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

APPLICATION OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING AND AN UNORTHODOX WELL LOCATION, EDDY COUNTY, NEW MEXICO.

Case No. 15,515

AFFIDAVIT OF NOTICE

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

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

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Mewbourne Oil Company.

3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of September, 2016 by James Bruce.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-18

My Commission Expires:

Notary Public

EXHIBIT 8

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

July 14, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Mineral Interest Owners or Claimants

Ladies and gentlemen:

Enclosed is an application for compulsory pooling and an unorthodox location, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Wolfcamp well in the W/2 of Section 34, Township 23 South, Range 28 East, NMPM, Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 4, 2016, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, July 28, 2016. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT A

Parties Being Notified

Gene A. & Brenda L. Adams, his wife
4315 Aledo Oaks Court
Ft. Worth, Texas 76126

Stephen J. Shook
4204 Tallowood Drive
Austin, Texas 78731

Terry L. Shook
5217 Old Spicewood Springs Rd., #802
Austin, Texas 78731

G. Michael Shook
4939 Oak Shadows Drive
Houston, Texas 77091

D&M Oil Investments, LLC
550 Forest Bluffs Road
Aiken, South Carolina 29803

Roden Participants, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

Roden Exploration Company, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

Roden Associates, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

Roden Oil Company
P.O. Box 10909
Midland, Texas 79702

EOG Resources, Inc.
P.O. Box 4362
Houston, Texas 77210-4362

T. George Wright
Address Unknown

Charles W. Seltzer, Independent Executor u/w/o Bill Seltzer, Deceased
Address Unknown

Gary Tucker Pumping Service, Inc.
2131 Haston Rd.
Carlsbad, New Mexico 88220

Margaret V. Dowling
1829 Georgia Street NE
Albuquerque, New Mexico 87110

Margaret C. Mobley
Address Unknown

Ethel Jane Reese
Address Unknown

Mary Jane Jones
Address Unknown

James S. Witt and wife, Ina L. Witt
702 N. Canyon Street
Carlsbad, New Mexico 88220

T.L. Rees, whose wife is Margaret D. Rees
P.O. Box 1007
Colorado City, Texas 7912

George O. Stribling, Personal Representative of the Estate of Martha Stribling, Deceased
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

The Trustee of a trust created by Martha Stribling dated 9-24-1996
P.O. Box 95557
Albuquerque, New Mexico 87199

T.B. Stribling, III as Successor Trustee of the Martha G. Stribling Irrevocable Trust
P.O. Box 95557
Albuquerque, New Mexico 87199

George O. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Martha J. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Thomas B. Stribling, Trustee for Thomas Luke Stribling Trust
75 Circle Drive NE
Albuquerque, New Mexico 87122

George O. Stribling, Trustee for Margaret Stribling, Robert Cain and Salem Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

John D. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

Chasity Garza
1410 E. Broadway
Brownfield, Texas 79316

Pamela Ray Cummings
P.O. Box 817
Panhandle, Texas 797068

Patricia Gae Stamps
P.O. Box 249
Panhandle, Texas 79068

The Heirs or Devisees of John W. Osborn, Deceased
P.O. Box 419
Tipton, Oklahoma 76570

Geneva Floyd Osborn
500 N. Broadway
Tipton, Oklahoma 73570

Joel W. Osborn
2420 South Joplin Avenue
Tulsa, Oklahoma 74114

Heather O. Ward
P.O. Box 538
Roscoe, Texas 79545

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, Texas 78620

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

Irma J. Gregory
14 Cork Street
Alva, Florida 33920

Tommy W. Gregory
1705 Black Gold St., SE
Albuquerque, New Mexico 87123

Daniel Taschner
No. 2 Meadowlark Court
Artesia, New Mexico 88210

Arin Bratcher
No. 2 Meadowlark Court
Artesia, New Mexico 88210

William E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, New Mexico 87123

Kathy Gregory
608 Lakeside Drive
Carlsbad, New Mexico 88220

Brian McGonagill
1612 Westridge Road
Carlsbad, New Mexico 88220

George P. McGonagill
2610 B Mountain View
Carlsbad, New Mexico 88220

Cara McGonagill
611 1/2 N. Mesa
Carlsbad, New Mexico 88220

Shirley C. McGonagill
1612 Westridge
Carlsbad, New Mexico 88220

Ralph V. Robinson
Address Unknown

Childs & Bishop Law Office, Inc.
Address Unknown

Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

James W. Klipstine, Jr.
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Latannia Klipstine
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Kevin J. Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Helen Beeman
6801 Beckett Road, #134R
Austin, Texas 78749

Mary Jo Dickerson
P.O. Box 642
Glenpool, Oklahoma 74033

Virginia Lee Davis
P.O. Box 1065
Carlsbad, New Mexico 88221

LBD, a Limited Partnership
P.O. Box 686
Hobbs, New Mexico 88240

Charles L. Reitenger
Address Unknown

John Edward Hall, III
Address Unknown

The Successor of United New Mexico Bank of Carlsbad,
Wells Fargo Bank, N.A.
2318 W. Pierce St.
Carlsbad, New Mexico 88220

