **CLYDESDALE 7H**
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 Paid \$ _____

Sent To
 Street Address
 City, State

Barbara Sue Henry Williams
 PO Box 303
 Nevada, TX 75173

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Barbara Sue Henry Williams PO Box 303 Nevada, TX 75173 2. Article Number (Transfer from service label) 7015 3010 0001 8827 6272	A. Signature x <i>Sharon Willaby</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) SHARON WILLABY C. Date of Delivery 5/9/16 D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below: 3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 6487

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

To \$

Se \$

Str \$

City \$

Jimmie Miriam Henry Dickens
 125 Mockingbird Ln
 Livingston, TX 77351

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



7015 3010 0001 8827 6494

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

To \$

Se \$

Str \$

City \$

Diane Schirmacher Glanzer
 2404 Heritage Drive
 Opelika, AL 36804

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



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Jimmie Miriam Henry Dickens
 125 Mockingbird Ln
 Livingston, TX 77351

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 6487

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Lloyd I. Dickens

B. Received by (Printed Name) C. Date of Delivery
 S-10

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

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

PS Form 3811, July 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:
 Diane Schirmacher Glanzer
 2404 Heritage Drive
 Opelika, AL 36804

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 6494

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
L. Schirmacher

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

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

7015 3010 0001 8827 6500

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

For delivery information, visit **MHF/COG**
CLYDESDALE 7H

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 \$ _____

Anna K. Schirmacher Pruess
 7053 Old Mill Creek
 Brenham, TX 78733

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



7015 3010 0001 8827 6517

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

For delivery information, visit **MHF/COG**
CLYDESDALE 7H

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 Michael G. Schirmacher
 1000 New Jersey Ave. SE, Unit 101
 Washington, DC 20003

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:
 Anna K. Schirmacher Pruess
 7053 Old Mill Creek
 Brenham, TX 78733

2. Article Number (Transfer from service label)
 9590 9401 0128 5225 9697 09

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Anna Pruess

C. Date of Delivery _____

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Return Receipt for Merchandise

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery (over \$500)

Domestic Return Receipt

4259 2288 7015 3010 0001 8827 6524

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.85

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 \$

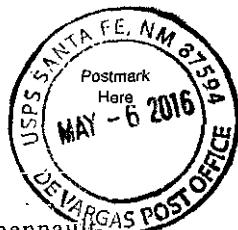
Total \$

Sent To **Mary Catherine Henry Chennault**

Street **2612 FM 859**

City, State **Edgewood, TX 75117**

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



RETURNED

4259 2288 7015 3010 0001 8827 6531

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.85

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 \$

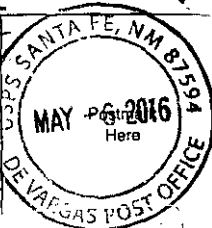
Total \$

Sent To **Ronald Edgar Ham**

Street **1906 Cypress Point East**

City, State **Austin, TX 78746**

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

Ronald Edgar Ham
1906 Cypress Point East
Austin, TX 78746

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6531

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

B. Received by (Printed Name) **R.E. Ham**

C. Date of Delivery **5/13/16**

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery ☐ Signature Confirmation™

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 6548

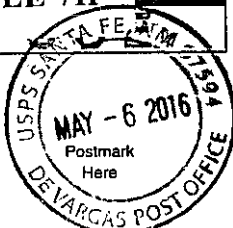
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/COG**
 For delivery information, visit **CLYDESDALE 7H**
OFF

Certified Mail Fee \$ 345
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 280
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____
 Sent to _____
 Street _____
 City, St. _____

David Henry Ham
 201 Dunkeld
 Spicewood, TX 78669

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



7015 3010 0001 8827 6555

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only **MHF/COG**
 For delivery information, visit **CLYDESDALE 7H**
OFFIC

Certified Mail Fee \$ 345
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 280
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total \$ _____
 Sent to _____
 Street _____
 City _____

Alma Bernice Henry Coleman
 228 Elmwood Street
 Huntsville, TX 77320

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:
 David Henry Ham
 201 Dunkeld
 Spicewood, TX 78669

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 6548

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **DAVID H. HAM** C. Date of Delivery **5/9/16**
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below: _____

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

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

7015 3010 0001 8827 6562

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

MHF/COG
CLYDESDALE 7H

OFFICIAL

For delivery information, visit usps.com

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 \$

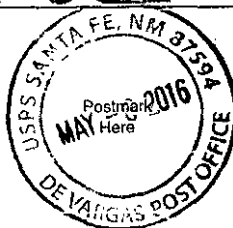
☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To Nancy Jane Henry Oliver
Street PO Box 214
City, S Riverside, TX 77367

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Tina Oliver C. Date of Delivery 5/11/16

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

3. Service Type

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

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6562

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

Nancy Jane Henry Oliver
 PO Box 214
 Riverside, TX 77367

9590 9401 0128 5225 9690 06

7015 3010 0001 8827 6579

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

MHF/COG
CLYDESDALE 7H

OFFICIAL

For delivery information, visit usps.com

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 Christine Henry Sivcoski
Street PO Box 17321
City, S New Waverly, TX 77358

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Christine Sivcoski C. Date of Delivery 5/10/16

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

3. Service Type

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

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6579

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

Christine Henry Sivcoski
 PO Box 17321
 New Waverly, TX 77358

9590 9401 0128 5225 9690 13

0655 2828 1000 0001 8827 5930

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

For delivery information, visit **CLYDESDALE 7H**

OFFICIAL USE

Certified Mail Fee
 \$ 3.45

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

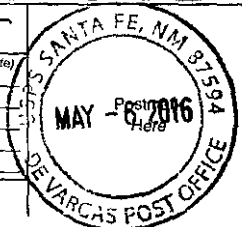
Postage
 \$

Total P.C.
 \$

Sent To
 John Cary Riggs
 954 CR 664
 Devine, TX 78016

Street
 City, St.

