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

APPLICATION OF COG OPERATING LLC FOR A NON-STANDARD SPACING AND PRORATION UNIT AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

CASE NOS. 15493 and 15494

AFFIDAVIT

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

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

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 25th day of May 2016 by Jordan L. Kessler.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 9/14/19

Notary Public

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

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. 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

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

POOLED 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

Kyle 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

rris 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
len Chase Rand Trust
Philips Highway, Suite 601B,
ilding 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
verton, 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

[redacted]zabeth 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 78733

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
[redacted]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
[redacted]lumbine, 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

[redacted]otillo 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
[redacted]esia, 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

[redacted]s Chicos
105 Sourth 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

on-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
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CLYDESDALE 5H

For delivery information, visit
OFFIC

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
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Street
City, St

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

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

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See Reverse for Instructions

7015 1730 0000 3819 8535

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

For delivery informatic
OFFI

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 $

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

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

PS
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

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
- ☐ 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

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:

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 8535

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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CLYDESDALE 5H

For delivery information, v
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Tota

$
Sen
Stre
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 F April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 8511

U.S. Postal Service™
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MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total

$
Sent
Stree
City,

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

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

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

ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952

9590 9401 0132 5225 4685 02

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

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)* ELLIS VICKERS
C. Date of Delivery MAY 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
- ☐ 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:

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

9590 9401 0132 5225 4685 19

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

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)*
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)

Domestic Return Receipt

7015 1730 0000 3819 8504

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

MHF/COG
CLYDESDALE 5H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

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

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

USPS SANTA FE, NM 87594
MAY - 6 2016
Postmark Here
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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
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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 1730 0000 3819 8498

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

MHF/COG
CLYDESDALE 5H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

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

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

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
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Sadie 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
- ☐ 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 (over $500)

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

MHF/COG
CLYDESDALE 5H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total P
$

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

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:
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Trina Ford 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®
- ☐ 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, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 8474

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

MHF/COG
CLYDESDALE 5H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total Post
$

Sent To: Elyse Saunders Patterson Trust
Investments LLC
Street and: 5110 S. Yale Avenue, Suite 400
City, State: Tulsa, OK 74135

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

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:
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
- ☐ 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 (over $500)

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

7015 1730 0000 3819 8467

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

MHF/COG
CLYDESDALE 5H

For delivery information
OFFI

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
$

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

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

for instructions

7015 1730 0000 3819 8450

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

MHF/COG
CLYDESDALE 5H

For delivery information, visi
OFFIC

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 Pc
$

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

Sent To
Matlock Minerals Ltd. Co
Street a
11101 Bermuda Dunes, NE
City, Sta
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

MHF/COG
CLYDESDALE 5H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total P
$
Sent T
Street
City, S

Gayle Glass Roche
PO Box 50248
Austin, TX 78763

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN

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

9590 9401 0132 5225 4681 13

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5107

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ 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

WEST AUSTIN STATION USPS AUSTIN, TX 78703 MAY - 9 2016

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 1730 0000 3819 5091

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit o
OFFICI

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
$
Tota
$
Sent
Stree
City,

Toles-Com-Ltd.
PO Box 1300
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

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

9590 9401 0132 5225 4681 20

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5091

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. Mychine Chance ☐ Agent ☐ Addressee

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

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

ROSWELL NM 88201 MAY 09 2016

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 1730 0000 3819 5084

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

MHF/COG
CLYDESDALE 5H

For delivery information, visi

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total Po
$

Sent To Jon F. Coll, II
Street ar 7335 Walla Walla
City, Sta San Antonio, TX 78250

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

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

MHF/COG
CLYDESDALE 5H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total P
$

Sent To Spirit Trail, LLC
Street a PO Box 1818
City, St Roswell, NM 88202

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

Spirit Trail, LLC
PO Box 1818
Roswell, NM 88202

9590 9401 0132 5225 4681 44

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5077

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

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

7015 1730 0000 3819 5060

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFI

Certified Mail Fee
$ 3.45

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

Postage
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Stre
City

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

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

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

7015 1730 0000 3819 5053

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total

$
Sent
Street
City,

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

Beulah Williams
9309 Orlando Place, NE
Albuquerque, NM 87111

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

9590 9401 0132 5225 4681 51

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 5060

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)*
☐ Date of Delivery

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

ROSWELL, NM 88202

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

7015 1730 0000 3819 5046

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total P
$
Sent To
Street a
City, Sta

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

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
CLYDESDALE 5H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total P
$
Sent To
Street a
City, Sta

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

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	
Sent To	Jim Wilde
Street	3709 North Donald
City, St	Bethany, OK 73008

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

PS F 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:

Jim Wilde
3709 North Donald
Bethany, OK 73008

9590 9403 1012 5271 2643 58

2. Article Number (Transfer from service label) 7015 1730 0000 3819 5022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

BETHANY OK 73008
MAY 13 2016
USPS

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

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

7015 1730 0000 3819 5008

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pc	
Sent To	Eric J. Coll
Street a	PO Box 550
City, St	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 ...tructions

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:

Eric J. Coll
PO Box 550
Roswell, NM 88202

9590 9403 1012 5271 2643 41

2. Article Number (Transfer from service label) 7015 1730 0000 3819 5008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

USPS 88201
MAY 09 2016
ROSWELL NM

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

Restricted Delivery (over $500)

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

7015 1730 0000 3819 5206

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

MHF/COG
CLYDESDALE 5H

For delivery information OFFI

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate) $ 2.80
- ☐ 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 a PO Box 1818
City, St Roswell, NM 88202

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 5/13/16

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

ROSWELL NM 88201 MAY 13 2016 USPS

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

Restricted Delivery (over $500)

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

7015 1730 0000 3819 5190

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis OFFIC...

Certified Mail Fee $ 3.45

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

Postage $

Total I $

Sent T Empire Energy, LLC
Street 70 Riverside
City, S Roswell, NM 88201

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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

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

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

ROSWELL NM 88201 MAY 13 2016 USPS

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

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

7015 1730 0000 3819 5183

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

MHF/COG
CLYDESDALE 5H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total
$
Sent
Stree
City, S

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

Charles H. Coll
PO Box 1818
Roswell, NM 88202

PS Fo... April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 5176

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

MHF/COG
CLYDESDALE 5H

For delivery information, visi

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total P

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles H. Coll
PO Box 1818
Roswell, NM 88202

9590 9403 1012 5271 2643 10

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5183

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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
- ☐ 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

RETURNED

7015 1730 0000 3819 5169

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
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Sen
Stre
City,

Gayle Elizabeth Langford
Turner
PO Box 2084
Alpine, TX 79831

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

PS Fo 3800, 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

MHF/COG
CLYDESDALE 5H

For delivery information, visit ou
OFFICI

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
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Jefferson Milner Langford
PO Box 22205
Santa Fe, NM 87502

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

PS 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 service label)
7015 1730 0000 3819 5152

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

CORONADO STATION
SANTA FE, NM
MAY 10 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail® 87505-9998
- ☐ 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, 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

MHF/COG
CLYDESDALE 5H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

Total Postage and Fees $

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

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Robert 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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

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

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

7015 1730 0000 3819 5138

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

MHF/COG
CLYDESDALE 5H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

Total Postage and Fees $

Sent To
Morris E. Schertz
PO Drawer 2588
Roswell, NM 88202

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

PS Form [illegible] 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:
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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

USPS ROSWELL NM MAY 11 2016

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

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

7015 1730 0000 3819 5121

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
$

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

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

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

7015 1730 0000 3819 5114

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

For delivery information, vis 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 $

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City,

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

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, NM 87505

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 service label)
7015 1730 0000 3819 5121

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Rosemarie M. Rowley
- ☐ Agent
- ☑ Addressee

B. Received by (Printed Name) Rosemarie M. Rowley 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
- ☐ 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

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

MHF/COG
CLYDESDALE 5H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total P

$
Sent To

Street a

City, Sta

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

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

7015 1730 0000 3819 5305

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total

$
Sent

Street

City,

Mildred Gothard
PO Box 1322
Hobbs, NM 88240

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

7015 1730 0000 3819 5299

TICKER AT TOP OF ENVELOPE TO THE RIGHT
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:

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

9590 9403 1012 5271 2642 35

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 5305

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
A 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

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

MHF/COG
CLYDESDALE 5H

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

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

Postage $
Total $
Sent To
Street
City, St

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

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

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:

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

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

WEST AUSTIN FINANCE
MAY 10 2016
AUSTIN, TX

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

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

7015 1730 0000 3819 5275

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

MHF/COG
CLYDESDALE 5H

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

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

Postage $
Total $
Sent To
Street
City,

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

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

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

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

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Diana Cortez [ ] Agent [ ] Addressee

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

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

7015 1730 0000 3819 5268

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	$
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USPS SANTA FE, NM 87594
Postmark Here
MAY 06 2016
DE VARGAS POST OFFICE

Clifton Wilderspin
PO Box 50088
Midland, TX 79710

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:

Clifton Wilderspin
PO Box 50088
Midland, TX 79710

9590 9403 0643 5183 8032 39

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dustin Cannon 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
☐ Insured Mail ☐ Insured Mail Restricted Delivery (over $500)

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, v

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	$
Tot	
Ser	$
Str	
City	

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

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

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:

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

9590 9403 0670 5183 6893 94

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

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

7015 1730 0000 3819 5244

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

For delivery information, visit c

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 To: Kelly Dawn Coll
Street: 736 South Sixth Street
City, St: LaGrange, IL 60525

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

PS Fo [illegible] 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelly Dawn Coll ☐ Agent ☐ Addressee

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

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

LAGRANGE, IL

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

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

7015 1730 0000 3819 5237

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

For delivery information, visi

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 Po
$

Sent To: Gloria Scott Hill
Street a: 3611 Hunter Pier
City, Sta: San Antonio, TX 78230

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

PS Form [illegible] 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gloria Scott ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
GLORIA SCOTT 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
- ☐ Insured Mail
- ☐ Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 5220

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit c
OFFIC

Certified Mail Fee
$

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 $

3.45

Postage
$

Total
$

Sent
Street
City, S

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

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

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

MHF/COG
CLYDESDALE 5H

For delivery information,
OFFI(

Certified Mail Fee
$

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 $

3.45

Postage
$

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City

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

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

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 — **IS 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:

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 9403 0643 5183 8030 31

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 5220

A. Signature
X
☑ Agent
☐ Addressee

B. Received by *(Printed Name)* Carlos
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
- ☐ ...ery Restricted Delivery
- ☐ ...estricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

RETURNED

7015 1730 0000 3819 5602

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFIC

Certified Mail Fee $ 3.45

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

Postage $

Total Pos $

Sent To Willie Faye Haraughty Riggs

Street and 4712 SE Kentucky

City, State Bartlesville, OK 74006

USPS SANTA FE, NM 87594 Postmark Here MAY 5 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:
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ 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

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

7015 1730 0000 3819 5596

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

MHF/COG
CLYDESDALE 5H

For delivery information,
OFFIC

Certified Mail Fee $ 3.45

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

Postage $

Total $

Sent T B&B Haxel Family, LLC

Street 3737 N. College

City, S Bethany, OK 73008

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

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:
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) LISA CARLILE 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
- ☐ 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 5589

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total Po

$
Sent To Sally A. Ellis
Street ar 771 Crecent Drive
City, Sta Boulder, CO 80306

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

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:

Sally A. Ellis
771 Crecent Drive
Boulder, CO 80306

9590 9403 0643 5183 8029 73

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
- ☐ 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

7015 1730 0000 3819 5589

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

7015 1730 0000 3819 5572

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total Po

$
Sent To Max W. Coll, III
Street ar 7625-2 El Centro Blvd.
City, Sta Las Cruces, NM 88012

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

PS Form 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:

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

9590 9403 0643 5183 8029 80

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5572

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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

MHF/COG
CLYDESDALE 5H

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

For delivery information, visit

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

USPS SANTA FE, NM 87594 — Postmark Here — MAY – 6 2016 — 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

7015 1730 0000 3819 5565

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:

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

9590 9403 0643 5183 8029 97

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5565

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
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

MHF/COG
CLYDESDALE 5H

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

For delivery information, visit

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total P $

Sent T

Street

City, St

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

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

PS For [illegible] PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0000 3819 5558

CERTIFIED MAIL®

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

S [illegible] E 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:

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

9590 9403 0643 5183 8030 00

7015 1730 0000 3819 5558

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] — 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®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ [illegible]ail
- ☐ [illegible]ail 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 5541

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

MHF/COG
CLYDESDALE 5H

For delivery information, vi
OFFIC...