First Federal Savings and Loan Association of Littlefield, Texas
P.O. Box 1390
Littlefield, Texas 79339

Jonathan D. Knoerdel
Address Unknown

Panagoppulos Enterprises, LLC
511 W. Reinken Ave.
Belen, New Mexico 87002

Clarence W. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

The Heirs of Devisees of Mary I. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

Louis M. (Mickey) Ratliff, Jr.
8 Firwood Court
The Hills, Texas 78738

Mary D. Ratliff
8 Firwood Court
The Hills, Texas 78738

Nevill Manning
2112 Indiana
Lubbock, Texas 79410

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, Texas 79424

Seminole Memorial Hospital
209 NW 8th Street
Seminole, Texas 79360

Andreas P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

Pavlos P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

Panagiota P. Panagopoulos Tendall
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

Magdalene (or Magdaline) P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

Peter A. Panagopoulos
209 W. McKay
Carlsbad, New Mexico 88220

Tom Stribling, Trustee of the LTS Trust
P.O. Box 95557
Albuquerque, New Mexico 87199

M. Craig Beeman
6801 Beckett Road, #134R
Austin, Texas 78749

Bonnie R. Gregory
14 Cork Street
Carlsbad, New Mexico 88220

Estate of Stanley J. Gregory
608 Lakeside Dr.
Carlsbad, New Mexico 88220

Laura Meade
611 N. Mesa Ave.
Carlsbad, New Mexico 88220

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Panagoppulos Enterprises, LLC
511 W. Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7536 12

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5351

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | 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)

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

Postmark Here

Sent To: Sue Osborn Powell
Street, Apt. No.; or PO Box No.: 899 Hedgewood Drive
City, State, ZIP+4: Georgetown, Texas 78620

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5702

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

Postmark Here

Sent To: Panagoppulos Enterprises, LLC
Street, Apt. No.; or PO Box No.: 511 W. Reinken Ave.
City, State, ZIP+4: Belen, New Mexico 87002

PS Form 3800, August 2006 See Reverse for Ins

7014 0510 0000 9539 5351

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, Texas 78620

9590 9402 1676 6053 7533 15

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5702

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joel W. Osborn
2420 South Joplin Avenue
Tulsa, Oklahoma 74114

9590 9402 1676 6053 7532 92

2. Article Number *(Transfer from service label)*
7014 0510 0000 9539 5689

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rhonda Osborn ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Rhonda Osborn C. Date of Delivery 7/24/16

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

stricted Delivery
(over $500)

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

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

Postmark Here

Sent To T.B. Stribling, III as Successor Trustee
Street, Apt. No.; or PO Box No. P.O. Box 95557
City, State, ZIP+4 Albuquerque, New Mexico 87199

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5757

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

Postmark Here

Sent To Joel W. Osborn
Street, Apt. No.; or PO Box No. 2420 South Joplin Avenue
City, State, ZIP+4 Tulsa, Oklahoma 74114

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5689

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

T.B. Stribling, III as Successor Trustee
P.O. Box 95557
Albuquerque, New Mexico 87199

9590 9402 1676 6053 7533 77

2. Article Number 7014 0510 0000 9539 5757

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)

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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:

The Trustee of a trust created by Martha Stribling
P.O. Box 95557
Albuquerque, New Mexico 87199

9590 9402 1676 6053 7533 60

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5740

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

ALBUQUERQUE NM 87109-9998 JUL 22 20[illegible] 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

(over $500) livery

8 Domestic Return Receipt

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

Postmark Here

Sent To: Terry L. Shook
Street, Apt. No.; or PO Box No.: 5217 Old Spicewood Springs Rd., #802
City, State, ZIP+4: Austin, Texas 78731

7014 0510 0000 9539 5825

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

Postmark Here

Sent To: The Trustee of a trust created by Martha Stribling
Street, Apt. No.; or PO Box No.: P.O. Box 95557
City, State, ZIP+4: Albuquerque, New Mexico 87199

7014 0510 0000 9539 5740

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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:

[illegible] Shook
5217 Old Spicewood Springs Rd., #802
Austin, Texas 78731

9590 9402 1676 6053 7534 38

2. Article Num 7014 0510 0000 9539 5825

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

(over $500) livery

8 Domestic Return Receipt

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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:

Tom Stribling, Trustee of the LTS Trust
P.O. Box 95557
Albuquerque, New Mexico 87199

9590 9402 1676 6053 7797 04

2. Article 7014 0510 0000 9539 5283

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [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
☐ 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

7014 0510 0000 9539 5283

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

Postmark Here

Sent To: Pavlos P. Panagopoulos
Street, Apt. No.; or PO Box No.: 511 West Reinken Ave.
City, State, ZIP+4: Belen, New Mexico 87002