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 John Cary Riggs
 954 CR 664
 Devine, TX 78016

2. Article Number (Transfer from service label)
 9590 9401 0128 5225 9690 20

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

B. Received by (Printed Name)
 John Cary Riggs

C. Date of Delivery
 MAY 12 2016

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

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

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

0655 2828 1000 0001 8827 5947

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

For delivery information, visit **CLYDESDALE 7H**

OFFICIAL USE

Certified Mail Fee
 \$ 3.45

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

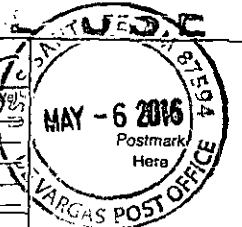
Postage
 \$

Total
 \$

Sent To
 Harold P. Plocek
 PO Box 1476
 Bandera, TX 78003

Street
 City, St.

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Harold P. Plocek
 PO Box 1476
 Bandera, TX 78003

2. Article Number (Transfer from service label)
 9590 9401 0128 5225 9690 37

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

B. Received by (Printed Name)
 H. Plocek

C. Date of Delivery
 5-9-16

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

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

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

7015 3010 0001 8828 0026

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

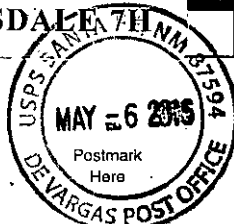
For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 7H

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

Postage

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 Ci

Robert Bruce Anderson
 PO Box 1000
 Roswell, NM 88202



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

7015 3010 0001 8827 6586

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

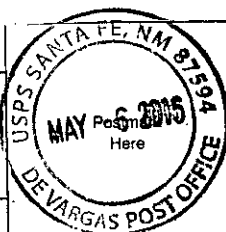
For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 7H

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

Postage

\$
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 \$
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 \$
 Sin
 \$
 Cit

Robert B. Anderson
 6404 Zapateco NW
 Albuquerque, NM 87015



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

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

SEND

■ 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 Bruce Anderson
 PO Box 1000
 Roswell, NM 88202

2. Article Number (Transfer from service label)
 7015 3010 0001 8828 0026

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

A. Signature
 X [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
D. House

C. Date of Delivery
MAY 11 2016

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

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

7015 3010 0001 8827 6999

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

Domestic Mail Only

MHF/COG

For delivery information, visit **CLYDESDALE 7H****OFFICIAL**

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.70
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

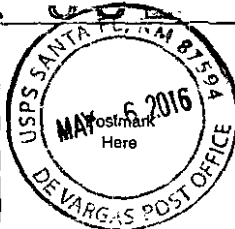
Street

City

William Phelps Anderson
PO Box 1000
Roswell, NM 88202

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 Phelps Anderson
PO Box 1000
Roswell, NM 88202

9590 9401 0128 5225 9701 25

2. Article Number (Transfer from service label) 1 1 1 1 1 1

7015 3010 0001 8827 6999

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *D Reese*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

D Reese

C. Date of Delivery

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

3. Service Type

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



Domestic Return Receipt

7015 3010 0001 8827 7002

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

Domestic Mail Only

MHF/COG

For delivery information, visit **CLYDESDALE 7H****OFFICIAL**

Certified Mail Fee

\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.70
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent

Street

City

Barbara Kryder
PO Box 1000
Roswell, NM 88202

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:

Barbara Kryder
PO Box 1000
Roswell, NM 88202

9590 9401 0128 5225 9701 32

2. Article Number (Transfer from service label) 1 1 1 1 1 1

7015 3010 0001 8827 7002

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *D Reese*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

D Reese

C. Date of Delivery

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

3. Service Type

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



Domestic Return Receipt

7015 3010 0001 8827 7019

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 7H

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 \$

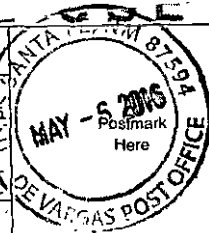
Total Po \$

Sent To James R. Swope

Street or 1832 Mountain Laurel Drive

City, Sta Kerrville, TX 78028

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



7015 3010 0001 8827 5954

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 7H

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 Cydney McDonald, and spouse

Street or if applicable

City 424 Brady Lane

Austin, TX 78746

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:

James R. Swope
1832 Mountain Laurel Drive
Kerrville, TX 78028

2. Article Number (Transfer from service label)

7015 3010 0001 8827 7019

COMPLETE THIS SECTION ON DELIVERY

A. Signature: James Swope ☐ Agent ☒ Addressee

B. Received by (Printed Name) James Swope

C. Date of Delivery 5-9-16

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

3. Service Type

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

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

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

MHF/COG

For delivery information, vi
OFFICE CLYDESDALE 7H

Certified Mail Fee

\$

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

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

Postage

\$

Total

\$

Sent To

Street

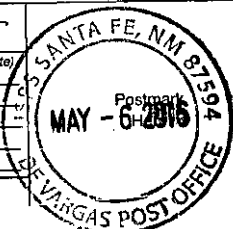
City, State

Jack Scott McDonald, and
spouse if applicable
1110 College Avenue
Snyder, TX 79549