Certified Mail Fee
$ 3.45

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

Postage
$
Tota
$
Sent
Stre
City

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

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

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

7015 1730 0000 3819 5534

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Tota
$
Sent
Stre
City,

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

Barbara Lee Dean Hendricks
3603 Greenleaf Drive
SanAntonio, 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
SanAntonio, TX 78218

9590 9403 0643 5183 8030 24

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Barbara Dean Hendricks ☐ 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

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

MHF/COG
CLYDESDALE 5H

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

OFFI

Certified Mail Fee $ 3.45

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

Postage $

Total P $

Sent To Dean Corley Myane

Street a PO Box 787

City, Sta Blanco, TX 78606

USPS SANTA FE NM 87504
MAY 6 2016 Postmark Here
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:

Dean Corley Myane
PO Box 787
Blanco, TX 78606

9590 9403 0643 5183 8025 77

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5527

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kary Phipps ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kary Phipps 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

(Restricted Delivery)

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

7015 1730 0000 3819 5510

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

MHF/COG
CLYDESDALE 5H

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

OFFI

Certified Mail Fee $ 3.45

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

Postage $

Total Pr $

Sent To John Donald Wesley Corley

Street a 312 Mountain Vista Dr.

City, St Penhook, VA 24137

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

PS For ...tructions

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:

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

9590 9403 0643 5183 8025 84

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5510

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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
- ☐ 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) (over $500)

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

7015 1730 0000 3819 5909

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

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

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

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

PS Fo 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:

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
X Ross M. Enyart ☐ 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
☐ 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 5893

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFIC

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

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

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

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

PLACE STICKER AT TOP OF ENVELOPE

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
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
☐ 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 5886

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 F
$

Sent T
Street
City, St

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

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

PS For ... 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 service label)
7015 1730 0000 3819 5886

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ 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
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
Stree
City,

Dennis Van Hees
FM 247 Rd
Huntsville, TX 77320

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

PS Fo ... 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 service label)
7015 1730 0000 3819 5879

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
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

Domestic Mail Only

For delivery information, vis

OFFIC...

MHF/COG
CLYDESDALE 5H

Certified Mail Fee
$ 3.45

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

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

Elizabeth Van Hees
Hollingsworth
1325 CR 180
Leander, TX 77230

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

7015 1730 0000 3819 5862

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

9590 9403 0643 5183 8026 21

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5862

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
- [x] Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

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

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, v

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 Pos
$
Sent To
Street an
City, Stat

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

7015 1730 0000 3819 5855

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:

Sharon Ann Henry Willaby
PO Box 303
Nevada, TX 75173

9590 9403 0643 5183 8025 15

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5855

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
SHARON WILLABY 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 USPS
- ☐ 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 (over $500)

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

7015 1730 0000 3819 5848

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

MHF/COG
CLYDESDALE 5H

For delivery information, v

OFFIC...

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

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

Barbara Sue Henry Williams
PO Box 303
Nevada, TX 75173

...structions

PS Fo...

7015 1730 0000 3819 5831

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

MHF/COG
CLYDESDALE 5H

For delivery information,

OFFI...

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Sharon Williams ☑ Agent ☐ Addressee

B. Received by (Printed Name) SHARON 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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Lloyd D. Dicken ☐ Agent ☐ Addressee

B. Received by (Printed Name)
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
☐ 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 5824

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

For delivery information, visi

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 $

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City

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

Diane Schirmacher Glanzer
2404 Heritage Drive
Opelika, AL 36804

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:

Diane Schirmacher Glanzer
2404 Heritage Drive
Opelika, AL 36804

9590 9403 0643 5183 8027 06

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Diane S Glanzer ☐ 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

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

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, vi

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 P
$

Sent To

Street a

City, Sta

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

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

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

9590 9403 0643 5183 8027 13

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anna Pruess ☐ 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
- ☐ 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

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

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

MHF/COG
CLYDESDALE 5H

For delivery information, v
OFFIC

Certified Mail Fee
$ 3.45

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

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

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

PS [illegible] See Reverse for Instructions

7015 1730 0000 3819 5794

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

MHF/COG
CLYDESDALE 5H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
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Total Po
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Sent To

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

Street a Mary Catherine Henry Chennault
2612 FM 859
City, Sta 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
CLYDESDALE 5H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total
$

Sent To
Ronald Edgar Ham
1906 Cypress Point East
Austin, TX 78746

Street

City, S

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. Article Number (Transfer from service label)
7015 1730 0000 3819 5787

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
5/15/16

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 5992

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total
$

Sent To
David Henry Ham
201 Dunkeld
Spicewood, TX 78669

Street

City, S

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. 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? ☐ 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 5985

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

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

To
Alma Bernice Henry Coleman
228 Elmwood Street
Huntsville, TX 77320

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

7015 1730 0000 3819 5978

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

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

To
Nancy Jane Henry Oliver
PO Box 214
Riverside, TX 77367

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jimmy D 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®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

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

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

MHF/COG
CLYDESDALE 5H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

Total Postage and Fees $

Sent To Christine Henry Sivcoski

Street and Apt. No., or PO Box No. PO Box 17321

City, State, ZIP+4® New Waverly, TX 77358

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

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

7015 1730 0000 3819 5961

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

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

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

MHF/COG
CLYDESDALE 5H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

Total Postage and Fees $

Sent To John Cary Riggs

Street and Apt. No., or PO Box No. 954 CR 664

City, State, ZIP+4® Devine, TX 78016

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

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

7015 1730 0000 3819 5954

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:

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 5/12/16

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

DEVINE TX 78016 MAY 12 2016

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

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

7015 1730 0000 3819 5947

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

For delivery information, v

OFFIC

MHF/COG
CLYDESDALE 5H

Certified Mail Fee
$

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 $

3.45

Postage
$

Total
$

Sent
Stree
City,

Harold P. Plocek
PO Box 1476
Bandera, TX 78003

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

Harold P. Plocek
PO Box 1476
Bandera, TX 78003

9590 9403 0643 5183 8034 99

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5947

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X H. Plocek
☐ Agent
☑ Addressee

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
- ☐ 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

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

Domestic Return Receipt

7015 1730 0000 3819 5930

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

For delivery information, visi

OFFIC

MHF/COG
CLYDESDALE 5H

Certified Mail Fee
$

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 $

3.45

Postage
$

Total
$

Sent
Stree
City,

Robert Bruce Anderson
PO Box 1000
Roswell, NM 88202

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

Robert Bruce Anderson
PO Box 1000
Roswell, NM 88202

9590 9403 0643 5183 8035 05

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5930

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Rescon
☐ Agent
☐ Addressee

B. Received by (Printed Name) D Rescon
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

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

Domestic Return Receipt

7015 1730 0000 3819 5923

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

MHF/COG
CLYDESDALE 5H

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

Certified Mail Fee
$ 3.45

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

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

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

Robert B. Anderson
6404 Zapateco NW
Albuquerque, NM 87015

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

MHF/COG
CLYDESDALE 5H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
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City,

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

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 9403 0643 5183 8035 29

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

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? [ ] Yes
If YES, enter delivery address below: [x] No

ROSWELL NM
MAY 11 2016
USPS 88

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

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

7015 1730 0000 3819 5701

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

For delivery information, vi

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,	

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

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 9403 0643 5183 8035 36

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Reese ☐ Agent ☐ Addressee

B. Received by (Printed Name) D Reese
C. Date of Delivery 5-10-2016

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
☐ 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 5695

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

For delivery information, visi

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, S	

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

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

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

9590 9403 0643 5183 8027 75

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5695

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James Swope ☐ 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

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total
$

Sent
Street
City, S

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

USPS SANTA FE, NM 87594
Postmark Here
MAY - 3 2016
DE VARGAS POST OFFICE

PS Fo SN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 1730 0000 3819 5671

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total
$

Sent
Stree
City,

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

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

PS Fo 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 — **E 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:

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

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

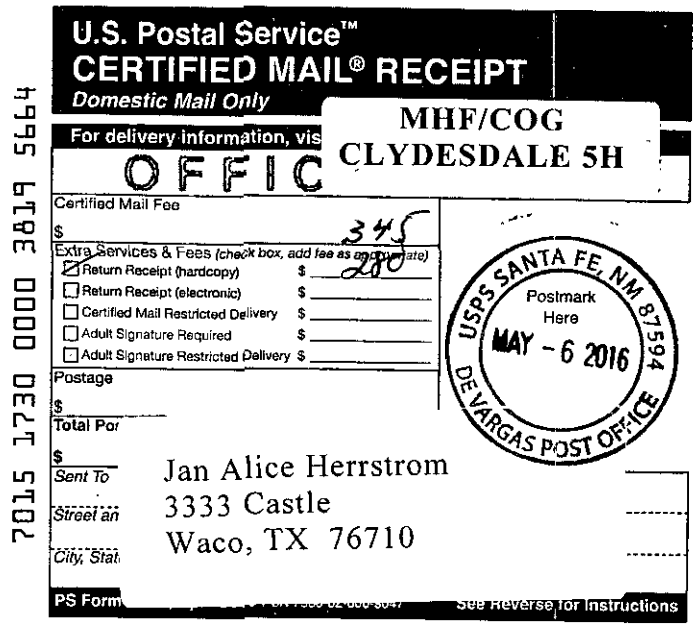
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

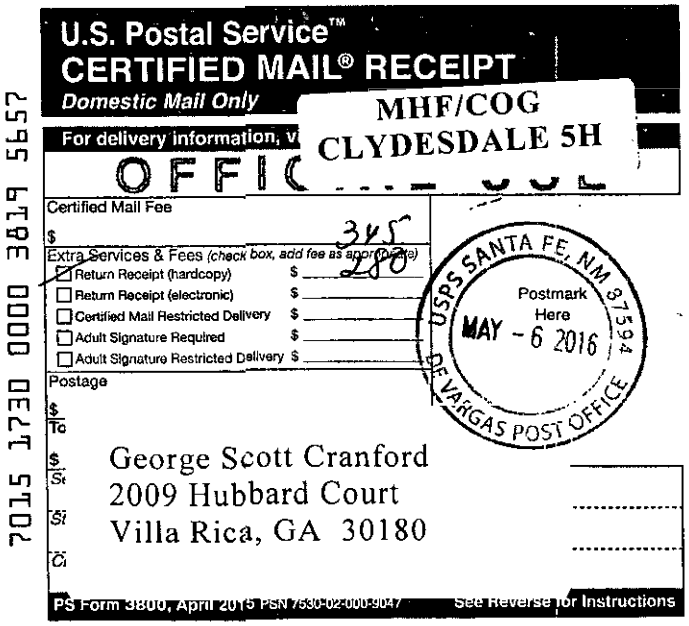
3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted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