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5238

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

Postmark Here

Sent To: Tom Stribling, Trustee of the LTS Trust
Street, Apt. No.; or PO Box No.: P.O. Box 95557
City, State, ZIP+4: Albuquerque, New Mexico 87199

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5283

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Pavlos P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7797 42

2. Article Number (Transfer from service label) 7014 0510 0000 9539 5238

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
☐ 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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Andreas P. Panagopoulos
511 West Reinken Ave.
Belen, New Mexico 87002

9590 9402 1676 6053 7797 59

2. A 7014 0510 0000 9539 5245

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
☐ ry 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

7014 0510 0000 9539 5368

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

Postmark Here

Sent To: Clarence W. Ervin
Street, Apt. No.; or PO Box No.: 4016 Jones Street
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5245

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: Andreas P. Panagopoulos
Street, Apt. No.; or PO Box No.: 511 West Reinken Ave.
City, State, ZIP+4: Belen, New Mexico 87002

PS Form 3800, August 2006 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:

Clarence W. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7536 29

2. Arti 7014 0510 0000 9539 5368 icted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C.W. ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7-21

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 B. Stribling, Trustee for Thom
75 Circle Drive NE
Albuquerque, New Mexico 87122

9590 9402 1676 6053 7534 07

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5788

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: Roden Oil Company
Street, Apt. No.; or PO Box No.: P.O. Box 10909
City, State, ZIP+4: Midland, Texas 79702

7014 0510 0000 9539 5887

PS Form 3800, August 2006 — See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Thomas B. Stribling, Trustee for Thomas
Street, A... or PO B...: 75 Circle Drive NE
City, State, ZIP+4: Albuquerque, New Mexico 87122

7014 0510 0000 9539 5788

PS Form 3800, August 2006 — 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:

Roden Oil Company
P.O. Box 10909
Midland, Texas 79702

9590 9402 1676 6053 7534 90

2. Arti... 7014 0510 0000 9539 5887 ...icted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Van Tettleton 7-22-16

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gary Tucker Pumping Service, Inc.
2131 Haston Rd.
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7535 13

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5900

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Tucker ☐ Agent ☐ Addressee

B. Received by (Printed Name) Linda Tucker

C. Date of Delivery 7-22-16

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)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: Margaret V. Dowling
Street, Apt. No.; or PO Box No.: 1829 Georgia Street NE
City, State, ZIP+4: Albuquerque, New Mexico 87110

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5917

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Gary Tucker Pumping Service, Inc.
Street, Apt. No.; or PO Box No.: 2131 Haston Rd.
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5900

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Margaret V. Dowling
1829 Georgia Street NE
Albuquerque, New Mexico 87110

9590 9402 1676 6053 7535 20

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5917

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Margaret V Dowling ☐ Agent ☐ Addressee

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

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

ALBUQUERQUE NM 871 10-3801 JUL 22 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

(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:

Mary D. Ratliff
8 Firwood Court
The Hills, Texas 78738

9590 9402 1676 6053 7536 50

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5399

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-21-16

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

7014 0510 0000 9539 5382

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: Louis M. (Mickey) Ratliff, Jr.
Street, Apt. No. or PO Box No.: 8 Firwood Court
City, State, ZIP+4: The Hills, Texas 78738

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5399

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OFFICIAL USE

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

Postmark Here

Sent To: Mary D. Ratliff
Street, Apt. No. or PO Box No.: 8 Firwood Court
City, State, ZIP+4: The Hills, Texas 78738

PS Form 3800, August 2006 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:

Louis M. (Mickey) Ratliff, Jr.
8 Firwood Court
The Hills, Texas 78738

9590 9402 1676 6053 7536 43

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5382

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-21-16

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 W. Klipstine, Jr.
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7537 11

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5436

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7-22-16

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

tricted Delivery (over $500)

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

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U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Shirley C. McGonagill
Street, Apt. No.; or PO Box No.: 1612 Westridge
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5603

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OFFICIAL USE

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

Postmark Here

Sent To: James W. Klipstine, Jr.
Street, Apt. No.; or PO Box No.: 1601 N. Turner, Suite 400
City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5436

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Shirley C. McGonagill
1612 Westridge
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7537 28

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Brian McGonagill 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

cted 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:

Brian McGonagill
1612 Westridge Road
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7531 00

2. Article 7014 0510 0000 9539 5573

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

(over $500)

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

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U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5542

Sent To Arin Bratcher
Street, Apt. No.; or PO Box No. No. 2 Meadowlark Court
City, State, ZIP+4 Artesia, New Mexico 88210

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

7014 0510 0000 9539 5573

Sent To Brian McGonagill
Street, Apt. No.; or PO Box No. 1612 Westridge Road
City, State, ZIP+4 Carlsbad, New Mexico 88220

PS Form 3800, August 2006 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:

Arin Bratcher
No. 2 Meadowlark Court
Artesia, New Mexico 882[illegible]

9590 9402 1676 6053 7531 31

2. Article [illegible] 7014 0510 0000 9539 5542

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
☐ 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:

Irma J. Gregory
14 Cork Street
Alva, Florida 33920

9590 9402 1676 6053 7531 62

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5511

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Irma Gregory ☐ Agent ☐ Addressee

B. Received by (Printed Name) Irma Gregory C. Date of Delivery 7/21/16

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)

Domestic Return Receipt

7014 0510 0000 9539 5696

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: Heather O. Ward
Street, Apt. No.; or PO Box No.: P.O. Box 538
City, State, ZIP+4: Roscoe, Texas 79545

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5696

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: Irma J. Gregory
Street, Apt. No.; or PO Box No.: 14 Cork Street
City, State, ZIP+4: Alva, Florida 33920

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5511

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Heather O. Ward
P.O. Box 538
Roscoe, Texas 79545

9590 9402 1676 6053 7533 08

2. Article Number (Transfer from service label) 7014 0510 0000 9539 5696

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Curtis Ward ☑ Agent ☐ Addressee

B. Received by (Printed Name) Curtis Ward C. Date of Delivery 7-21-16

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John D. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

9590 9402 1676 6053 7532 30

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5627

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) 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)

Domestic Return Receipt

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

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

OFFICIAL USE

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

Postmark Here

Sent To: T.L. Rees, whose wife is Margaret D. Rees
Street, Apt. No., or PO Box No.: P.O. Box 1007
City, State, ZIP+4: Colorado City, Texas 7912

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5726

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

OFFICIAL USE

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

Postmark Here

Sent To: John D. Stribling
Street, Apt. No., or PO Box No.: 6818 Academy Parkway West NE
City, State, ZIP+4: Albuquerque, New Mexico 87109

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5627

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

T.L. Rees, whose wife is Margaret D. Rees
P.O. Box 1007
Colorado City, Texas 7912

9590 9402 1676 6053 7533 46

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5726

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
1-21-16

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

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

(over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James S. Witt and wife, Ina L. Witt
702 N. Canyon Street
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7533 39

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5795

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Roland Ruiz ☐ Agent ☐ Addressee

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

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

U.S. POSTAL SERVICE CARLSBAD NM 88220 JUL 22 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

(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; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5269

Sent To: Magdalene (or Magdaline) P. Panagopoulos
Street, Apt. No. or PO Box No.: 10008 Ranch Hand Ave.
City, State, ZIP+4: Las Vegas, Nevada 89117

PS Form 3800, August 2006 — See Reverse for Instructions

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

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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5795

Sent To: James S. Witt and wife, Ina L. Witt
Street, Apt. No.; or PO Box No.: 702 N. Canyon Street
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — 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:

Magdalene (or Magdaline) P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

9590 9402 1676 6053 7797 28

2. Article Number
7014 0510 0000 9539 5269

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Guard 3849 ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 7/22

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Panagiota P. Panagopoulos Tendall
10008 Ranch Hand Ave.
Las Vegas, Nevada 89117

9590 9402 1676 6053 7797 35

2. Article Number (Transfer from service label) 7014 0510 0000 9539 5252

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent ☐ Addressee

B. Received by (Printed Name) | 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)

Domestic Return Receipt

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

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

OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5375

Sent To: The Heirs of Devisees of Mary I. Ervin
Street, Apt. No.; or PO Box No.: 4016 Jones Street
City, State, ZIP+4: Carlsbad, New Mexico 88220

PS Form 3800, August 2006 — See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5252

Sent To: Panagiota P. Panagopoulos Tendall
Street, Apt. No.; or PO Box No.: 10008 Ranch Hand Ave.
City, State, ZIP+4: Las Vegas, Nevada 89117

PS Form 3800, August 2006 — 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:

The Heirs of Devisees of Mary I. Ervin
4016 Jones Street
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7536 36

2. Article Number (Transfer from service label) 7014 0510 0000 9539 5375

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 7.21

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:

First Federal Savings and Loan Association of Littlefield, Texas
P.O. Box 1390
Littlefield, Texas 79339

9590 9402 1676 6053 7536 05

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5344

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lisa Muller ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lisa Muller C. Date of Delivery 7/21

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

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; No Insurance Coverage Provided)

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OFFICIAL USE

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

Postmark Here

Sent To The Successor of United New Mexico Bank of Carlsbad,
Wells Fargo Bank, N.A.
Street, Apt. or PO Box 2318 W. Pierce St.
City, State, Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5337

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To First Federal Savings and Loan Association of Littlefield, Texas
P.O. Box 1390
Littlefield, Texas 79339
Street, Apt. or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5344

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Successor of United New Mexico Bank of Carlsbad,
Wells Fargo Bank, N.A.
2318 W. Pierce St.
Carlsbad, New Mexico 88220

9590 9402 1676 6053 7535 99

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5337

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M. Hawlan ☐ 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

estricted Delivery
Mail 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:

Latannia Klipstine
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

9590 9402 1676 6053 7531 79

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5443

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) Cynthia Munoz
C. Date of Delivery 7-21-16

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)