PS Form

PSN 7530-02-000-9047

See Reverse for Instructions



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

MHF/COG

For delivery information, vi
OFFICE CLYDESDALE 7H

Certified Mail Fee

\$

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

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

Postage

\$

Total Paid

\$

Sent To

Street

City, State

Jan Alice Herrstrom
3333 Castle
Waco, TX 76710

PS Form

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:

Jack Scott McDonald, and
spouse if applicable
1110 College Avenue
Snyder, TX 79549

9590 9401 0128 5225 9702 62

2. Article Number (Transfer from service label)

7015 3010 0001 8827 5961

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Bagland*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

(over \$500)

Domestic Return Receipt

7015 3010 0001 8827 5985

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/COG
CLYDESDALE 7H

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 **George Scott Cranford**

Street **2009 Hubbard Court**

City, State, ZIP+4® **Villa Rica, GA 30180**

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



7015 3010 0001 8827 5992

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

For delivery information, visit **OFFICIAL MAIL SERVICE**

MHF/COG
CLYDESDALE 7H

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 \$ _____

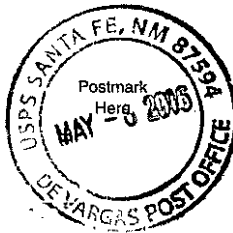
Total \$ _____

Sent to **Twin Oaks Petroleum LLC**

Street **1201 Front Avenue, Unit 416**

City, State, ZIP+4® **Columbine, GA 31901**

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



7015 3010 0001 8827 6005

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

MHF/COG
 CLYDESDALE 7H
OFFICIAL

For delivery information, visit usps.com

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

Street

City, St.

Ray Hall Beck, and spouse if applicable
 3509 Dominion Ridge Circle
 San Angelo, TX 76904

PS Form 3800, April 2015 PSN 7530-02-000-9004



7015 3010 0001 8827 6012

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

MHF/COG
 CLYDESDALE 7H
OFFICIAL

For delivery information, visit usps.com

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

Street

City, St.

B&G Royalties
 PO Box 376
 Artesia, NM 88211-0376

PS Form 3800, April 2015 PSN 7530-02-000-9004



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:

Ray Hall Beck, and spouse if applicable
 3509 Dominion Ridge Circle
 San Angelo, TX 76904

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6005

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *Tommy Smith* C. Date of Delivery *5-11-16*

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

3. Service Type

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

PS Form 3811, July 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:

B&G Royalties
 PO Box 376
 Artesia, NM 88211-0376

2. Article Number (Transfer from service label)

7015 3010 0001 8827 6012

COMPLETE THIS SECTION ON DELIVERY

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

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

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

3. Service Type

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

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

7015 3010 0001 8827 6029

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

MHF/COG
For delivery information, **CLYDESDALE 7H**

OFFICIAL USE

Certified Mail Fee
\$ 3.45

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

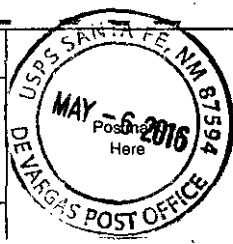
Postage
\$ _____

Total Postage
\$ _____

Sent To
Ocotillo Production
1705 W. Washington
Artesia, NM 88210

City, State, ZIP+4®
Artesia, NM 88210

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



7015 3010 0001 8827 6036

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

MHF/COG
For delivery information, **CLYDESDALE 7H**

OFFICIAL USE

Certified Mail Fee
\$ 3.45

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

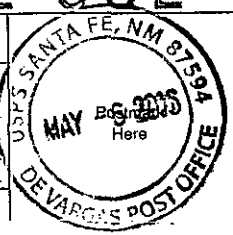
Postage
\$ _____

Total Postage
\$ _____

Sent To
Van Winkle Family LLC
605 W. McCune
Roswell, NM 88203

City, State, ZIP+4®
Roswell, NM 88203

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



7015 3010 0001 8827 6043

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

For delivery information, visit **OFFICIAL** **MHF/COG** **CLYDESDALE 7H**

Certified Mail Fee
 \$ 3.85

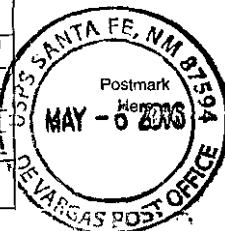
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Price
 \$ _____

Sent To
 David Harper
 2417 Cero Road
 Artesia, NM 88210

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



7015 3010 0001 8827 6050

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

For delivery information, visit **OFFICIAL** **MHF/COG** **CLYDESDALE 7H**

Certified Mail Fee
 \$ 3.85

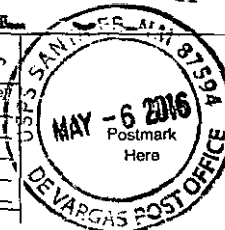
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Price
 \$ _____

Sent To
 Juanel Harper
 1207 West Centre Ave.
 Artesia, NM 88210

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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Juanel Harper
 1207 West Centre Ave.
 Artesia, NM 88210

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 6050

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Juanel Harper

B. Received by (Printed Name)
 Juanel Harper

C. Date of Delivery
 MAY 12 2016

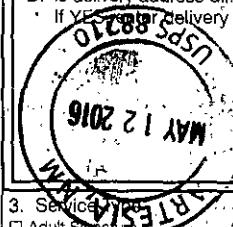
D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service
☐ Adult Signature Restricted Delivery
☒ 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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over \$500)