9590 9403 0643 5183 8034 20

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5671

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


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/COG
CLYDESDALE 5H
For delivery information, vis
OFFIC
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Total Pos
$
Sent To
Street an
City, Stat
Jan Alice Herrstrom
3333 Castle
Waco, TX 76710
USPS SANTA FE, NM 87594
Postmark Here
MAY - 6 2016
DE VARGAS POST OFFICE
PS Form
See Reverse for Instructions
7015 1730 0000 3819 5664


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/COG
CLYDESDALE 5H
For delivery information, v
OFFIC
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
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George Scott Cranford
2009 Hubbard Court
Villa Rica, GA 30180
USPS SANTA FE, NM 87594
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MAY - 6 2016
DE VARGAS POST OFFICE
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1730 0000 3819 5657

7015 1730 0000 3819 5640

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis

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Certified Mail Fee
$ 3.45

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

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MAY - 6 2016
DE VARGAS POST OFFICE

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

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

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

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Extra Services & Fees (check box, add fee as appropriate)
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USPS SANTA FE, NM 87594
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MAY - 6 2016
DE VARGAS POST OFFICE

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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
If YES, enter delivery address below: ☒ No

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

Restricted Delivery

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

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

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CLYDESDALE 5H

For delivery information, visit
OFFIC

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

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MAY - 6 2016
DE VARGAS POST OFFICE

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

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

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

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For delivery information, visit
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Certified Mail Fee
$ 3.45

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

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MAY - 6 2016
DE VARGAS POST OFFICE

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Ocotillo Production
1705 W. Washington
Artesia, NM 88210

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

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

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OFFIC

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 $

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USPS SANTA FE, NM 87594
Postmark Here
MAY 5 2016
DE VARGAS POST OFFICE

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

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

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis

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Certified Mail Fee
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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
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Total
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City,

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

David Harper
2417 Cero Road
Artesia, NM 88210

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

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

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CLYDESDALE 5H

For delivery information, visit ou

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 $

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Total
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City,

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

Juanel Harper
1207 West Centre Ave.
Artesia, NM 88210

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:

Juanel Harper
1207 West Centre Ave.
Artesia, NM 88210

9590 9403 0643 5183 8026 45

2. 7015 1730 0000 3819 5732

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Juanel Harper
☐ Agent
☐ Addressee

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

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

ARTESIA, NM 2016

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

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

7015 1730 0000 3819 5725

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

For delivery information, visit

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 $

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City,

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Postmark Here
MAY - 6 2016
DE VARGAS POST OFFICE

Jami Harl
2485 East 54th
Tulsa, OK 74105

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.

Jami Harl
2485 East 54th
Tulsa, OK 74105

9590 9403 0643 5183 8034 68

2. Article Number 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

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For delivery information, visit
OFFIC... 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 $

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Sent To
Street a
City, St

James Carson
1323 Tudor Street
Lowell, AR 72745

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

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

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For delivery information, visi
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Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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Terry Owen
13011 Royal George Ave.
Odessa, FL 33556

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DE VARGAS POST OFFICE

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

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

SENDER: COMPLETE THIS SECTION | **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 Carson
1323 Tudor Street
Lowell, AR 72745

9590 9403 0643 5183 8034 75

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

A. Signature
X 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
If YES, enter delivery address below: ☐ No

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

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

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

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For delivery information
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Extra Services & Fees (check box, add fee as appropriate)
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☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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Postmark Here
MAY - 6 2016
DE VARGAS POST OFFICE

Eddie M. Mahfood
133 Fulton Place
Portland, TX 78374

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

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

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DE VARGAS POST OFFICE

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

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

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

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For delivery information, vis
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Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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MAY - 6 2016
DE VARGAS POST OFFICE

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

PS F ... 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:

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 5381

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
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

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

MHF/COG
CLYDESDALE 5H

For delivery information,
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Certified Mail Fee
$ 3.45

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

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

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

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:

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
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* DiAnn Wylie 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

U.S. Postal Service™
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Domestic Mail Only

For delivery information

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 $ 2.80

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City, Stat

Charles B. Read
PO Box 1518
Roswell, NM 88202

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

7015 1730 0000 3819 5398

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

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

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 $ 2.80

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

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

7015 1730 0000 3819 5374

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:

Charles B. Read
PO Box 1518
Roswell, NM 88202

9590 9403 1012 5271 2649 69

2. 7015 1730 0000 3819 5398

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

(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:

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

9590 9403 1012 5271 2649 83

2. Article Number (Transfer from service label)
7015 1730 0000 3819 5374

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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, vis
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
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City,

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

DES Acquisition LLC
9331 Wickford
Houston, TX 77024-3637

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

7015 1730 0000 3819 5367

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marta Rossman ☐ Agent ☐ Addressee

B. Received by (Printed Name) Marta Rossman 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
☐ 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, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

For delivery information, v
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
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Tota
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Sen
Stree
City,

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

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 5350

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. 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
Delivery Restricted 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, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 5343

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

MHF/COG
CLYDESDALE 5H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

Total $

Sent To: Dugan Production Corporation
Street: 709 E. Murray Dr.
City: 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

9590 9403 1012 5271 2648 77

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Glenn Woodall ☐ 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

FARMINGTON NM 87401 — MAY 9 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail 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

MHF/COG
CLYDESDALE 5H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

Total $

Sent To: ESV Enterprises
Street: PO Box 1952
City: 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

9590 9403 1012 5271 2648 60

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) ELLIS 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
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, 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

MHF/COG
CLYDESDALE 5H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Tota

USPS SANTA FE, NM 87594
Postmark Here
MAY 10 2016
DE VARGAS POST OFFICE

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

Stre

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:

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
X SM Saunders ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* SM SAUNDERS
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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 1730 0000 3819 5312

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

MHF/COG
CLYDESDALE 5H

For delivery information,
OFFI

Certified Mail Fee
$ 3.45

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

Postage
$

Tot

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

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

Stre

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:

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
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*
C. Date of Delivery 5/6/16

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

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

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

7015 3010 0001 8827 0348

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

USPS SANTA FE, NM 87594
Postmark Here
MAY 6 2016
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

7015 3010 0001 8827 0355

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

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

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

SENDE

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature
X Julie A Pascal ☐ Agent ☐ Addressee

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

1. Article Addressed to:

Jalapeno Corporation
PO Box 1608
Albuquerque, NM 87103

9590 9403 0670 5183 6875 43

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

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

Restricted Delivery (over $500)

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, v

OFFI

MHF/COG
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 P
$

Sent T

Street

City, St

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

Jo Ann Yates
257 North 26th 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JAMES R. [illegible]
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, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 3010 0001 8827 0379

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

For delivery information,

OFFI

MHF/COG
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 P
$

Sent T

Street

City, S

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

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 9403 1012 5271 2648 84

2. Article Number (Transfer from service label)
7015 3010 0001 8827 0379

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible]
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 0386

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Tot

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

$
Sen
Stre
City,

John A. Yates, Trustee of Trust
Q
105 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, 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 [signature] ☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☑ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
ail Restricted Delivery
(over $500)

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total

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

$
Sent
Stree
City,

Los Chicos
105 Sourth Fourth 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:

Los Chicos
105 Sourth Fourth Street
Artesia, NM 88210

9590 9403 1012 5271 2649 07

7015 3010 0001 8827 0393

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ail Restricted Delivery
(over $500)

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

MHF/COG
CLYDESDALE 5H

For delivery information, visit
OFFIC...

Certified Mail Fee
$ 3.45

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

Postage
$

Total
$

Sent
Stree
City,

Marigold LLLP
PO Box 1290
Artesia, NM 88211

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

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

MHF/COG
CLYDESDALE 5H

For delivery information,
OFFIC...

Certified Mail Fee
$ 3.45

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

Postage
$

To
$
Se
Stı
City

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

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

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

9590 9403 1012 5271 2649 21

2. Article Number (Transfer from service label)
7015 3010 0001 8827 0416

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Lee 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
- ☐ 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 0478

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

MHF/COG
CLYDESDALE 5H

For delivery information

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
$

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

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

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:

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
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- very 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 0485

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

MHF/COG
CLYDESDALE 5H

For delivery information

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

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

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

7015 3010 0001 8827 0492

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

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

Postage
Total Post
Sent To
Street and
City, State,

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

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 Lou Whitaker
- [ ] Agent
- [x] Addressee

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

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

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

PS Form 3811, 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
CLYDESDALE 5H

For delivery information, vi
OFFIC

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

Postage
Total P
Sent T
Street
City, S

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

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 Bradley
- [ ] Agent
- [ ] Addressee

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

PS Form 3811, 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, vi

MHF/COG
CLYDESDALE 5H

OFFIC

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

USPS SANTA FE, NM 87594
MAY Postmark Here 2016
DEVARGAS POST OFFICE

Sent
Street
City, S

Sharbro Energy, LLC
PO Box 840
Artesia, NM 88211

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,

MHF/COG
CLYDESDALE 5H

OFFI

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

USPS SANTA FE, NM 87594
MAY Postmark Here 6 2016
DEVARGAS POST OFFICE

Sent To
Street ar
City, Sta

Spiral, Inc.
PO Box 1933
Roswell, NM 88201

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:

Sharbro Energy, LLC
PO Box 840
Artesia, NM 88211

9590 9403 1012 5271 2648 15

2. 7015 3010 0001 8827 0515

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
very 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

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

SE 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

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

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

USPS ROSWELL NM
MAY 11 2016
88201

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
estricted 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 0539

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

MHF/COG
CLYDESDALE 5H

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

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
Street
City,

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

Tulipan LLC
PO Box 1020
Artesia, NM 88211

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

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 F
$

Sent To
Street a
City, St

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

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

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:

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

9590 9403 1012 5271 2647 85

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

estricted Delivery (over $500)

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

MHF/COG
CLYDESDALE 5H

For delivery information, vis
OFFIC

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 Pos
$

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

Street an

City, State

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pat Escalante ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* PAT Escalante 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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 4025

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

MHF/COG
CLYDESDALE 5H

For delivery information,
OFFIC

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
Yates Industries LLC
PO Box 1091
Artesia, NM 88211

Stree

City,

USPS SANTA FE, NM 87594
MAY Postmark Here 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:
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

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. 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

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

OLED 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

tesia Oil & Gas LLC
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 78733

COG OPERATING LLC
CLYDESDALE 1 FEE NO. 7H WELL

[redacted]ael G. Schirmacher
[redacted]0 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
[redacted]O Box 1000
[redacted]swell, 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

[redacted]y Owen
[redacted]11 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

n A. Yates
South 4th Street
Artesia, NM 88210

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

Los Chicos
105 Sourth 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
O Box 840
esia, 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

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

For delivery information, v
OFFI
MHF/COG
CLYDESDALE 7H

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 $

2.85

Postage
$

Total
$

Sent
Stree
City,

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

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

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

7015 3010 0001 8827 6173

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

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6173

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

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

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

For delivery information
OFFI
MHF/COG
CLYDESDALE 7H

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 $

2.85

Postage
$

Total P
$

Sent T
Street
City, Si

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

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

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

7015 3010 0001 8827 5626

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:

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

9590 9401 0128 5225 9697 30

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
Michael S Richardson
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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 5763

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

For delivery information, v
OFFI

MHF/COG
CLYDESDALE 7H

Certified Mail Fee
$ 3.45

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

Postage
$

USPS SANTA FE NM 87594
MAY - 6 2016
Postmark Here
DEVARGAS POST OFFICE

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

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 5763

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by *(Printed Name)* ELLIS VICKERS
C. Date of Delivery MAY 6

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

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

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

7015 3010 0001 8827 5794

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

For delivery information, v
OFFIC

MHF/COG
CLYDESDALE 7H

Certified Mail Fee
$ 3.45

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

Postage
$

MAY - 6 2016
Postmark Here
POST OFFICE

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

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 5794

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by *(Printed Name)*
C. Date of Delivery 5/6

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

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

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

7015 3010 0001 8827 3851

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFIC...