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5559

Sent To: William E. Gregory
Street, Apt. No.; or PO Box No.: 11910 Central Ave., SE, Suite B
City, State, ZIP+4: Albuquerque, New Mexico 87123

PS Form 3800, August 2006 — See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5443

Sent To: Latannia Klipstine
Street, Apt. No.; or PO Box No.: 1601 N. Turner, Suite 400
City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006 — 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 E. Gregory
11910 Central Ave., SE, Suite B
Albuquerque, New Mexico 87123

9590 9402 1676 6053 7531 24

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5559

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) William G Regory
C. Date of Delivery 7/21

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

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:

Daniel Taschner
No. 2 Meadowlark Court
Artesia, New Mexico 88210

9590 9402 1676 6053 7531 48

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5535

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

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

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: George O. Stribling, Trustee for Margaret Stribling
Street, Apt. No., or PO Box No.: 6818 Academy Parkway West NE
City, State, ZIP+4: Albuquerque, New Mexico 87109

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5610

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

George O. Stribling, Trustee for Margaret Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

9590 9402 1676 6053 7532 23

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5610

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: Daniel Taschner
Street, Apt. No., or PO Box No.: No. 2 Meadowlark Court
City, State, ZIP+4: Artesia, New Mexico 88210

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5535

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

George O. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

9590 9402 1676 6053 7533 84

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5764

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

(over $500)

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Martha J. Stribling
Street, Apt. No.; or PO Box No.: 6818 Academy Parkway West NE
City, State, ZIP+4: Albuquerque, New Mexico 87109

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5721

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To: George O. Stribling
Street, Apt. No.; or PO Box No.: 6818 Academy Parkway West NE
City, State, ZIP+4: Albuquerque, New Mexico 87109

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5764

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Martha J. Stribling
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

9590 9402 1676 6053 7533 91

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5771

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

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:

George O. Stribling, Personal Representative
6818 Academy Parkway West NE
Albuquerque, New Mexico 87109

9590 9402 1676 6053 7533 53

2. Article Number *(Transfer from service label)*
7014 0510 0000 9539 5733

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

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

7014 0510 0000 9539 5832

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

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

OFFICIAL USE

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

Postmark Here

Sent To: G. Michael Shook
Street, Apt. No.; or PO Box No.: 4939 Oak Shadows Drive
City, State, ZIP+4: Houston, Texas 77091

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5733

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: George O. Stribling, Personal Representative
Street, Apt. No.; or PO Box No.: 6818 Academy Parkway West NE
City, State, ZIP+4: Albuquerque, New Mexico 87109

PS Form 3800, August 2006 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:

G. Michael Shook
4939 Oak Shadows Drive
Houston, Texas 77091

9590 9402 1676 6053 7534 45

2. Article Number *(Transfer from service label)*
7014 0510 0000 9539 5832

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

HOUSTON TX 770
JUL 25 2016
USPS

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

D&M Oil Investments, LLC
550 Forest Bluffs Road
Aiken, South Carolina 29803

9590 9402 1676 6053 7534 52

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5849

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) H.D. McChesney Jr. C. Date of Delivery 7.25.16

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)

Domestic Return Receipt

7014 0510 0000 9539 5856

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

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

OFFICIAL USE

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

Postmark Here

Sent To
Roden Participants, Ltd.
Street, Apt. No.; or PO Box No. 2603 Augusta, Suite 740
City, State, ZIP+4 Houston, Texas 77057

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5849

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

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

OFFICIAL USE

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

Postmark Here

Sent To
D&M Oil Investments, LLC
Street, Apt. No.; or PO Box No. 550 Forest Bluffs Road
City, State, ZIP+4 Aiken, South Carolina 29803

PS Form 3800, August 2006 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:

Roden Participants, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

9590 9402 1676 6053 7534 69

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5856

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Kinney C. Date of Delivery 7.28.16

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)

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:

Roden Exploration Company, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

9590 9402 1676 6053 7534 76

2. Article Nu 7014 0510 0000 9539 5863

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Kinney C. Date of Delivery 7-20-16

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

7014 0510 0000 9539 5870

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

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

Postmark Here

Sent To Roden Associates, Ltd.
Street, Apt. No.; or PO Box No. 2603 Augusta, Suite 740
City, State, ZIP+4 Houston, Texas 77057

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 5863

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

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

Postmark Here

Sent To Roden Exploration Company, Ltd.
Street, Apt. No.; or PO Box No. 2603 Augusta, Suite 740
City, State, ZIP+4 Houston, Texas 77057

PS Form 3800, August 2006 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:

Roden Associates, Ltd.
2603 Augusta, Suite 740
Houston, Texas 77057

9590 9402 1676 6053 7534 83

2. Article Number (Transfer from service label) 7014 0510 0000 9539 5870

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Kinney C. Date of Delivery 7-20-16

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG Resources, Inc.
P.O. Box 4362
Houston, Texas 77210-4362