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



7015 3010 0001 8827 6067

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

For delivery information, visit **OFFICIAL**

MHF/COG
CLYDESDALE 7H

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
 \$

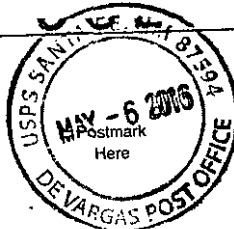
Total Pr
 \$

Sent To
Jami Harl

Street
2485 East 54th

City, State
Tulsa, OK 74105

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



7015 3010 0001 8827 6074

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

For delivery information, visit **OFFICIAL**

MHF/COG
CLYDESDALE 7H

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 Pr
 \$

Sent To
James Carson

Street
1323 Tudor Street

City, State
Lowell, AR 72745

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



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Jami Harl
2485 East 54th
Tulsa, OK 74105

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6067

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
5/10/16

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

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

9590 9401 0128 5225 9700 26

PS Form 3811, July 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:
James Carson
1323 Tudor Street
Lowell, AR 72745

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6074

COMPLETE THIS SECTION ON DELIVERY

A. Signature
James Carson ☐ Agent ☐ Addressee

B. Received by (Printed Name)
JAMES CARSON

C. Date of Delivery
05/11/16

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

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

9590 9401 0128 5225 9700 33

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

7015 3010 0001 8827 5831

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

For delivery information, visit usps.com

MHF/COG
CLYDESDALE 7H

OFFICE

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 2.85
☐ Return Receipt (electronic) \$ 2.85
☐ Certified Mail Restricted Delivery \$ 0.00
☐ Adult Signature Required \$ 0.00
☐ Adult Signature Restricted Delivery \$ 0.00

Postage

\$

Total

\$

Sent To

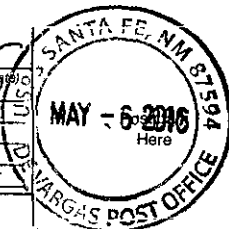
Street and Apt.

City, State, ZIP

Terry Owen
 13011 Royal George Ave.
 Odessa, FL 33556

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

See Reverse for Instructions



7015 3010 0001 8827 5848

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

For delivery information, visit usps.com

MHF/COG
CLYDESDALE 7H

OFFICE

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.45
☐ Return Receipt (electronic) \$ 2.85
☐ Certified Mail Restricted Delivery \$ 0.00
☐ Adult Signature Required \$ 0.00
☐ Adult Signature Restricted Delivery \$ 0.00

Postage

\$

Total Postage

Sent To

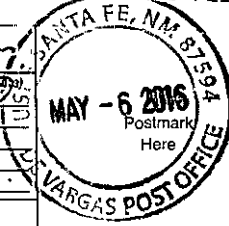
Street and Apt.

City, State, ZIP

Eddie M. Mahfood
 133 Fulton Place
 Portland, TX 78374

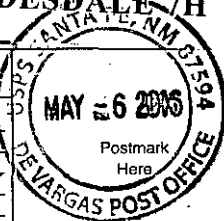
PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7015 3010 0001 8827 5855

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
MHF/COG	
For delivery information, visit CLYDESDALE 7H	
OFFIC	
Certified Mail Fee	\$ <u>3.45</u>
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total P	\$ _____
Sent to	Valerie Ann Mahfood, and
Street	spouse if applicable
City, St.	133 Fulton Place
	Portland, TX 78374
PS Form 3800, April 2013 PSN 7530-02-000-9041 Instructions	



7015 3010 0001 8827 4032

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF/COG
 For delivery information, visit **CLYDESDALE 7H**
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 To: Yates Petroleum Corp
 MYCO Industries, Inc
 Abo Petroleum Corp
 105 South Fourth St
 City: Artesia, NM 88210

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

USPS SANTA FE, NM 87594
 MAY - 6 2016
 Postmark Here
 DEYARGAS POST OFFICE

7015 3010 0001 8827 5862

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF/COG
 For delivery information, visit **CLYDESDALE 7H**
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 To: AAR Limited Partnership
 1320 W. 4th
 Street: Roswell, NM 88201
 City: _____

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

USPS SANTA FE, NM 87594
 MAY - 6 2016
 Postmark Here
 DEYARGAS POST OFFICE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT THIS 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:
 Yates Petroleum Corp
 MYCO Industries, Inc
 Abo Petroleum Corp
 105 South Fourth St
 Artesia, NM 88210

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 4032

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bra C. Date of Delivery 5/9/16

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

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

9590 9401 0128 5225 9688 49

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

7015 3010 0001 8827 5879

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 7H

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 **Argo Energy Partners Ltd**