Certified Mail Fee
$ 3.35

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

Postage
$

Total P
$

Sent T
Street
City, S

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

PS Fo ...tructions

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

7015 3010 0001 8827 3868

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFIC...

Certified Mail Fee
$ 3.35

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $ ____
- ☐ Certified Mail Restricted Delivery $ ____
- ☐ Adult Signature Required $ ____
- ☐ Adult Signature Restricted Delivery $ ____

Postage
$

Total
$

Sent
Stree
City,

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

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, visi
OFFIC

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
$
Tot

USPS SANTA FE NM 87594
MAY – 6 2016
Postmark Here
DEVARGAS POST OFFICE

$
Ser
Str
City

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

MHF/COG
CLYDESDALE 7H

For delivery information, v
OFFIC

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
$
Tc

USPS SANTA FE NM 87594
MAY – 6 2016
Postmark Here
DEVARGAS POST OFFICE

$
Si
Si
Ci

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 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 0128 5225 9687 95

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 3882

COMPLETE THIS SECTION ON DELIVERY

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

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, v
OFFIC

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
Street a
City, St

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

USPS SANTA FE, NM 87594
MAY 2016 Postmark Here
DEVARGAS POST OFFICE

7015 3010 0001 8827 3899

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
CLYDESDALE 7H

For delivery information, vis
OFFIC

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 Po
$

Sent To
Street a
City, Sta

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

USPS SANTA FE, NM 87594
MAY 6 2016 Postmark Here
DEVARGAS POST OFFICE

7015 3010 0001 8827 3905

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:

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

9590 9402 0128 5225 9688 01

2. Article Number (Transfer from service label)
7015 3010 0001 8827 3899

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) D. Golnick
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
- ☐ 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, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

RETURNED

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

MHF/COG
CLYDESDALE 7H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

Total Postage $

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

Sent To: Toles-Com-Ltd.
Street and Apt.: PO Box 1300
City, State, ZIP: Roswell, NM 88202

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

7015 3010 0001 8827 3912

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

MHF/COG
CLYDESDALE 7H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

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

Postage $

Total $

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

Sent To: Jon F. Coll, II
Street: 7335 Walla Walla
City: San Antonio, TX 78250

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

7015 3010 0001 8827 3721

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

CERTIFIED MAIL®

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:

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

9590 9401 0128 5225 9688 25

2. Article Number (Transfer from service label): 7015 3010 0001 8827 3912

A. Signature
X R. Marline Chance ☐ Agent ☐ Addressee

B. Received by (Printed Name): R. Marline Chance
C. Date of Delivery

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

USPS ROSWELL NM 88201 MAY 6 2016

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

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, vi

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	

USPS SANTA FE, NM 87594
MAY - 5 2016
Postmark Here
DE VARGAS POST OFFICE

Sent T
Street
City, S

Spirit Trail, LLC
PO Box 1818
Roswell, NM 88202

PS Form 3800, ... tructions

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 9401 0128 5225 9708 66

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 3738

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

ROSWELL NM
MAY 5 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ail
☐ ail 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 3745

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

For delivery information, visit

OFFIC

MHF/COG
CLYDESDALE 7H

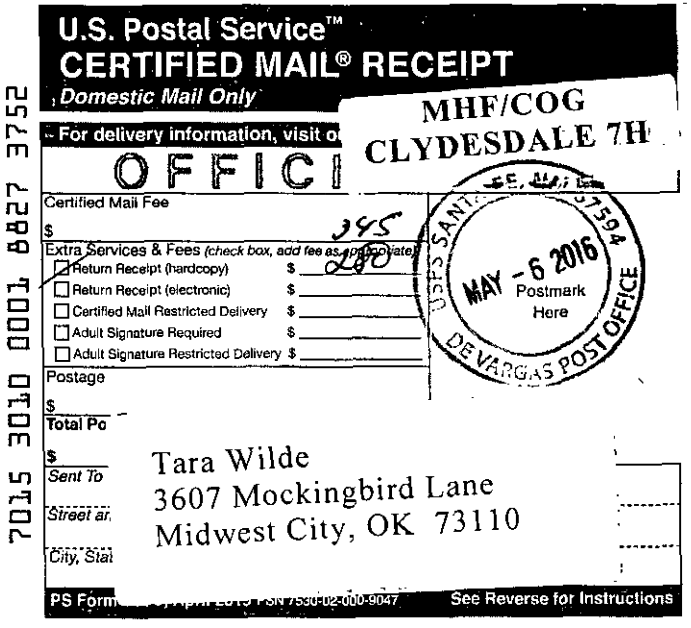
Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Po	

USPS SANTA FE, NM 87594
Postmark Here
MAY - 5 2016
DE VARGAS POST OFFICE

Sent To
Street an
City, Stat

Beulah Williams
9309 Orlando Place, NE
Albuquerque, NM 87111

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



RETURNED

RETURNED

7015 3010 0001 8827 3776

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

MHF/COG
CLYDESDALE 7H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

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

Postage
$

Total Postage and Fees
$

Sent To: Jim Wilde
Street and Apt. No.: 3709 North Donald
City, State, ZIP+4®: Bethany, OK 73008

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

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

7015 3010 0001 8827 3783

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

MHF/COG
CLYDESDALE 7H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

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

Postage
$

Total Postage and Fees
$

Sent To: Eric J. Coll
Street and Apt. No.: PO Box 550
City, State, ZIP+4®: Roswell, NM 88202

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

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

CERTIFIED MAIL®
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:
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

USPS OK 73008 MAY 13 2016 HANY

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

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

7015 3010 0001 8827 3790

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

For delivery information, vis
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 Po	$

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

Sent To Clarke C. Coll
Street a 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

- 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

9590 9401 0128 5225 9709 10

2. Article Number (Transfer from service label)
7015 3010 0001 8827 3790

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[signature] 5/6/16

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

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

(over $500)

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

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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 Pos	$

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

Sent To Empire Energy, LLC
Street an 70 Riverside
City, State Roswell, NM 88201

PS Form [illegible] 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

9590 9401 0128 5225 9709 27

2. Article Number (Transfer from service label)
7015 3010 0001 8827 3806

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

ROSWELL NM MAY 10 2016

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 3813

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit
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 $

Total Pos $

Sent To Charles H. Coll
Street an PO Box 1818
City, Stat Roswell, NM 88202

PS Form ... ...ctions

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:

Charles H. Coll
PO Box 1818
Roswell, NM 88202

9590 9401 0128 5225 9709 34

2. Article Number (Transfer from ...
7015 3010 0001 8827 3813

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
- ☐ ...livery 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 6289

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis
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 $

Total Po $

Sent To Morris E. Schertz
Street ar PO Drawer 2588
City, Stat Roswell, NM 88202

PS Form ... See Reverse for Instructions

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

CERTIFIED MAIL®
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:

Morris E. Schertz
PO Drawer 2588
Roswell, NM 88202

9590 9401 0128 5225 9709 41

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6289

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Agent
Addressee

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

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

ROSWELL, NM
MAY 9 2016
USPS 88201

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

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

7015 3010 0001 8827 6296

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit

OFFICIAL USE

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 $ 2.80

Postage
$

Total Post
$

Sent To
Street and
City, State

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

USPS SANTA FE NM 87594
MAY - 6 2016
Postmark Here
DEVARGAS POST OFFICE

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

7015 3010 0001 8827 6302

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit

OFFICIAL USE

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 $ 2.80

Postage
$

Total
$

Sent
Street
City,

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, NM 87505

USPS SANTA FE NM 87594
MAY - 6 2016
Postmark Here
DEVARGAS POST OFFICE

PS 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:

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

9590 9401 0128 5225 9704 58

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6296

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ann Moody
☐ Agent
☐ Addressee

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

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

ROSWELL NM 88201 USPS
MAY 10 2016

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

Restricted Delivery (over $500)

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
CLYDESDALE 7H

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

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$
Sent To	Artesia Oil & Gas LLC
Street, Apt. No., or PO Box No.	PO Box 1768
City, State, ZIP+4®	Artesia, NM 88211

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

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

7015 3010 0001 8827 6319

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

MHF/COG
CLYDESDALE 7H

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

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$
Sent To	Mildred Gothard
Street, Apt. No., or PO Box No.	PO Box 1322
City, State, ZIP+4®	Hobbs, NM 88240

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

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

7015 3010 0001 8827 6326

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:

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

9590 9401 0128 5225 9691 74

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6319

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ 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

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

7015 3010 0001 8827 6333

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

For delivery information, visit c

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 Po
$

Sent To Yates Brothers, a Partnership
Street ai PO Box 1394
City, Sta Artesia, NM 88211

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

PS Form

See Reverse for Instructions

7015 3010 0001 8827 6340

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

For delivery information, visit c

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 Clifton Wilderspin
Stree PO Box 50088
City, Midland, TX 79710

USPS SANTA FE, NM 87594
MAY - 6 2016
Postmark Here
DEVARGAS 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

9590 9401 0128 5225 9642 04

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6340

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Dustin Tannell 5/6/16

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

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

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

7015 3010 0001 8827 6357

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFICIAL USE

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 $ 2.80

Postage
$
Total
$
Sen
Stre
City

USPS SANTA FE NM 87594
MAY - 6 2016
Postmark Here
DEVARGAS POST OFFICE

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

PS Form 3800, April 2015 PSN
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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 6364

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis

OFFIC

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 $ 2.80

Postage
$
Tot
$
Sen
Stre
City

USPS SANTA FE NM 87594
MAY 5 2016
Postmark Here
DEVARGAS POST OFFICE

Kelly Dawn Coll
736 South Sixth Street
LaGrange, IL 60525

PS Form 3800, April 2015 PSN
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:

Kelly Dawn Coll
736 South Sixth Street
LaGrange, IL 60525

9590 9401 0128 5225 9692 28

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6364

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelly D Coll
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Kelly D Coll
C. Date of Delivery
5/5/16