9590 9402 1676 6053 7535 06

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5894

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Cries ☐ Agent ☐ Addressee

B. Received by (Printed Name) M Cries 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

Domestic Return Receipt

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Seminole Memorial Hospital
Street, Apt. No.; or PO Box No.: 209 NW 8th Street
City, State, ZIP+4: Seminole, Texas 79360

7014 0510 0000 9539 5504

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark Here

Sent To: EOG Resources, Inc.
Street, Apt. No.; or PO Box No.: P.O. Box 4362
City, State, ZIP+4: Houston, Texas 77210-4362

7014 0510 0000 9539 5894

PS Form 3800, August 2006 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:

[redacted] Memorial Hospital
209 NW 8th Street
Seminole, Texas 79360

9590 9402 1676 6053 7536 81

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5504

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Lorina Maple ☐ Agent ☐ Addressee

B. Received by (Printed Name) CORINA Maple 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

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:

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, Texas 79424

9590 9402 1676 6053 7536 74

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5412

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michelle S ☐ Agent ☐ Addressee

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

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

SINGER LUBBOCK TX

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

very Restricted Delivery
Restricted Delivery (over $500)

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; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5405

Sent To: Nevill Manning
Street, Apt. No.; or PO Box No.: 2112 Indiana
City, State, ZIP+4: Lubbock, Texas 79410

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5412

Sent To: Nolan Greak
Street, Apt. No.; or PO Box No.: 8008 Slide Road, Suite #33
City, State, ZIP+4: Lubbock, Texas 79424

PS Form 3800, August 2006 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:

Nevill Manning
2112 Indiana
Lubbock, Texas 79410

9590 9402 1676 6053 7536 67

2. Artic 7014 0510 0000 9539 5405

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Kemp ☑ Agent ☐ Addressee

B. Received by (Printed Name) D. Kemp C. Date of Delivery 10/11/18

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

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

Restricted Delivery (over $500)

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Geneva Floyd Osborn
500 N. Broadway
Tipton, Oklahoma 73570

9590 9402 1676 6053 7532 85

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5672

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Geneva F. Osborn ☐ Agent ☐ Addressee

B. Received by (Printed Name) Geneva F Osborn C. Date of Delivery 8-4-16

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

PO BOX 419
Tipton OK 73570

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

7014 0510 0000 9539 5658

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

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OFFICIAL USE

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

Postmark Here

Sent To: Patricia Gae Stamps
Street, Apt. No.; or PO Box No.: P.O. Box 249
City, State, ZIP+4: Panhandle, Texas 79068

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5658

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Geneva Floyd Osborn
Street, Apt. No.; or PO Box No.: 500 N. Broadway
City, State, ZIP+4: Tipton, Oklahoma 73570

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5672

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patricia Gae Stamps
P.O. Box 249
Panhandle, Texas 79068

9590 9402 1676 6053 7532 61

2. Article Number (Transfer from service label)

7014 0510 0000 9539 5658

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Patricia Gae Stamps ☐ Agent ☑ Addressee

B. Received by (Printed Name) Patricia Gae Stamps C. Date of Delivery 7-28-16

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

3. Service Type

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Heirs or Devisees of John W. [redacted]
P.O. Box 419
Tipton, Oklahoma 76570

9590 9402 1676 6053 7532 78

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5665

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Geneva F. Osborn ☐ Agent ☐ Addressee

B. Received by (Printed Name) Geneva F. Osborn C. Date of Delivery Aug 6

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

AUG 6 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

(over $500)

Domestic Return Receipt

7014 0510 0000 9539 5634

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

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

OFFICIAL USE

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

Postmark Here

Sent To: Chasity Garza
Street, Apt. No.; or PO Box No.: 1410 E. Broadway
City, State, ZIP+4: Brownfield, Texas 79316

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5665

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

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

OFFICIAL USE

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

Postmark Here

Sent To: The Heirs or Devisees of John W. Osborn,
Street, Apt. No.; or PO Box No.: P.O. Box 419
City, State, ZIP+4: Tipton, Oklahoma 76570

PS Form 3800, August 2006 — See Reverse

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

[redacted]sity Garza
[redacted]0 E. Broadway
Brownfield, Texas 79316

9590 9402 1676 6053 7532 47

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5634

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Chasity Garza C. Date of Delivery 7/21/16

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

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

(over $500)

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:

Pamela Ray Cummings
P.O. Box 817
Panhandle, Texas 797068

9590 9402 1676 6053 7532 54

2. Article Number (Transfer from service label)
7014 0510 0000 9539 5641

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pamela Ray Cummings ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Pamela Ray Cummings 7-25-16

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

8

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; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Postmark Here

7014 0510 0000 9539 5641

Sent To: Pamela Ray Cummings
Street, Apt. No.; or PO Box No.: P.O. Box 817
City, State, ZIP+4: Panhandle, Texas 797068

PS Form 3800, August 2006 See Reverse for Instructions

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

OFFICIAL USE

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

Postmark Here

Sent To: M. Craig Beeman
Street, Apt. No., or PO Box No.: 6801 Beckett Road, #134R
City, State, ZIP+4: Austin, Texas 78749

