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

APPLICATION OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO

Case No 15,625

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 1st day of March 2017 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 5

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

January 26, 2017

CERTIFIED MAIL RETURN RECEIPT REQUESTED

To Persons on Exhibit A

Ladies and gentlemen

Enclosed is a copy of an application for compulsory pooling filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company regarding a Wolfcamp well in the E½ of Section 21 Township 23 South, Range 28 East NMPM Eddy County New Mexico

This matter is scheduled for hearing at 8 15 a m on Thursday February 16 2017 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 who 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 February 9 2017 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 his or her 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

Very truly yours

James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT A

EXHIBIT A

Pete V Martinez and Barbara J Mendoza Joint Tenants
7818 Fallen Oak Lane
Texas City, Texas 77591

Trinidad Armendariz as separate property
P O Box 465
Loving New Mexico 88256

Melvin L Balderrama and Olidia Q Balderrama husband and wife
2606 Garden Street
Carlsbad New Mexico 88220

Ysabel M Calderon or if deceased her heirs or devisees
212 S 1st Street
Artesia New Mexico 88210 2112

Juan Rios and Maria Rios husband and wife
P O Box 81
Loving New Mexico 88256

Martha V Rodriguez
P O Box 146
Loving New Mexico 88256

Mauta Granado and Rita Granado for life with remainder to Ruben Granado
P O Box 487
Loving New Mexico 88256

Wells Fargo Bank NA is successor of interest of
United New Mexico Bank Carlsbad
1740 Broadway C7300 48B
Denver Colorado 80274

Alicia M Gutierrez
107 SE 1st Street
Loving New Mexico 88256

Roman A Gonzalez and Cheri R Gonzalez as Joint Tenants
4725 Country Club Drive
Midland Texas 79703

Ray Gilmore or if deceased his heirs or devisees
P O Box 658
Loving New Mexico 88256

Frank A Rodriguez, or if deceased his heirs or devisees
P O Box 1266
Loving New Mexico 88256

Olga C Rodriguez or if deceased her heirs or devisees
502 S Lake Street
Carlsbad New Mexico 88220

Felipe Lara and Maria Lara, husband and wife
P O Box 12
Loving New Mexico 88256

Cruz Ornelas and Sandra Ornelas husband and wife
P O Box 122
Loving New Mexico 88256

Angel Rodriguez and Anna Rodriguez husband and wife
103 W Cedar Street
Loving New Mexico 88256

Antonio E Gonzalez or if deceased his heirs or devisees
P O Box 658
Loving New Mexico 88256

Emma U Carrasco for life remainder in equal shares to
a Ruben A Carrasco
b Candie R Rodriguez
c Crina C Rios
Address Unknown

Guadalupe Franco and Mary Franco husband and wife
112 N 6th Street
Loving New Mexico 88256

Jude Andrew Oslund
P O Box 658
Loving New Mexico 88256

Traders of Carlsbad Inc
815 W Mermod Street
Carlsbad New Mexico 88220
An Additional Possible Address is
508 S Mesa Street
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

Wells F g Ba k NA s uc
Un ted Ne Mc Ba k C l ad
1740 B dw C 300-48B
Denve C l do 80

9590 9402 2349 6225 8211 38

2 Artic 7014 0510 0000 9535 1470

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☐ Addressee

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

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

GMF FINANCE STATION DENVER CO
JAN 31 2017
80217 USPS

3 Service Type
☐ Adult S gnature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Del very
☐ Co lec o De ive Restricted Deli ery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Del very
☐ Retur Rece pt fo Merchandise
☐ S gnature Confirmation™
☐ Signature Confirmat o Restricted Del very
ted Delivery

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

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7014 0510 0000 9535 1470

Postage	$
Cert ed Fee	
Re Re e pt Fee (E d sem t R q d)	
Rest cted Del very Fee (E d sement Req ed)	
Total Postage & Fees	$

Postm k H

Sent To U ted N M Ba k C l ad
St eet Apt No 1740 Br w C 7300 48B
o PO Box No D C l rado 80 74
C ty State ZIP 4

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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7014 0510 0000 9539 2091

Postage	$
Certified Fee	
Ret rn Rece pt Fee (Endo sement Requ red)	
Restr cted Del ery Fee (Endo sement Required)	
Total Postage & Fees	$

Postmark He e

Ser To Fra k A Rodriguez o f dec as d h s he rso d see
P O Box 1266
L g, New Mex co 88256
Street Apt No o PO Box No
C ty Stat ZIP 4

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

Fra k A Rodriguez, o f deceased h s he s o de see
P O Box 1266
Lo g, New Mex co 88256

9590 9402 2349 6225 8211 76

2 Article N mbe (Tran fe from ervice label) 7014 0510 0000 9539 2091

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☑ Addressee

B Received by (Printed Name) Frank Rodriguez | C Date of Delivery 2/6/17

D Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below ☐ No
Frank Rodriguez

3 Service Type
☐ Adult S gnature
☐ Adult Signature Restricted Del very
☑ Certified Mai®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
tricted Delivery
☐ Priority Mai Express®
☐ Registered Mail ™
☐ Registered Mail Restricted Delivery
☐ Return Receipt fo Merchandise
☐ Signature Confirmation™
☐ Signat re Confirmation Restricted Del very

PS Form 3811 July 2015 PSN 7530 02 000-9053 M-LT 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

Olga C Rodr guez, or if decea d l i irs or devisees
502 S Lake Street
Carlsbad New Mex co 88220

9590 9402 2349 6225 8211 83

2 A 7014 0510 0000 9539 7058

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) OLGA RODRIGUEZ 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 S gnature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Deli ery
☐ Collect on Delivery
☐ Coll to D l ery Restricted Delivery
stricted Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Ma l
☐ Registered Mail Restricted Delivery
☐ Return Receipt fo Merchandise
☐ S gnature Confirmat o ™
☐ S gnature Confirmat on Restricted Del very

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

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7014 0510 0000 9539 7065

Postage	$
C rtf ed Fee	
R Rece pt Fee (Endors me t Req red)	
Restr c ed Del very ee (Endorsemen Requ red)	
Total Postage & Fees	$

P stmark Here

Sent To: F hpe Lara a d M a L a, husband and w fe
St eet Ap No or PO Box No: P O Box 12
City State ZIP+4: Lo ng, New Mex co 88256

PS Form 3800, August 2006 See Reverse for Instructions

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7014 0510 0000 9539 7058

Postage	$
Cert f ed Fee	
Ret Rece pt Fee (Endo sem nt Requ ed)	
Restr cted Del ery Fee (Endo sement Requ red)	
Total Postage & Fees	$

Postmark Here

Sent To: Olg C Rodr guez, or if decea d l i rs o de sees
St ee Apt No or PO Box No: 502 S Lake Street
C ty State ZIP 4: Carlsbad New Mc co 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

Felipe La a d Ma a La a, h sband a d w fe
P O Bo 12
Lo ing, New Mex co 88256

9590 9402 2349 6225 8211 90

2 Article Number (Transfer from service label)
7014 0510 0000 9539 7065

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☒ Agent ☐ Addressee

B Received by (Printed Name) FELIPE LARA C. Date of Delivery 9/11/17

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

3 Service Type
☐ Adult S gnature
☐ Adult S gnature Restricted Del very
☒ Certified Mail®
☐ Cert fied Mail Restricted Del ery
☐ Collect on Delivery
☐ Collect on Del very Restricted Del very
I Restricted Deli ery

☐ Priority Mail Express®
☐ Registered Ma l™
☐ Registered Ma l Restricted Delivery
☐ Retu n Receipt fo Merchand se
☐ S g ature Co f rm t ™
☐ S gnature Confirmation Restricted Deli ery

PS Form 3811 July 2015 PSN 7530 02 000 9053 M-LT 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

J a R os and Mar a R os husba d a d w fe
P O Box 81
Lo g, New M co 88256

9590 9402 2349 6225 8211 07

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1449

PS Form 3811 July 2015 PSN 7530 02 000-9053

COMPLETE THIS SECTION ON DELIVERY

A Signature

X Jaime G Rios ☒ Agent ☐ Addressee

B Received by (Printed Name) Jaime G Rios C Date of Delivery 2/1/17

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

3 Service Type

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

stricted Delivery
(over $500)

M LT

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®

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

Postmark Here

Sent To
P O B 487
S e t N M 88 6
o P O
City State ZIP 4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 1463

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

Sent To
P O Box 81
Lo g, N w M co 88256
Street Apt N
or PO Box No
City State ZIP+

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 1449

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Ma ra C a ado d R i G do f l t th de t R l C l
P O B 487
l g, N M co 88256

9590 9402 2349 6225 8211 21

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1463

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) MAURO GRANADO C Date of Delivery 1/31/17

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

3 Service Type

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

tricted Delivery

M-LT

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

Antonio E. Gonzalez, o f deceased h he s d sées
P O Bo 658
Lowg N w M co 88256

9590 9402 2349 6225 8212 ⊂0

2 Art mbo (Tran fe om en ce l be
7014 0510 0000 9539 7096

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B Received by (Printed Name) Brenda P Gonzales | C Date of Delivery 1/31/17

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

3 Service Type
☐ Ad lt S gnatu e
☐ Adult S gnature Restricted Del very
☑ Cert fied Ma l®
☐ Certif ed Mail Restr cted Del ery
☐ Collect on Del ery
☐ Collect on Delivery Restricted Del very
☐ Prionty Ma l Express®
☐ Reg stered Mail
☐ Reg stered Mail Restricted Del ery
☐ Ret n Receipt fo Merchand se
☐ S gnature Confirmat o
☐ S gnature Conf rmat o Restricted Del ery

estricted Del ery

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7014 0510 0000 9539 7072

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

Postmark Here

Sent To Cruz Ornelas and Sandra O els husband and wife
Street Apt No or PO Box No. PO Box 122
City State ZIP+4 Loving New Mexico 88256

PS Form 3800, August 2006 See Reverse for Instructions

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7014 0510 0000 9539 7096

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

Postmark Here

Sent To Antonio E Gonzalez, fdeceased heirs devisees
Street Apt No or PO Box No. PO Box 658
City State ZIP+4 Lovington NM 88256

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

Cruz Orelas and Sandra Ortelas husband and wife
PO Box 122
Loving New Mexico 88256

9590 9402 2349 6225 8212 06

2 7014 0510 0000 9539 7072

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☑ Addressee

B Received by (Printed Name) Sandra M Cornelas | C Date of Delivery 1/30/17

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

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

estricted 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

Mel L Balderrama and Old Q Balde ama h sba d a d w fe
2606 Ga de St eet
Ca lsbad New Mex co 88220

9590 9402 2349 6225 8210 84

2 7014 0510 0000 9535 1425

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 Deli ery
☐ Delivery Restricted Del ery
☐ Restricted Delivery (over $500)
☐ P ty Mail Express®
☐ Reg stered Mail
☐ Reg stered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Sign ture Co firm t ™
☐ S gnature Confirmat o Restricted Del ery

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

FEB - 2 2017

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

P tmark Here

Sent To 7818 Fallen Oak La
Street Apt No or PO Box No Texas City Texas 77591
City State ZIP 4

PS Form 3800 August 2006 See Reverse for Instructions

7014 0510 0000 9539 7140

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 Her

Sent To 2606 Gade Street
Street Apt No or PO Box No Carlsbad New Mexico 88220
City State ZIP 4

PS Form 3800 August 2006 See Reverse for Instructions

7014 0510 0000 9535 1425

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

Pat V Martinez and Barba J M doza Joint Te a t
7818 Fallen Oak La
Texas City Texas 77591

9590 9402 2349 6225 8212 13

2 7014 0510 0000 9539 7140

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 Del ery
☐ Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt fo Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 M L T 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

Traders fC l b d l c
815 W Merm d St eet
Carlsbad New Mex co 88220

9590 9402 2349 6225 8212 51

2 7014 0510 0000 9539 7126

COMPLETE THIS SECTION ON DELIVERY

A Signature

X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) [illegible] C Date of Delivery 1-30-17

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

3 Service Type

- ☐ Adult S gnature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Del very
- ☐ Collect o D l very Restricted Delivery
- ☐ Pr onty Ma l Express®
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchand se
- ☐ Signature Confirmation™
- ☐ S gnature Conf rmat on Restricted Del very

estricted Del ery (ov $500)

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

7014 0510 0000 9539 7126

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Postage	$
Certified F	
R t Rece pt Fee (E dorsement Req d)	
Rest cted Del ery Fee (E do seme t Req d)	
T tal Postage & Fee	$

Postma k Here

Se t o
T ders f Ca lsbad l
St t Apt No or PO Box No 815 W M m d St et
C ty State ZIP 4 Ca lsbad New Mex co 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®

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

Postmark Here

Sent To
P O Box 658
Lo ng, Ne M co 88 16

St t Apt N
o PO Box No

City State ZIP 4

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9539 2084

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 2084

$7 68⁰
US POSTAGE
FIRST CLASS

071V00607931
87501
000094058

Ray Gilmore or if deceased his heirs or devisees
P O Box 658

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

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

Postmark Here

7014 0510 0000 9539 7089

Sent To
Angel Rodriguez and Anna Rodriguez, husband and wife
Street, Apt. No. or PO Box No. 103 W Cedar Street
City, State, ZIP+4 Loving, New Mexico 88256

PS Form 3800, August 2006 — See Reverse for Instructions

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™

$7.68
US POSTAGE
FIRST CLASS

071V00607931
87501
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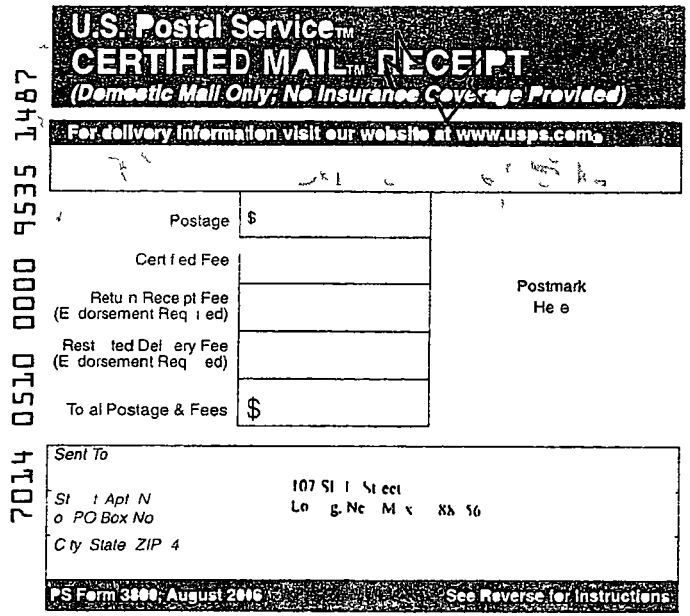
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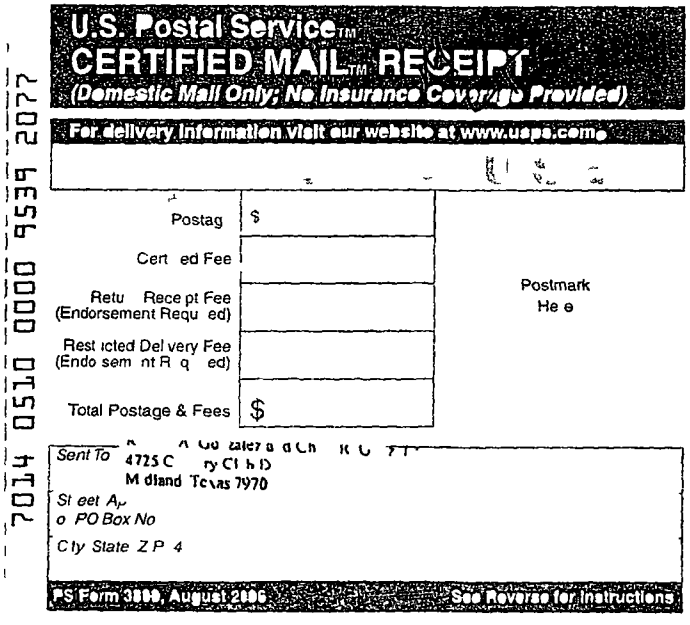

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