Street **PO Box 1808**

City **Corsicana, TX 75151-1808**

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



7015 3010 0001 8827 5886

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

For delivery information, visit **MHF/COG**
OFFICE CLYDESDALE 7H

Certified Mail Fee \$ 3.45

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

☒ Return Receipt (hardcopy) \$ 2.80

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total P \$

Sent To **B&L Oil Company**

Street **900 W. Cooper**

City **Hobbs, NM 88240**

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

Argo Energy Partners Ltd
PO Box 1808
Corsicana, TX 75151-1808

9590 9401 0128 5225 9686 10

7015 3010 0001 8827 5879

COMPLETE THIS SECTION ON DELIVERY

A. Signature D. Ann Willie ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Ann Willie C. Date of Delivery 5-9-16

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

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

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

7015 3010 0001 8827 5893

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only **MHF/COG**

For delivery information, visit **CLYDESDALE 7H**
OFFICE

Certified Mail Fee
 \$ 3.85

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 \$ _____

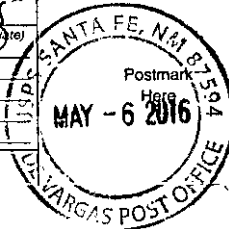
Postage
 \$ _____

Total Pos
 \$ _____

Sent To
 Street and
 City, State

C.W. Paine Company
1314 Juniper
Lewisville, TX 75067

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



7015 3010 0001 8827 5909

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only **MHF/COG**

For delivery information, visit **CLYDESDALE 7H**
OFFICE

Certified Mail Fee
 \$ 3.85

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

Charles B. Read
PO Box 1518
Roswell, NM 88202

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



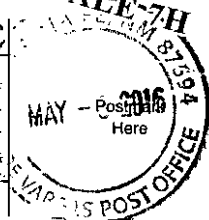
7015 3010 0001 8827 5916

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our	MHF/COG
OFFICIAL	CLYDESDALE 7H
Certified Mail Fee	\$ <u>3.85</u>
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$
Total F	\$
Sent To	Cimarex Energy Co.
Street	600 N. Marienfeld, Ste. 600
City, State	Midland, TX 79701
PS Form	Instructions



7015 3010 0001 8827 5923

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our	MHF/COG
OFFICIAL	CLYDESDALE 7H
Certified Mail Fee	\$ <u>3.85</u>
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	\$ <u>2.80</u>
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$
Total	\$
Sent To	DES Acquisition LLC
Street	9331 Wickford
City, State	Houston, TX 77024-3637
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:

Cimarex Energy Co.
600 N. Marienfeld, Ste. 600
Midland, TX 79701

9590 9401 0128 5225 9701 63

2. (Transfer from entire label)

7015 3010 0001 8827 5916

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dennis J. Ford ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Dennis J. Ford

C. Date of Delivery

5-10-16

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

If YES, enter delivery address below: ☐ No

3. Service Type:

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

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

Domestic Return Receipt

7015 3010 0001 8827 5732

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

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 \$

Devon Energy Production
 Company, LP
 PO Box 108838
 Oklahoma City, OK 73101

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:
 Devon Energy Production
 Company, LP
 PO Box 108838
 Oklahoma City, OK 73101

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 5732

COMPLETE THIS SECTION ON DELIVERY

A. Signature X John ☐ Agent ☐ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery MAY 9 2016

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

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

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

7015 3010 0001 8827 5749

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

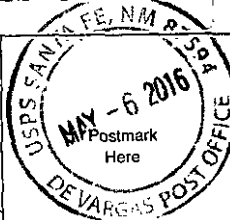
For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

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 \$

DHA, LLC
 500 W. Wall St. Suite 300
 Midland, TX 79701

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:
 DHA, LLC
 500 W. Wall St. Suite 300
 Midland, TX 79701

2. Article Number (Transfer from service label)
 7015 3010 0001 8827 5749

COMPLETE THIS SECTION ON DELIVERY

A. Signature X John ☐ Agent ☐ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery 5-12

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

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

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

7015 3010 0001 8827 5756

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

MHF/COG
CLYDESDALE 7H
OFFICIAL

For delivery information, visit usps.com

Certified Mail Fee \$ 345

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 **Dugan Production Corporation**
 709 E. Murray Dr.
 Farmington, NM 87401

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



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:
Dugan Production Corporation
709 E. Murray Dr.
Farmington, NM 87401

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5756

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

SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X **Ken Woodard**

B. Received by (Printed Name)
Ken Woodard

C. Date of Delivery
5/9/16

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

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

7015 3010 0001 8827 5756

Domestic Return Receipt

7015 3010 0001 8827 3837

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

MHF/COG
CLYDESDALE 7H
OFFICIAL

For delivery information, visit usps.com

Certified Mail Fee \$ 345

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 **ESV Enterprises**
 PO Box 1952
 Roswell, NM 88202-1952

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



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:
ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

2. Article Number (Transfer from service label)
7015 3010 0001 8827 3837

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
EWIS VICKERS

C. Date of Delivery
5/9/16

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

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

7015 3010 0001 8827 3837

Domestic Return Receipt

7015 3010 0001 8827 5770

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

For delivery information: MHF/COG
OFFICIAL CLYDESDALE 7H

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

Postage \$
 Total Postage \$

Sent To Eugene E. Nearburg c/o Nearburg
 Street Exploration Company, LLC
 PO Box 823085
 City, State Dallas, TX 75382-3085

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



7015 3010 0001 8827 5787

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

For delivery information: MHF/COG
OFFICIAL CLYDESDALE 7H

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

Postage \$
 Total Postage \$

Sent To Explorers Petroleum
 Street Corporation
 PO Box 1933
 City, State Roswell, NM 88202-1933

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



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:

Eugene E. Nearburg c/o Nearburg
 Exploration Company, LLC
 PO Box 823085
 Dallas, TX 75382-3085

9590 9401 0128 5225 9702 24

7015 3010 0001 8827 5770

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Scott Baker

C. Date of Delivery

5/18/16

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Explorers Petroleum
 Corporation
 PO Box 1933
 Roswell, NM 88202-1933

9590 9401 0128 5225 9702 31

7015 3010 0001 8827 5787

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

SM SANDERS

C. Date of Delivery

5/18/16

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 3010 0001 8827 3844

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.85

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 \$

FLP Trafalgar II, LP
 4000 E. Third Ave., Ste. 600
 Foster City, CA 94404-4801

USPS SANTA FE, NM 87594
 MAY - 6 2016
 DE VARGAS POST OFFICE

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

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:

FLP Trafalgar II, LP
 4000 E. Third Ave., Ste. 600
 Foster City, CA 94404-4801

9590 9401 0128 5225 9687 33

2. Article Number (Transfer from service label)

7015 3010 0001 8827 3844

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 ☐ No
 If YES, enter delivery address below:

3. Service Type

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

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

7015 3010 0001 8827 5800

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

For delivery information, visit **OFFICIAL** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.85

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 \$

Fred N. Nelson Farms
 3755 E. Grand Plains Rd.
 Roswell, NM 88201

USPS SANTA FE, NM 87594
 MAY - 6 2016
 DE VARGAS POST OFFICE

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

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:

Fred N. Nelson Farms
 3755 E. Grand Plains Rd.
 Roswell, NM 88201

9590 9401 0128 5225 9699 14

2. Article Number (Transfer from service label)

7015 3010 0001 8827 5800

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 ☐ No
 If YES, enter delivery address below:

3. Service Type

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

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

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

For delivery information, visit

OFFICE

**MHF/COG
CLYDESDALE 7H**

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.85
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Po

\$

Sent To

Street at

City, Sta

Harvey E. Yates Company
Security Natinal Bank Building
Suite 1000
Roswell, NM 88201

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

See Reverse for Instructions



RETURNED

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

For delivery information, visit

OFFICE

**MHF/COG
CLYDESDALE 7H**

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 3.85
☐ Return Receipt (electronic) \$ 2.80
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total F

\$

Sent To

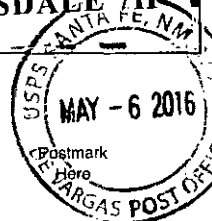
Street

City, St

Hideaway Partnership c/o TMF
Investments
25 Hanover Rd., Building B
Florham Park, NJ 07932

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

See Reverse for Instructions



SENDER		SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to: Hideaway Partnership c/o TMF Investments 25 Hanover Rd., Building B Florham Park, NJ 07932		B. Received by (Printed Name) C. Date of Delivery 5-9-16	
2. Article Addressed to: 7015/3010 0001 8827 5824		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, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 3010 0001 8827 5633

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

For delivery information, visit **usps.com**

OFFICE ... **CLYDESDALE, IL**

USPS ... **MAY - 6 2016** ... **DE VARGAS POST OFFICE**

Certified Mail Fee \$ 345

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 **Jalapeno Corporation**

Street and **PO Box 1608**

City, State, **Albuquerque, NM 87103**

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

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:
Jalapeno Corporation
PO Box 1608
Albuquerque, NM 87103

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5633

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x Julie A Pascal

B. Received by (Printed Name) **Julie A Pascal**

C. Date of Delivery **11 May 16**

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

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

(over \$500)

Domestic Return Receipt

7015 3010 0001 8827 5640

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

For delivery information, visit **usps.com**

OFFICE ... **CLYDESDALE, IL**

USPS ... **MAY - 8 2016** ... **DE VARGAS POST OFFICE**

Certified Mail Fee \$ 345

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 **Jo Ann Yates**

Street and **257 North 26th Street**

City, State, **Artesia, NM 88210**

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

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:
Jo Ann Yates
257 North 26th Street
Artesia, NM 88210

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5640

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x James R Blase

B. Received by (Printed Name) **JAMES R BLASE**

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

(over \$500)

Domestic Return Receipt

7015 3010 0001 8827 5657

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

For delivery information, visit

OFFIC

MHF/COG
 CLYDESDALE 7H

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 345
☐ Return Receipt (electronic) \$ 280
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Post

\$

Sent To

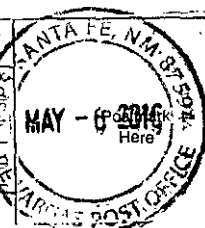
Street and

City, State

Joe R. Wright, trustee of the
 Wright Family Trust (5/21/98)
 320 Kearney Ave. Apt. 9
 Santa Fe, NM 87501

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

See Reverse for Instructions



7015 3010 0001 8827 5664

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

For delivery information, visit

OFFIC

MHF/COG
 CLYDESDALE 7H

Certified Mail Fee

\$

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

- ☒ Return Receipt (hardcopy) \$ 345
☐ Return Receipt (electronic) \$ 280
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent To

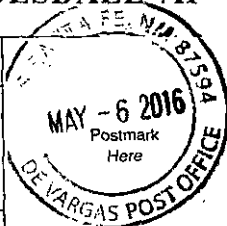
Street and

City, State

John A. Yates
 207 South 4th Street
 Artesia, NM 88210

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:

John A. Yates
 207 South 4th Street
 Artesia, NM 88210

9590 9401 0128 5225 9699 76

2. Article Number/Transfer from another label

7015 3010 0001 8827 5664

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Bm

☐ Agent☐ Addressee

B. Received by (Printed Name)

Bm

C. Date of Delivery

5/9/16

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

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

Domestic Return Receipt

7015 3010 0001 8827 5671

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

For delivery information, visit **OFFICE** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.45

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

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

Postage \$

Total Po \$

Sent To John A. Yates, Trustee of Trust Q
 105 South 4th Street
 Street at Artesia, NM 88210
 City, Sta

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



8895 2888 1000 8827 5688

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

For delivery information, visit **OFFICE** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 3.45