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 5290

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087888

LW 7/21

7014 0510 0000 9539 5290

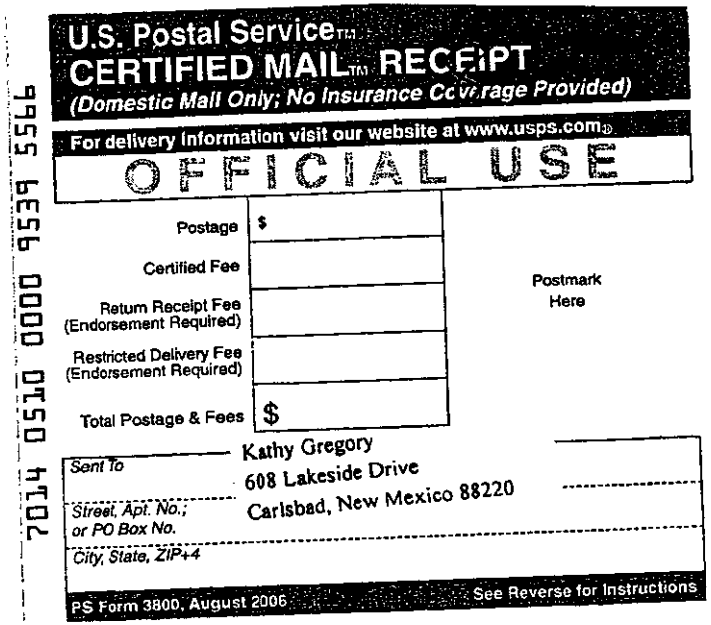
M. Craig Beeman
6801 Beckett Road, #134R

NIXIE 787 DE 1 0008/19/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0268-06454-18-46

87504105656
78745$1466 C087



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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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Sent To: Kathy Gregory
Street, Apt. No.; or PO Box No.: 608 Lakeside Drive
City, State, ZIP+4: Carlsbad, New Mexico 88220

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7014 0510 0000 9539 5566

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL™

7014 0510 0000 9539 5566

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087942

Kathy Gregory
608 Lakeside Drive

NIXIE 750 DE 1 0008/11/15

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC 88220 87501>1056

BC: 87504105656 *0268-06438-18-46

7014 0510 0000 9539 5474

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

Postmark Here

Sent To	Helen Beeman
Street, Apt. No.; or PO Box No.	6801 Beckett Road, #134R
City, State, ZIP+4	Austin, Texas 78749

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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LW 7/27

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087897

7014 0510 0000 9539 5474

Helen Beeman
6801 Beckett Road, #134R
Austin, Texas 78749

NIXIE 787 DE 1 0008/19/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0268-06433-18-46

87504@1056
78749$1466 C08

7014 0510 0000 9539 5467

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

Postmark Here

Sent To: Mary Jo Dickerson
Street, Apt. No.; or PO Box No.: P.O. Box 642
City, State, ZIP+4: Glenpool, Oklahoma 74033

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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1st NOTICE 7-21-16
2nd NOTICE
RETURNED

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087898

7014 0510 0000 9539 5467

Mary Jo Dickerson
P.O. Box 642
Glenpool, Oklahoma 74033

NIXIE 731 FE 1 0007/23/16
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0268-06484-18-46

UTF
74033[illegible]

7014 0510 0000 9539 5801

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

Postmark Here

Sent To: Gene A. & Brenda L. Adams, his wife
Street, Apt. No.; or PO Box No.: 4315 Aledo Oaks Court
City, State, ZIP+4: Ft. Worth, Texas 76126

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

LN DY
RT IN
M-21
8/5

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087925

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

7014 0510 0000 9539 5801

UNC
87504>1056
76126 RDI

Gene A. & Brenda L. Adams, his wife

NIXIE 750 DE 1 0002/02/15
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *0268-06441-18-46

7014 0510 0000 9539 5719

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Postmark Here

Sent To: Mary Camille Hall
Street, Apt. No.; or PO Box No.: 3812 Tailfeather Drive
City, State, ZIP+4: Round Rock, Texas 78681

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087936

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7014 0510 0000 9539 5719

87504105656
7014 0510 0000 9539 5719

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

NIXIE 787 CE 1 0208/13/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0893-05896-13-16

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

Postmark Here

7014 0510 0000 9539 5429

Sent To: Klipstine & Hanratty
Street, Apt. No.; or PO Box No.: 1601 N. Turner, Suite 400
City, State, ZIP+4: Hobbs, New Mexico 88240

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087913

7014 0510 0000 9539 5429

Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

NIXIE 750 DE 1 0007/31/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0268-05479-18-46

UTF
88240[illegible]

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

Postmark Here

7014 0510 0000 9539 5276

Sent To: Peter A. Panagopoulos
Street, Apt. No.; or PO Box No.: 209 W. McKay
City, State, ZIP+4: Carlsbad, New Mexico 88220