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

LAGRANGE, IL 6

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis
OFFIC

Certified Mail Fee $ 3.45

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

Postage $

Tota $

Sen

Stre

City,

Gloria Scott Hill
3611 Hunter Pier
San Antonio, TX 78230

PS

Instructions

USPS SAN ... FE, NM 87594
MAY - 6 2016
Postmark Here
DEVARGAS POST OFFICE

7015 3010 0001 8827 6371

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gloria Scott ☐ Agent ☑ Addressee

B. Received by (Printed Name) Gloria Scott
C. Date of Delivery 5/4/16

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

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

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis
OFFIC

Certified Mail Fee $ 3.45

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

Postage $

Tota $

Sen

Stre

City,

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

PS

See Reverse for Instructions

NM 87594
MAY 2016
Postmark Here
DEVARGAS POST OFFICE

7015 3010 0001 8827 6081

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Zachary Vargas
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
- ☐ 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

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

For delivery information, visit

MHF/COG
CLYDESDALE 7H

OFFIC

Certified Mail Fee $ 3.45

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

Postage $

Total $

Sent To: Willie Faye Haraughty Riggs
Street: 4712 SE Kentucky
City: Bartlesville, OK 74006

PS Form

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

7015 3010 0001 8827 6098

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 9401 0128 5225 9692 59

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) 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

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

For delivery information, visit

MHF/COG
CLYDESDALE 7H

OFFICI

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: B&B Haxel Family, LLC
Street: 3737 N. College
City, S: Bethany, OK 73008

PS Fo PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE, NM 87504
MAY 2016
Postmark Here
DEVARGAS POST OFFICE

7015 3010 0001 8827 6104

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 9401 0128 5225 9685 80

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit ou

OFFICIAL USE

Certified Mail Fee
$ 3.45

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

Postage
$

Total Po
$

Sent To Sally A. Ellis
Street a. 771 Crecent Drive
City, Sta Boulder, CO 80306

USPS SANTA FE, NM 87594
Postmark Here MAY 5 2016
DE VARGAS POST OFFICE

PS Forr See Reverse for Instructions

7015 3010 0001 8827 6111

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFICIAL USE

Certified Mail Fee
$ 3.45

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

Postage
$

Total Po
$

Sent To Max W. Coll, III
Street ar. 7625-2 El Centro Blvd.
City, Stat Las Cruces, NM 88012

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

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

7015 3010 0001 8827 6128

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 9401 0128 5225 9700 64

2. Article Number (Transfer from service label) 7015 3010 0001 8827 6111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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
- [x] No

If YES, enter delivery address below:

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

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:

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

9590 9401 0128 5225 9700 71

2. Article Number (Transfer from service label) 7015 3010 0001 8827 6128

COMPLETE THIS SECTION ON DELIVERY

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

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

D. Is delivery address different from item 1?
- [ ] Yes
- [x] No

If YES, enter delivery address below:

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

Restricted Delivery

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFICIAL

Certified Mail Fee	$
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	$ 3.45
Total Postage	$

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

Sent To: Thomas E. Laughlin, Jr.
Street and: Testamentary Trust
2526 Micliff Blvd.
City, State, Houston, TX 77068

PS Form 3

...tions

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:

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

9590 9401 0128 5225 9700 86

(Transfer from service label)

7015 3010 0001 8827 6135

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name): Thoma
C. Date of Delivery: 5/4/16

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

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

...il Restricted Delivery

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

7015 3010 0001 8827 6142

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis

OFFICIAL

Certified Mail Fee	$
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	$ 3.45
Total Postage	$

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

Sent To: Grace Elizabeth Dean Black
Street and: 401 Bayshore Drive
City, State, La Porte, TX 77571

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

7015 3010 0001 8827 6180

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

MHF/COG
CLYDESDALE 7H

For delivery information, v
OFFIC

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
Stre
City,

USPS SANTA FE, NM 87594
Postmark
MAY 6 2015
DE VARGAS POST OFFICE

Barbara Lee Dean Hendricks
3603 Greenleaf Drive
SanAntonio, TX 78218

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

7015 3010 0001 8827 6197

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit
OFFIC

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
$
Tot
$
Sen
Stre
City,

USPS SANTA FE, NM 87594
MAY 6 2015
Postmark Here
DE VARGAS POST OFFICE

Dean Corley Myane
PO Box 787
Blanco, TX 78606

PS
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:

Barbara Lee Dean Hendricks
3603 Greenleaf Drive
SanAntonio, TX 78218

9590 9401 0128 5225 9697 85

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6180

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Dean Hendricks ☐ 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
- ☐ 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

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 9401 0128 5225 9697 92

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6197

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kary Phipps ☐ Agent ☐ Addressee

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

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFICIAL USE

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 and Fees
$

Sent To
John Donald Wesley Corley

Street and Apt. No., or PO Box No.
312 Mountain Vista Dr.

City, State, ZIP+4®
Penhook, VA 24137

USPS SANTA FE, NM 87594
MAY 26 2016
DEVARGAS POST OFFICE

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

7015 3010 0001 8827 6203

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFICIAL USE

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 and Fees
$

Sent To
Ross M. Enyart

Street and Apt. No., or PO Box No.
1015 Applewood Street

City, State, ZIP+4®
Klamath Falls, OR 97603

USPS SANTA FE, NM 87594
MAY 26 2016
DEVARGAS POST OFFICE

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

7015 3010 0001 8827 6210

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:

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

9590 9401 0128 5225 9698 08

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
- ☐ 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 (over $500)

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9401 0128 5225 9692 66

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
- ☐ 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 (over $500)

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

MHF/COG
CLYDESDALE 7H

OFFIC

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 $

2.40

Postage
$

Total P
$

Sent T

Street

City, S

USPS SANTA FE, NM 87594
MAY – 6 2016
Postmark Here
DEVARGAS POST OFFICE

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

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

7015 3010 0001 8827 6227

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 9401 0128 5225 9692-73

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6227

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
- ☐ 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

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

For delivery information, vis

MHF/COG
CLYDESDALE 7H

OFFIC

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 $

2.40

Postage
$

Total
$

Sent

Street

City, S

USPS SANTA FE, NM 87594
MAY – 2016
Postmark Here
DEVARGAS POST OFFICE

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

PS Fo... See Reverse for Instructions

7015 3010 0001 8827 6234

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 9401 0128 5225 9692 80

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6234

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

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
MHF/COG
CLYDESDALE 7H
OFFICIAL

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 $ 2.80
Postage $
Total $
Sent To
Street
City, St

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

Dennis Van Hees
FM 247 Rd
Huntsville, TX 77320

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

7015 3010 0001 8827 6241

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 9401 0128 5225 9692 97

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
If YES, enter delivery address below: ☐ No

HUNTSVILLE TX 773

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

Restricted Delivery

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, vi
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 I $
Sent T
Street
City, St

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

Elizabeth Van Hees
Hollingsworth
1325 CR 180
Leander, TX 77230

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

7015 3010 0001 8827 6258

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

9590 9401 0128 5225 9693 03

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6258

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

Restricted Delivery (over $500)

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
CLYDESDALE 7H

For delivery information, vis

OFFICIAL USE

Certified Mail Fee
$ 3.45

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

Postage
$

Total Pc
$

Sent To
Sharon Ann Henry Willaby

Street a
PO Box 303

City, Sta
Nevada, TX 75173

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

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

7015 3010 0001 8827 6265

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee
$ 3.45

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

Postage
$

To
$

Se

Barbara Sue Henry Williams
PO Box 303
Nevada, TX 75173

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

See Reverse for Instructions

7015 3010 0001 8827 6272

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 9401 0128 5225 9693 27

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6272

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Sharon Willaby
- [x] 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
If YES, enter delivery address below: [ ] No

MAY 09 2016

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

Restricted Delivery

(over $500)

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, vi
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
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Tot

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

$
Sen
Stre
City

Jimmie Miriam Henry Dickens
125 Mockingbird Ln
Livingston, TX 77351

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

7015 3010 0001 8827 6487

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 9401 0128 5225 9693 34

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6487

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lloyd L Dickens ☐ Agent ☐ Addressee

B. Received by (Printed Name) 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

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
OFFI

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
$
T

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

$
S
Str
Ci

Diane Schirmacher Glanzer
2404 Heritage Drive
Opelika, AL 36804

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

7015 3010 0001 8827 6494

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

9590 9401 0128 5225 9693 41

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6494

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ 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 6500

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis

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	

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

Sent To: Anna K. Schirmacher Pruess
Street: 7053 Old Mill Creek
City: 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

MHF/COG
CLYDESDALE 7H

For delivery information, vis

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	

MAY - 6 2016
Postmark Here
DE VARGAS POST OFFICE

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

PS Form [illegible] 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:

Anna K. Schirmacher Pruess
7053 Old Mill Creek
Brenham, TX 78733

9590 9401 0128 5225 9697 09

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6500

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Anna Pruess
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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

7015 3010 0001 8827 6524

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit c
OFFIC...

Certified Mail Fee
$ 3.45

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

Postage
$
Total
$

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

Sent
Mary Catherine Henry Chennault
Street
2612 FM 859
City, S
Edgewood, TX 75117

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

RETURNED

7015 3010 0001 8827 6531

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis
OFFIC...

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 Pc
$

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

Sent To
Ronald Edgar Ham
Street a
1906 Cypress Point East
City, Sta
Austin, TX 78746

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

TICKER AT TOP OF ENVELOPE TO THE RIGHT
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:

Ronald Edgar Ham
1906 Cypress Point East
Austin, TX 78746

9590 9401 0128 5225 9689 79

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6531

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? ☐ 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

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit www.usps.com
OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.60
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To David Henry Ham
Street and Apt. No., or PO Box No. 201 Dunkeld
City, State, ZIP+4® Spicewood, TX 78669

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

7015 3010 0001 8827 6548

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

U.S. Postal Service™
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Domestic Mail Only

MHF/COG
CLYDESDALE 7H

For delivery information, visit www.usps.com
OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [ ] Return Receipt (hardcopy) $
- [x] Return Receipt (electronic) $ 2.60
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To Alma Bernice Henry Coleman
Street and Apt. No., or PO Box No. 228 Elmwood Street
City, State, ZIP+4® Huntsville, TX 77320

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

7015 3010 0001 8827 6555

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

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

David Henry Ham
201 Dunkeld
Spicewood, TX 78669

9590 9401 0128 5225 9689 86

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6548

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
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

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, vi
MHF/COG
CLYDESDALE 7H
OFFICIAL

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 T
Street
City, S

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

Nancy Jane Henry Oliver
PO Box 214
Riverside, TX 77367

7015 3010 0001 8827 6562

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.