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

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

Postage \$

Tot \$

Ser Los Chicos
 105 South Fourth Street
 Strt Artesia, NM 88210
 City

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
- Complete items 1, 2, and 3. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>John A. Yates</u> C. Date of Delivery <u>5/9/16</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
1. Article Addressed to: Los Chicos 105 South Fourth Street Artesia, NM 88210			
2. Article Number (Transfer from service label) 7015 3010 0001 8827 5688	3. Service Type <table border="0"> <tr> <td> ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Delivery Restricted Delivery ☐ Restricted Delivery </td> <td> ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery </td> </tr> </table>	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Delivery Restricted Delivery ☐ Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ 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, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt			

7015 3010 0001 8827 5695

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
MHF/COG For delivery information, visit CLYDESDALE 7H OFFICE	
Certified Mail Fee \$ <u>345</u>	
Extra Services & Fees (check box, add fee as appropriate) ☒ Return Receipt (hardcopy) \$ <u>280</u> ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total \$ _____	
Sent To Street City, State	
Marigold LLLP PO Box 1290 Artesia, NM 88211	
PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marigold LLLP
 PO Box 1290
 Artesia, NM 88211

9590 9401 0128 5225 9700 02

2. A

7015 3010 0001 8827 5695

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Verda Verda

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

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

Domestic Return Receipt

7015 3010 0001 8827 5701

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
MHF/COG For delivery information, visit CLYDESDALE 7H OFFICE	
Certified Mail Fee \$ <u>345</u>	
Extra Services & Fees (check box, add fee as appropriate) ☒ Return Receipt (hardcopy) \$ <u>280</u> ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total P. \$ _____	
Sent To Street City, State	
Mark Wilson Family Partnership, LP 4501 Green Tree Boulevard Midland, TX 79707	
PS Form 3811, July 2015 PSN 7530-02-000-9053 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mark Wilson Family Partnership, LP
 4501 Green Tree Boulevard
 Midland, TX 79707

9590 9401 0128 5225 9698 15

2. Article Number (Transfer from service label)

7015 3010 0001 8827 5701

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary Law Wilson

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

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

Domestic Return Receipt

7015 3010 0001 8827 5718

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit OFFICIAL	
Certified Mail Fee \$ <u>3.85</u>	MHF/COG CLYDESDALE 7H MAY - 6 2016 DE VARGAS POST OFFICE
Extra Services & Fees (check box, add fee as appropriate) ☒ Return Receipt (hardcopy) \$ <u>2.80</u> ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____	
Postage \$ _____ Total \$ _____ Sent To: Menpart Associates c/o Nearburg Exploration Company, LLC PO Box 823085 Dallas, TX 75382-3085 Street: _____ City: _____	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3010 0001 8827 5725

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit OFFICIAL	
Certified Mail Fee \$ <u>3.85</u>	MHF/COG CLYDESDALE 7H MAY - 6 2016 DE VARGAS POST OFFICE
Extra Services & Fees (check box, add fee as appropriate) ☒ Return Receipt (hardcopy) \$ <u>2.80</u> ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____	
Postage \$ _____ Total \$ _____ Sent To: Nadel & Gussman Permian, LLC 601 N. Marienfeld Suite 508 Midland, TX 79701 Street: _____ City: _____	
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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X <u>Scott Baker</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>Scott Baker</u> C. Date of Delivery <u>5/19/16</u> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____
1. Article Addressed to: Menpart Associates c/o Nearburg Exploration Company, LLC PO Box 823085 Dallas, TX 75382-3085	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
2. Article Number (Transfer from service label) 9590 9401 0128 5225 9698 22 7015 3010 0001 8827 5718	
PS Form 3811, July 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X <u>PL Skidmore</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>PL Skidmore</u> C. Date of Delivery <u>5-19-16</u> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____
1. Article Addressed to: Nadel & Gussman Permian, LLC 601 N. Marienfeld Suite 508 Midland, TX 79701	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
2. Article Number (Transfer from service label) 9590 9401 0128 5225 9698 39 7015 3010 0001 8827 5725	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

7015 3010 0001 8827 5535

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

For delivery information, visit **OFFICIAL** **MHF/COG** **CLYDESDALE 7H**

Certified Mail Fee \$ 345

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

☒ Return Receipt (hardcopy) \$ 280

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

Sent To **Nearburg Exploration Company, LLC**

Street **1 Petroleum Center Bldg. 8, Suite 100**

City, St **3300 North "A" Street**
Midland, TX 79705

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nearburg Exploration Company, LLC
 1 Petroleum Center Bldg. 8, Suite 100
 3300 North "A" Street
 Midland, TX 79705

9590 9401 0128 5225 9698 46

2. Article Number (Transfer from certified label)

7015 3010 0001 8827 5534

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/12/16

D. Is delivery address different from item 1? If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Delivery Restricted Delivery
☐ 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, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 3010 0001 8827 5541

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

For delivery information, visit **OFFICIAL** **MHF/COG** **CLYDESDALE 7H**

Certified Mail Fee \$ 345

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

☒ Return Receipt (hardcopy) \$ 280

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

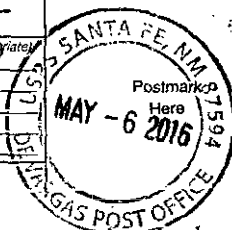
Total \$

Sent To **Orion-Smith Oil Properties Ltd**

Street **2505 Lakeview**

City, St **Amarillo, TX 79109**

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:

Orion-Smith Oil Properties Ltd
 2505 Lakeview
 Amarillo, TX 79109

9590 9401 0128 5225 9698 53

2. Article Number (Transfer from certified label)

7015 3010 0001 8827 5541

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? If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Delivery Restricted Delivery
☐ 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, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 3010 0001 8827 5558