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL™

7014 0510 0000 9539 5276

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087886

Peter A. Panagopoulos
209 W. McKay

NIXIE 750 FE 1 0007/25/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0266-06452-16-46

UTF
87504>1056
8612208585 C005

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

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7014 0510 0000 9539 5481

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000087899

Virginia Lee Davis
P.O. Box 1065

NIXIE 750 DE 1 0008/07/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0268-06485-18-46

ANK
FW
87504>1056
88221>106

ATA

7014 0510 0000 9539 5481

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

Sent To Virginia Lee Davis
Street, Apt. No.; or PO Box No. P.O. Box 1065
City, State, ZIP+4 Carlsbad, New Mexico 88221

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

Postmark Here

Sent To: Kevin J. Hanratty
Street, Apt. No.; or PO Box No.: 1601 N. Turner, Suite 400
City, State, ZIP+4: Hobbs, New Mexico 88240

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7014 0510 0000 9539 5450

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087896

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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7014 0510 0000 9539 5450

Kevin J. Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

AK INK

NIXIE 750 FE 1 0007/26/16
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0268-06482-18-46

ANK
88240 87504>1056

7014 0510 0000 9539 5306

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

Postmark Here

Sent To: Bonnie R. Gregory
Street, Apt. No.; or PO Box No.: 14 Cork Street
City, State, ZIP+4: Carlsbad, New Mexico 88220

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL™

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087889

7014 0510 0000 9539 5306

NSL

NSL

Bonnie R. Gregory
14 Cork Street

NIXIE 750 DE 1 0007/25/16

RETURN TO SENDER
NO SUCH STREET
UNABLE TO FORWARD

BC: 87504105656 *0268-06455-18-46

NSS
87504>1056
88220$9999

7014 0510 0000 9539 5313

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

Postmark Here

Sent To: Estate of Stanley J. Gregory
Street, Apt. No.; or PO Box No.: 608 Lakeside Dr.
City, State, ZIP+4: Carlsbad, New Mexico 88220

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087890

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

CERTIFIED MAIL™

7014 0510 0000 9539 5313

UNC
88220 87504>1056

Estate of Stanley J. Gregory
608 Lakeside Dr.

NIXIE 759 DE 1 0008/11/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0268-06456-18-46

7014 0510 0000 9539 5528

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Tommy W. Gregory
Street, Apt. No.; or PO Box No.: 1705 Black Gold St., SE
City, State, ZIP+4: Albuquerque, New Mexico 87123

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

PLACE STICKER AT TOP OF THE RETURN ADDR
CERTIF

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087938

GREG705
UNABLE TO FORWARD
871 DE 1 N
C2207/26VIE
REVIEW
R147

BC: 87123219305 DU *0268-06

7014 0510 0000 9539 5528

87123 C2193
87123219305 R147

NIXIE 87101 08/14/2016
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
SORT IN MANUAL ONLY NO AUTOMATION

U.S. Postal Service™

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

Postmark Here

7014 0510 0000 9539 5580

Sent To: George P. McGonagill

Street, Apt. No.; or PO Box No.: 2610 B Mountain View

City, State, ZIP+4: Carlsbad, New Mexico 88220

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47[0]
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087944

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7014 0510 0000 9539 5580

George P. McGonagill

NIXIE 750 DE 1 0008/11/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC 88220≠87504≠1056 BC: 87504105656 *0268-06440-18-46

7014 0510 0000 9539 5597

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

Postmark Here

Sent To	Cara McGonagill
Street, Apt. No.; or PO Box No.	611 1/2 N. Mesa
City, State, ZIP+4	Carlsbad, New Mexico 88220

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087924

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

CERTIFIED MAIL™

7014 0510 0000 9539 5597

Cara McGonagill
611 1/2 N. Mesa

NIXIE 750 DE 1 0008/11/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC 88220 87504 *3996

BC: 87504105656 *0268-06470-18-46

7014 0510 0000 9539 5498

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

Postmark Here

Sent To: LBD, a Limited Partnership
Street, Apt. No.; or PO Box No.: P.O. Box 686
City, State, ZIP+4: Hobbs, New Mexico 88240

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL™

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087900

7/21
7-24

LBD, a Limited Partnership

7014 0510 0000 9539 5498

NIXIE 750 DE 1 0008/07/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0268-06486-18-46

UNC

88241$0686 8038

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

Postmark Here

Sent To: Laura Meade
Street, Apt. No.; or PO Box No.: 611 N. Mesa Ave.
City, State, ZIP+4: Carlsbad, New Mexico 88220

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7014 0510 0000 9539 5320

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000087891

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

CERTIFIED MAIL™

7014 0510 0000 9539 5320

Laura Meade
611 N. Mesa Ave.

NIXIE 750 DE 1 0008/11/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0268-06457-18-46

UNC

88220 87504 1056

7014 0510 0000 9539 5818

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

Postmark *Here*

Sent To Stephen J. Shook

Street, Apt. No.; or PO Box No. 4204 Tallowood Drive

City, State, ZIP+4 Austin, Texas 78731

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