Nancy Jane Henry Oliver
PO Box 214
Riverside, TX 77367

9590 9401 0128 5225 9690 06

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6562

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Jimmy Oliver ☑ Agent ☐ Addressee

B. Received by (Printed Name) Jimmy Oliver 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
☐ 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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
MHF/COG
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
Stree
City,

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

Christine Henry Sivcoski
PO Box 17321
New Waverly, TX 77358

7015 3010 0001 8827 6579

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 9401 0128 5225 9690 13

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6579

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
☐ 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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
MHF/COG
CLYDESDALE 7H
OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.60
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total Postage and Fees $
Sent To John Cary Riggs
Street and Apt. No. 954 CR 664
City, State, ZIP+4® Devine, TX 78016

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

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

7015 3010 0001 8827 5930

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 9401 0128 5225 9690 20

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5930

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X John Cary Riggs ☐ Agent ☐ Addressee
B. Received by (Printed Name) JOHN K RIGGS C. Date of Delivery MAY 12 2016
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

DEVINE TX 78016

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

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
MHF/COG
CLYDESDALE 7H
OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.60
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total Postage and Fees $
Sent To Harold P. Plocek
Street and Apt. No. PO Box 1476
City, State, ZIP+4® Bandera, TX 78003

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

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

7015 3010 0001 8827 5947

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

9590 9401 0128 5225 9690 37

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5947

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X H P Plocek ☐ Agent ☑ Addressee
B. Received by (Printed Name) H. Plocek 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
☐ Insured Mail (over $500) ☐ 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, v

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
$

USPS SANTA FE, NM 87594
MAY 6 2016
Postmark Here
DEVARGAS POST OFFICE

Robert Bruce Anderson
PO Box 1000
Roswell, NM 88202

7015 3010 0001 8828 0026

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, vis

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
$

USPS SANTA FE, NM 87594
MAY 6 2016
Postmark Here
DEVARGAS POST OFFICE

Robert B. Anderson
6404 Zapateco NW
Albuquerque, NM 87015

7015 3010 0001 8827 6586

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

CERTIFIED MAIL®

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

SEND … IS 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:

Robert Bruce Anderson
PO Box 1000
Roswell, NM 88202

9590 9401 0128 5225 9690 44

2. Article Number (Transfer from service label)
7015 3010 0001 8828 0026

A. Signature
X D Frost ☐ Agent ☐ Addressee

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

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

MAY 11 2016
USPS 88201

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 … estricted 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 6999

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis

OFFICIAL USE

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	
Tot	
Ser	
Stre	
City	

USPS SANTA FE NM 87594
MAY 6 2016
Postmark Here
DEVARGAS POST OFFICE

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)
7015 3010 0001 8827 6999

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? ☐ Yes
If YES, enter delivery address below: ☒ No

ROSWELL NM USPS 88201 MAY 11 2016

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 7002

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

MHF/COG
CLYDESDALE 7H

For delivery information,

OFFICIAL USE

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	
Stree	
City, S	

SANTA FE NM 87594
MAY - 6 2016
Postmark Here
DEVARGAS POST OFFICE

Barbara Kryder
PO Box 1000
Roswell, NM 88202

PS Fo — 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)
7015 3010 0001 8827 7002

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? ☐ Yes
If YES, enter delivery address below: ☒ No

ROSWELL NM USPS 88201 MAY 11 2016

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

7015 3010 0001 8827 7019

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total Po
$

Sent To
James R. Swope

Street a
1832 Mountain Laurel Drive

City, Sta
Kerrville, TX 78028

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

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

MHF/COG
CLYDESDALE 7H

For delivery information
OFFI

Certified Mail Fee
$ 3.45

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

Postage
$

Tot
$

Sei
Cydney McDonald, and spouse
if applicable

Stre
424 Brady Lane

City
Austin, TX 78746

USPS SANTA FE, NM 87594
Postmark Here
MAY - 6 2016
DEVARGAS 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:*

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

9590 9401 0128 5225 9701 49

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 7019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x James Swope
☐ 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

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

7015 3010 0001 8827 5961

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

MHF/COG
CLYDESDALE 7H

For delivery information, v
OFFIC

Certified Mail Fee
$ 345

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

Postage
$

Tot

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

Sent To Jack Scott McDonald, and
Ser. spouse if applicable
Stre 1110 College Avenue
City, Snyder, TX 79549

PS F 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

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

Restricted Delivery (over $500)

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

7015 3010 0001 8827 5978

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

MHF/COG
CLYDESDALE 7H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 345

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

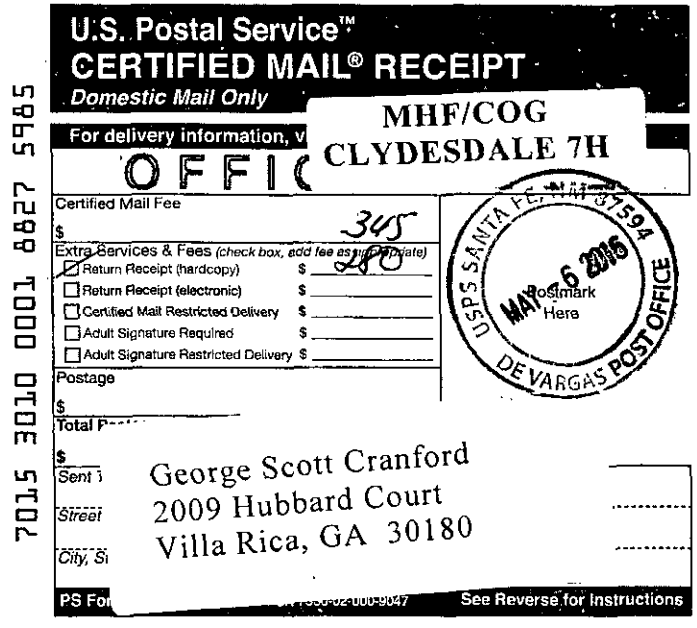
Postage
$

Total Pc

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

Sent To Jan Alice Herrstrom
Street a 3333 Castle
City, Sta Waco, TX 76710

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



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

MHF/COG
CLYDESDALE 7H

For delivery information, v
OFFI(

Certified Mail Fee
$ 3.45

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

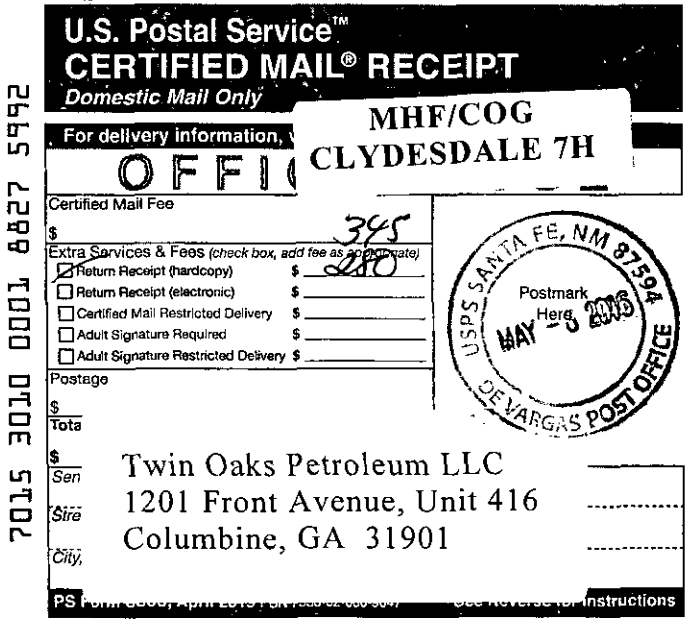
Postage
$
Total P

USPS SANTA FE, NM 87594
MAY 6 2015
Postmark Here
DE VARGAS POST OFFICE

$
Sent T George Scott Cranford
Street 2009 Hubbard Court
City, St Villa Rica, GA 30180

PS Fo See Reverse for Instructions

7015 3010 0001 8827 5985



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

MHF/COG
CLYDESDALE 7H

For delivery information,
OFFI(

Certified Mail Fee
$ 3.45

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

Postage
$
Tota

USPS SANTA FE, NM 87594
MAY 5 2015
Postmark Here
DE VARGAS POST OFFICE

$
Sen Twin Oaks Petroleum LLC
Stre 1201 Front Avenue, Unit 416
City, Columbine, GA 31901

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

7015 3010 0001 8827 5992

7015 3010 0001 8827 6005

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CLYDESDALE 7H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total Pc
$

Sent To
Ray Hall Beck, and spouse if applicable

Street a
3509 Dominion Ridge Circle

City, St
San Angelo, TX 76904

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

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9401 0128 5225 9703 09

2. 7015 3010 0001 8827 6005

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
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

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7015 3010 0001 8827 6012

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

MHF/COG
CLYDESDALE 7H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total
$

Sent
B&G Royalties

Street
PO Box 376

City,
Artesia, NM 88211-0376

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

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

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9401 0128 5225 9696 86

2. Article Number (Transfer from service label) 7015 3010 0001 8827 6012

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Delia Golden
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 6029

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

MHF/COG
CLYDESDALE 7H

For delivery information, OFFI

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 Pos
$

Sent To
Street an
City, Stat

Ocotillo Production
1705 W. Washington
Artesia, NM 88210

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

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
CLYDESDALE 7H

For delivery information OFFI AL 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 Pc
$

Sent To
Street a
City, St

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

USPS SANTA FE, NM 87594
MAY 2016
Postmark Here
DEVARGAS POST OFFICE

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
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MHF/COG
CLYDESDALE 7H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total Pr
$

Sent To David Harper
Street a 2417 Cero Road
City, St Artesia, NM 88210

PS For ructions

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

7015 3010 0001 8827 6050

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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CLYDESDALE 7H

For delivery information, vis

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
$

Tot
$

Ser Juanel Harper
Stre 1207 West Centre Ave.
City, Artesia, NM 88210

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Juanel Harper
1207 West Centre Ave.
Artesia, NM 88210

9590 9401 0128 5225 9700 19

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 6050

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Juanel Harper ☐ Agent ☐ Addressee

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

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

USPS 88210 MAY 12 2016 ARTESIA, NM

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

PS Form 3811, 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 ou

MHF/COG
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 Pr
$
Sent To Jami Harl
Street a 2485 East 54th
City, Sta Tulsa, OK 74105

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

PS Form
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jami Harl
2485 East 54th
Tulsa, OK 74105

9590 9401 0128 5225 9700 26

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6067

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

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

7015 3010 0001 8827 6074

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit

MHF/COG
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
Street
City,
James Carson
1323 Tudor Street
Lowell, AR 72745

USPS SANTA FE, NM 87594
MAY 5 2016
Postmark Here
DEVARGAS POST OFFICE

PS Fo
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 Carson
1323 Tudor Street
Lowell, AR 72745

9590 9401 0128 5225 9700 33

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6074

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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
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 5831

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

For delivery information, visit c

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
$

Tot

$
Ser

Stre

City,

Terry Owen
13011 Royal George Ave.
Odessa, FL 33556

PS F PSN 7530-02-000-9047 See Reverse for Instructions

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

7015 3010 0001 8827 5848

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

Postage
$

Total Postag

$
Sent To

Street and Ap

City, State, Z

Eddie M. Mahfood
133 Fulton Place
Portland, TX 78374

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

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

7015 3010 0001 8827 5855

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

MHF/COG
CLYDESDALE 7H

For delivery information, visi

OFFIC...

Certified Mail Fee
$ 3.45

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

Postage
$

Total P
$

Sent T

Street

City, S

USPS SANTA FE, NM 87594
MAY 06 2015
Postmark Here
DEVARGAS POST OFFICE

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

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis

OFFIC

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
$

Tot

Sen

Stre

City,

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

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

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

7015 3010 0001 8827 4032

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

For delivery information

MHF/COG
CLYDESDALE 7H

OFFI

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,

AAR Limited Partnership
1320 W. 4th
Roswell, NM 88201

USPS SANTA FE, NM
MAY - 6 2016
Postmark Here
DEVARGAS POST OFFICE

PS Fo ... Instructions

7015 3010 0001 8827 5862

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:

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

9590 9401 0128 5225 9688 49

2. Article Number *(Transfer from service label)*
7015 3010 0001 8827 4032

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFIC

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	$

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

Sent
Stree
City,

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

7015 3010 0001 8827 5886

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

MHF/COG
CLYDESDALE 7H

For delivery information, vi

OFFIC

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	$

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

Sent To
Street a
City, St

B&L Oil Company
900 W. Cooper
Hobbs, NM 88240

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.

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
x DeAnn Wylie ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. ANN WYLIE
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

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CLYDESDALE 7H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$
Total Pos
$

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MAY - 6 2016
DEVARGAS POST OFFICE

Sent To C.W. Paine Company
Street an 1314 Juniper
City, Stat Lewisville, TX 75067

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CLYDESDALE 7H

For delivery information, visit

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Certified Mail Fee
$ 3.45

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

Postage
$
Total Pos
$

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Postmark Here
MAY 6 2016
DEVARGAS POST OFFICE

Sent To Charles B. Read
Street an PO Box 1518
City, Stat Roswell, NM 88202

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

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OFFICIAL USE

Certified Mail Fee
$ 3.45

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

Postage
$

Total F
$

Sent T

Street

City, S

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

PS Fo... ...structions

USPS SANTA FE NM 87594
MAY 2016 Postmark Here
DEVARGAS POST OFFICE

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CLYDESDALE 7H

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Certified Mail Fee
$ 3.45

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

Postage
$

Total
$

Sent

Stre...

City,

DES Acquisition LLC
9331 Wickford
Houston, TX 77024-3637

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

MAY 2016 Postmark Here
...S POST OFFICE

7015 3010 0001 8827 5923

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. Article Number (Transfer from service label)
7015 3010 0001 8827 5916

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Reed ☑ Agent ☐ Addressee

B. Received by (Printed Name) Bonnie Reed
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
- ☐ 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

U.S. Postal Service™
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Domestic Mail Only

For delivery information, v
OFFI

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
Stree
City,

USPS SANTA FE, NM 87504
Postmark Here MAY 2016
DEVARGAS POST OFFICE

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

7015 3010 0001 8827 5732

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

9590 9401 0128 5225 9701 87

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5732

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

CENTER CITY PHILADELPHIA PA 191
MAY 9 2016
USPS

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

Restricted Delivery (over $500)

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

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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
Street a
City, St

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

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

7015 3010 0001 8827 5749

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

9590 9401 0128 5225 9701 94

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5749

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

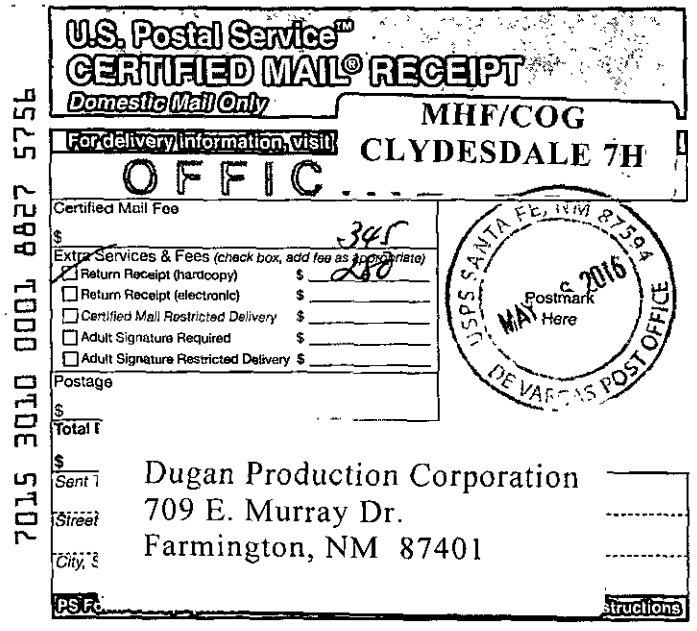
B. Received by (Printed Name) C. Date of Delivery
5-12

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
☐ 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 (over $500)

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



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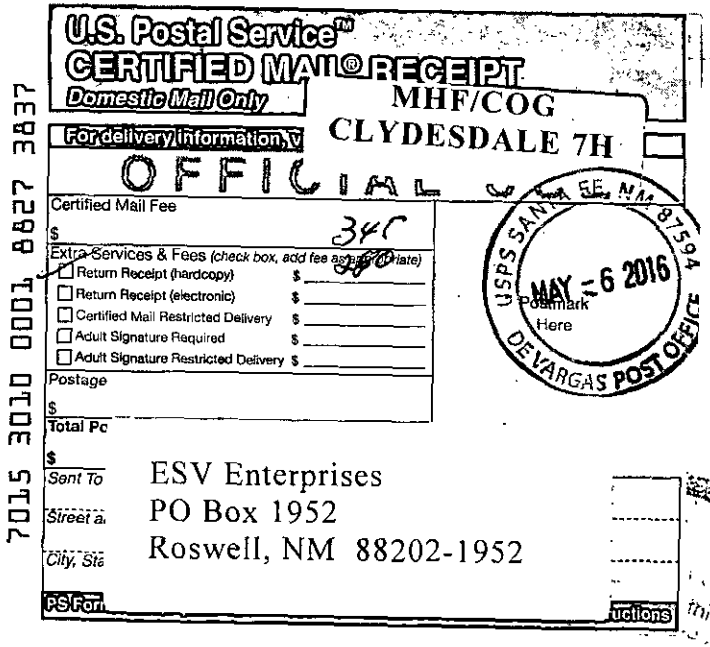
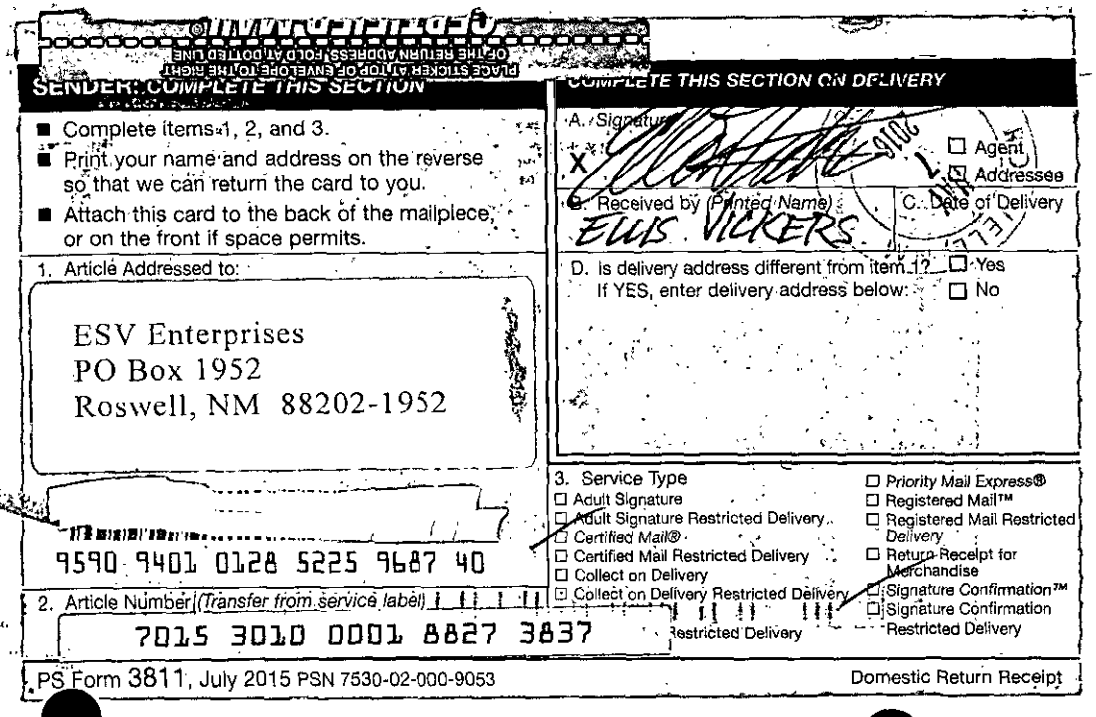
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
OFFIC
MHF/COG
CLYDESDALE 7H
Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total P $
Sent T
Street
City, S
PS Fo
Instructions
USPS SANTA FE, NM 87594
MAY 2016
Postmark Here
DE VARGAS POST OFFICE
Dugan Production Corporation
709 E. Murray Dr.
Farmington, NM 87401
7015 3010 0001 8827 5756



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, v
OFFICIAL
MHF/COG
CLYDESDALE 7H
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 Po $
Sent To
Street a
City, Sta
PS Forn
uctions
USPS SANTA FE, NM 87594
MAY 6 2016
Postmark Here
DE VARGAS POST OFFICE
ESV Enterprises
PO Box 1952
Roswell, NM 88202-1952
7015 3010 0001 8827 3837

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Dugan Production Corporation
709 E. Murray Dr.
Farmington, NM 87401
9590 9401 0128 5225 9702 00
2. Article Number (Transfer from service label)
7015 3010 0001 8827 5756
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Glen Woodard
☐ 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
FARMINGTON NM 87401
MAY 9 2016
3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ 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



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 9687 40
2. Article Number (Transfer from service label)
7015 3010 0001 8827 3837
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
ELIS VICKERS
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 5770

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

For delivery information: MHF/COG CLYDESDALE 7H

OFFI

Certified Mail Fee $ 3.45

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

Postage $

Total Postage $

Sent To: Eugene E. Nearburg c/o Nearburg Exploration Company, LLC

Street and: PO Box 823085

City, State: Dallas, TX 75382-3085

PS Form ... See Instructions

USPS SANTA FE, NM 87594 — Postmark Here — MAY 2016 — DEVARGAS 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:

Eugene E. Nearburg c/o Nearburg Exploration Company, LLC
PO Box 823085
Dallas, TX 75382-3085

9590 9401 0128 5225 9702 24

2. Article Number (Transfer from service label) 7015 3010 0001 8827 5770

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Scott Baker ☐ Agent ☐ Addressee

B. Received by (Printed Name): Scott Baker 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

Insured Mail (Over $500)

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

7015 3010 0001 8827 5787

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

For delivery information: MHF/COG CLYDESDALE 7H

OFFI

Certified Mail Fee $ 3.45

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

Postage $

To: Explorers Petroleum Corporation

Street: PO Box 1933

City: Roswell, NM 88202-1933

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

USPS SANTA FE, NM 87594 — Postmark Here — MAY 2016 — DEVARGAS 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:

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

9590 9401 0128 5225 9702 31

2. Article Number (Transfer from service label) 7015 3010 0001 8827 5787

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X M Saunders ☐ Agent ☐ Addressee

B. Received by (Printed Name): M SAUNDERS C. Date of Delivery: 5/4/16

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

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

Insured Mail (Over $500)

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

7015 3010 0001 8827 3844

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

MHF/COG
CLYDESDALE 7H

For delivery information, v
OFFIC...

Certified Mail Fee
$ 3.45

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

Postage
$

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Se
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Cit
PS

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

Instructions

USPS SANTA FE, NM 87594
MAY 6 2016
Postmark Here
DEVARGAS 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:

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
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ *Adult Signature Restricted Delivery*
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☑ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ 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 5800

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

MHF/COG
CLYDESDALE 7H

For delivery information, v
OFFIC...

Certified Mail Fee
$ 3.45

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

Postage
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S
C
P

Fred N. Nelson Farms
3755 E. Grand Plains Rd.
Roswell, NM 88201

See Reverse for Instructions

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

Fred N. Nelson Farms
3755 E. Grand Plains Rd.
Roswell, NM 88201

9590 9401 0128 5225 9699 14

2
7015 3010 0001 8827 5800

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

Restricted Delivery (over $500)

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

7015 3010 0001 8827 5817

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [x] Return Receipt (hardcopy) $ 2.60
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To — Harvey E. Yates Company
Street a — Security Natinal Bank Building
Suite 1000
City, Sta — Roswell, NM 88201

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

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

RETURNED

7015 3010 0001 8827 5824

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [x] Return Receipt (hardcopy) $ 2.60
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total F
$

Sent To — Hideaway Partnership c/o TMF
Street — Investments
25 Hanover Rd., Building B
City, St — Florham Park, NJ 07932

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

PS Form [illegible] — See Reverse for Instructions

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

SENDER: [illegible] — ECTION ON DELIVERY

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

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

B. Received by *(Printed Name)* — C. Date of Delivery: 5-5-16

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

1. Article Addressed to:
Hideaway Partnership c/o TMF
Investments
25 Hanover Rd., Building B
Florham Park, NJ 07932

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

9590 9401 0128 5225 9699 38

2. 7015 3010 0001 8827 5824

(over $500)

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, vi

OFFIC...

MHF/COG
CLYDESDALE 7H

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

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

Sent To: Jalapeno Corporation
Street and: PO Box 1608
City, State: Albuquerque, NM 87103

PS Form ... See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Jalapeno Corporation
PO Box 1608
Albuquerque, NM 87103

9590 9401 0128 5225 9699 45

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5633

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie A Pascal ☐ Agent ☐ Addressee

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

7015 3010 0001 8827 5640

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

For delivery information, vis

OFFIC...

MHF/COG
CLYDESDALE 7H

USPS SANTA FE, NM 87594
MAY - 3 2016
Postmark Here
DE VARGAS POST OFFICE

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

Sent To: Jo Ann Yates
Street a: 257 North 26th Street
City, St: Artesia, NM 88210

PS 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 9401 0128 5225 9699 52

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5640

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): James R Brasher
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

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 — 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
$ 3.45

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

Postage
$

Total Pos
$

Sent To: Joe R. Wright, trustee of the Wright Family Trust (5/21/98)

Street an: 320 Kearney Ave. Apt. 9

City, Stat: Santa Fe, NM 87501

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

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, visi
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
$

Tota
$

Sen: John A. Yates

Stre: 207 South 4th Street

City: Artesia, NM 88210

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

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

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

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

9590 9401 0128 5225 9699 76

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5664

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x BNA ☐ Agent ☐ Addressee

B. Received by (Printed Name) BNA 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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit
OFFIC...

7015 3010 0001 8827 5671

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
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Total Po
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Sent To
Street a
City, Sta

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

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

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
CLYDESDALE 7H

For delivery information, vi
OFFIC...

7015 3010 0001 8827 5688

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 $

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City

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

Los Chicos
105 Sourth Fourth 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:

Los Chicos
105 Sourth Fourth Street
Artesia, NM 88210

9590 9401 0128 5225 9699 90

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5688

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) DM
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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, 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

For delivery information, visi

MHF/COG
CLYDESDALE 7H

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total	$
Sent	Marigold LLLP
Stree	PO Box 1290
City,	Artesia, NM 88211

USPS SANTA FE, NM 87594
MAY Postmark Here 2016
DEVARGAS POST OFFICE

PS Fo 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:

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 [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ 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

stricted Delivery (over $500)

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

For delivery information, vis

MHF/COG
CLYDESDALE 7H

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$
Sent To	Mark Wilson Family Partnership, LP
Street	4501 Green Tree Boulevard
City, S	Midland, TX 79707

USPS SANTA FE, NM 87594
MAY Postmark Here 2016
DEVARGAS 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:

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 [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. 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
☐ 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, 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

MHF/COG
CLYDESDALE 7H

For delivery information, visi
OFFIC

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
$
Tota
$
Sent
Stree
City,

Menpart Associates c/o Nearburg
Exploration Company, LLC
PO Box 823085
Dallas, TX 75382-3085

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

Menpart Associates c/o Nearburg
Exploration Company, LLC
PO Box 823085
Dallas, TX 75382-3085

9590 9401 0128 5225 9698 22

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5718

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Scott Bk ☐ Agent ☐ Addressee

B. Received by (Printed Name) Scott Bk
C. Date of Delivery 5/19/16

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 5725

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

MHF/COG
CLYDESDALE 7H

For delivery information, visit
OFFIC

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 F
$
Sent T
Street
City, St

Nadel & Gussman Permian, LLC
601 N. Marienfeld Suite 508
Midland, TX 79701

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

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

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

1. Article Addressed to:

Nadel & Gussman Permian, LLC
601 N. Marienfeld Suite 508
Midland, TX 79701

9590 9401 0128 5225 9698 39

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5725

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X PLStedmore ☐ Agent ☐ Addressee

B. Received by (Printed Name) PLStedmore
C. Date of Delivery 5-19-16

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 5534

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

For delivery information, visit o

OFFICI

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 T

Street

City, S

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

Nearburg Exploration Company, LLC
1 Petroleum Center Bldg. 8, Suite 100
3300 North "A" Street
Midland, TX 79705

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

7015 3010 0001 8827 5541

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

For delivery informatio

OFFI

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 T

Street

City, St

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

Orion-Smith Oil Properties Ltd
2505 Lakeview
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:

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 service 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? ☐ 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 (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

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 service 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? ☐ 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 5558

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

MHF/COG
CLYDESDALE 7H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

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

Postage
$

Total Post
$

Sent To
Street and
City, State,

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

USPS SANTA FE NM 87594
MAY - 6 2016
Postmark Here
DEVARGAS POST OFFICE

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

For delivery information,

OFFI

Certified Mail Fee
$ 3.45

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

Postage
$

Total P
$

Sent To
Street
City, St

Rio Pecos Corp
4501 Green Tree Boulevard
Midland, TX 79707

USPS SANTA FE NM 87594
MAY 6 2016
Postmark Here
DEVARGAS POST OFFICE

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
For delivery information, vis
MHF/COG
CLYDESDALE 7H
OFFIC
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
MAY - 6 2016
Postmark Here
DE VARGAS POST OFFICE
87594

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 9401 0128 5225 9698 84

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5572

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Erica Leishman
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
☐ 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 5589

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
MHF/COG
CLYDESDALE 7H
OFFIC
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
MAY - 6 2016
Postmark Here
DE VARGAS POST OFFICE
87594

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 9698 91

2. Article Number (Transfer from service label)
7015 3010 0001 8827 5589

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible]
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

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

MHF/COG
CLYDESDALE 7H

For delivery information, vis
OFFIC

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

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

Sharbro Energy, LLC
PO Box 840
Artesia, NM 88211

7015 3010 0001 8827 5596

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] 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
[redacted]
(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

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

MHF/COG
CLYDESDALE 7H

For delivery information, vi
OFFIC

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

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

Spiral, Inc.
PO Box 1933
Roswell, NM 88201

7015 3010 0001 8827 5602

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

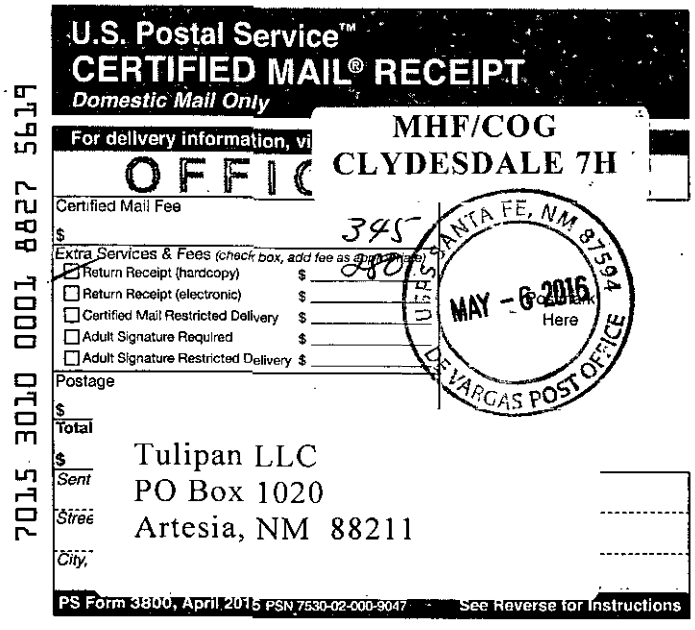
B. Received by (Printed Name) SM SAUNDERS C. Date of Delivery 5/9/16

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

ROSWELL NM 88201

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
(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



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

For delivery information, vi

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
$

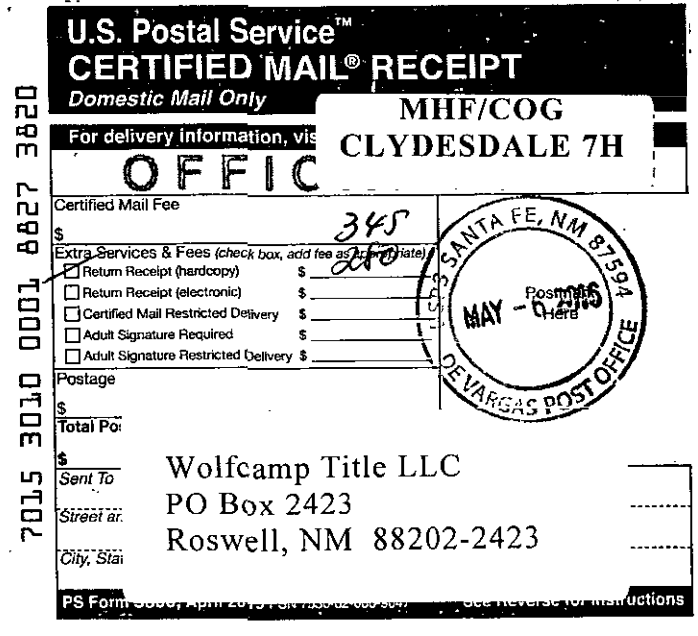
Sent
Stree
City,

Tulipan LLC
PO Box 1020
Artesia, NM 88211

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

7015 3010 0001 8827 5619

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, vis

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 Po

Sent To
Street ar
City, Stat

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

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

7015 3010 0001 8827 3820

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3010 0001 8827 6159

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CLYDESDALE 7H

For delivery information, vis
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 Pos
$

Sent To
Street an
City, Stat

Yates Energy Corporation
PO Box 2323
Roswell, NM 88202-2323

USPS SANTA FE, NM 87594
MAY 6 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3010 0001 8827 6166

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
CLYDESDALE 7H

For delivery informatio
OFFI

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
Street a
City, St

Yates Industries LLC
PO Box 1091
Artesia, NM 88211

USPS SANTA FE, NM 87594
MAY 5 2016
Postmark Here
DEVARGAS 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:

Yates Industries LLC
PO Box 1091
Artesia, NM 88211

9590 9401 0128 5225 9697 54

2. Article Number (Transfer from service label)
7015 3010 0001 8827 6166

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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
- ☐ elivery Restricted 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