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

MHF/COG
CLYDESDALE 7H
OFFICE

For delivery information, visit usps.com

Certified Mail Fee
 \$ 345

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
OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

City, State, ZIP+4®

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



7015 3010 0001 8827 5565

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

MHF/COG
CLYDESDALE 7H
OFFICE

For delivery information, visit usps.com

Certified Mail Fee
 \$ 345

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

Postage
 \$ _____

Total P
 \$ _____

Sent To
Rio Pecos Corp
4501 Green Tree Boulevard
Midland, TX 79707

City, State, ZIP+4®

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



7015 3010 0001 8827 5572

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

MHF/COG
CLYDESDALE 7H
OFFICE

Certified Mail Fee \$ 3.45

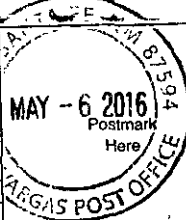
Extra Services & Fees (check box, add fee as appropriate)

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

Postage \$

Santo Legado LLLP
PO Box 1020
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:

Santo Legado LLLP
PO Box 1020
Artesia, NM 88211

2. Article Number (Transfer from service label)

7015 3010 0001 8827 5572

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X *Karen Leishman*

B. Received by (Printed Name) *Karen Leishman*

C. Date of Delivery *5/10/16*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

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

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

7015 3010 0001 8827 5589

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

MHF/COG
CLYDESDALE 7H
OFFICE

Certified Mail Fee \$ 3.45

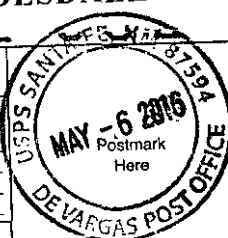
Extra Services & Fees (check box, add fee as appropriate)

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

Postage \$

Sharbro Energy LLC
PO Box 840
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:

Sharbro Energy LLC
PO Box 840
Artesia, NM 88211

2. Article Number (Transfer from service label)

7015 3010 0001 8827 5589

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X *[Signature]*

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

C. Date of Delivery *7-9-16*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

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

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

7015 3010 0001 8827 5596

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

MHF/COG
CLYDESDALE 7H
OFFICE

For delivery information, visit usps.com

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 To \$

Street \$

City, State \$

Sharbro Energy, LLC
 PO Box 840
 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:

Sharbro Energy, LLC
 PO Box 840
 Artesia, NM 88211

9590 9401 0128 5225 9699 07

2. Article Number (Transfer from service label)

7015 3010 0001 8827 5596

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

5-9-16

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7015 3010 0001 8827 5602

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF/COG
CLYDESDALE 7H
OFFICE

For delivery information, visit usps.com

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 \$

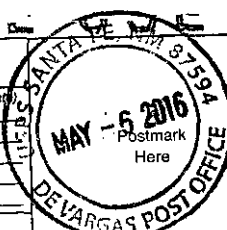
Sent To \$

Street \$

City, State \$

Spiral, Inc.
 PO Box 1933
 Roswell, NM 88201

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:

Spiral, Inc.
 PO Box 1933
 Roswell, NM 88201

9590 9401 0128 5225 9697 16

2. Article Number (Transfer from service label)

7015 3010 0001 8827 5602

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

5-9-16

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

7015 3010 0001 8827 5619

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 345

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.40</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

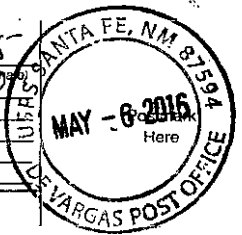
Total \$ _____

Sent To **Tulipan LLC**

Street **PO Box 1020**

City, State **Artesia, NM 88211**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7015 3010 0001 8827 3820

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE** **MHF/COG**
CLYDESDALE 7H

Certified Mail Fee \$ 345

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)	\$ <u>2.40</u>
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

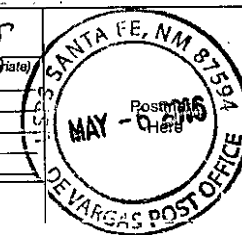
Total Postage \$ _____

Sent To **Wolfcamp Title LLC**

Street **PO Box 2423**

City, State **Roswell, NM 88202-2423**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF/COG

For delivery information, visit usps.com

CLYDESDALE 7H

OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.45

☐ Return Receipt (electronic) \$ 2.80

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

Street and

City, State

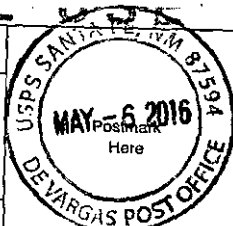
Yates Energy Corporation

PO Box 2323

Roswell, NM 88202-2323

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF/COG

For delivery information, visit usps.com

CLYDESDALE 7H

OFFICE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 3.45

☐ Return Receipt (electronic) \$ 2.80

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

Street and

City, State

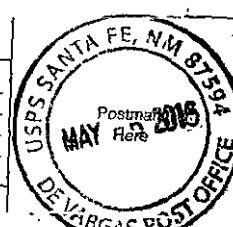
Yates Industries LLC

PO Box 1091

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:

Yates Industries LLC
PO Box 1091
Artesia, NM 88211

9590 9401 0128 5225 9697 54

2. Article Number (Transfer from back of mailpiece)

7015 3010 0001 8827 6166

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Frances Moreau

☐ Agent

☐ Addressee

B. Received by (Printed Name)

FRANCES MOREAU

C. Date of Delivery

5-9-16

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

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

(over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt