

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. 20595

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

Case No. 20596

SELF-AFFIRMED STATEMENT OF NOTICE

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

James Bruce 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.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date:

July 25, 2019

James Bruce  
James Bruce

EXHIBIT 2

**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](mailto:jamesbruc@aol.com)

May 23, 2019

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

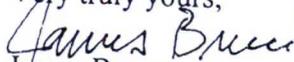
Enclosed are copies of the following compulsory pooling applications filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company:

1. For a Bone Spring well in the N/2S/2 of Section 9 and the N/2S/2 of Section 10; and
  2. For a Bone Spring well in the S/2S/2 of Section 9 and the S/2S/2 of Section 10,
- all in Township 20 South, Range 29 East, NMPM, Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, June 13, 2019, 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 applications, 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, June 6, 2019. 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. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

ATTACHMENT 

Forest Jacob Wynn  
6255 Longmont Drive  
Houston, Texas 77057

Taylor Mays Wynn  
2211 Stony Brook Drive  
Houston, Texas 77063

Craig W. Barr  
1031 NW 43<sup>rd</sup> Avenue  
Camas, Washington 98607

Zachariah J. Reid  
12406 Bright Landing Court  
Pearland, Texas 77584

Taylor L. Barr  
P.O. Box 78694  
Charlotte, North Carolina 28271

Thomas R. Barr  
4117 Bridgewood Lane  
Charlotte, North Carolina 28226

Siete Oil and Gas Corporation  
P.O. Box 2473  
Midland, Texas 79702

Christine Barnes Motycka, Trustee  
of the Laurie B. Barr Family Trust  
P.O. Box 505  
Midland, Texas 79702

Eric Chancy Croft and  
Elizabeth Anne Williamson,  
Co-Trustees of the Charla  
Geraldine Williamson Trust  
P.O. Box 16  
Midland, Texas 79702

C-W Flow, LLC  
738 H Street  
Anchorage, Alaska 99501

Ralph E. Williamson  
Testamentary Trust  
P.O. Box 1959  
Midland, Texas 79702

EXHIBIT

A

Claude Forest Wynn  
3815 Montrose Blvd.  
Suite 211  
Houston, Texas 77006

Mr. and Mrs. Jeffrey N. Johnston  
P.O. Box 1324  
Midland, TX 79702

Sand Dollar Petroleum, Inc.  
P.O. Box 1324  
Midland, TX 79702

The Adrienne Suzanne  
Wynn Beauchamp Charitable  
Remainder Unitrust  
5944 Luther Lane, Suite 600  
Dallas, Texas 75225

Ralph E. Williamson  
Testamentary Trust  
P.O. Box 1959  
Midland, Texas 79702

Viola Elaine Barnes  
P.O. Box 505  
Midland, Texas 79702

Christine Barnes Motycka  
P.O. Box 505  
Midland, Texas 79702

Steven C. Barnes  
P.O. Box 505  
Midland, Texas 79702

Tim N. Throckmorton  
6126 Longmont Drive  
Houston, Texas 77057

Vicki Lou Throckmorton Tucker  
6110 Salcon Cliff Drive  
Austin, Texas 78749

Julie Ellen Barnes  
P.O. Box 505  
Midland, Texas 79702

Michael A. Short  
1309 Brighton Place  
Midland, Texas 79705

WFW Family Limited Partnership  
901 Main Street, Suite 6000  
Dallas, Texas 75202

Addressee  
 C. Date of Delivery 6/10/19  
 Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

9590 9402 4821 9032 2671 54

2. Article 7018 2290 100 3433 4501

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

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

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

Sent To Taylor L. Barr  
 P.O. Box 78694  
 Street and Apt. No., or PO Charlotte, North Carolina 28271  
 City, State, ZIP+4®

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

1544 544 2290 0000 3433 4457  
 7018 2290 0000 3433 4501

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

Sent To C-W Flow, LLC  
 738 H Street  
 Street and Apt. No., or Anchorage, Alaska 99501  
 City, State, ZIP+4®

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

1054 544 2290 0000 3433 4501  
 7018 2290 0000 3433 4501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Taylor L. Barr  
 P.O. Box 78694  
 Charlotte, North Carolina 28271

9590 9402 3453 7275 3958 52

2. Article N 7018 2290 0000 3433 4457

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Taylor L. Barr  Agent  
 Addressee

B. Received by (Printed Name) Taylor Barr Moltzenro  
 C. Date of Delivery 6/10/2019

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

M P

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:

Siete Oil and Gas Corporation  
P.O. Box 2473  
Midland, Texas 79702

9590 9402 4821 9032 2671 85

2. Article Number: 7018 2290 0000 3433 4471

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *A. Sheumat*

B. Received by (Printed Name)

*A. Sheumat*

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

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*MCP*

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Certified Mail Fee

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

Postage

Total Postage and Fees

Sent To: Christine Barnes Motycka, Trustee  
of the Laurie B. Barr Family Trust  
P.O. Box 505  
Midland, Texas 79702

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

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

7018 2290 0000 3433 4488

Postmark Here

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Certified Mail Fee

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

Postage

Total Postage and Fees

Sent To: Siete Oil and Gas Corporation  
P.O. Box 2473  
Midland, Texas 79702

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

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

7018 2290 0000 3433 4471

Postmark Here

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Christine Barnes Motycka, Trustee  
of the Laurie B. Barr Family Trust  
P.O. Box 505  
Midland, Texas 79702

9590 9402 4821 9032 2671 78

2. Article Number (Transfer from previous item): 7018 2290 0000 3433 4488

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Dena Sipe*

B. Received by (Printed Name)

*Dena Sipe*

C. Date of Delivery

*6-7-13*

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

*MCP*

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Eric Chancy Croft and  
Elizabeth Anne Williamson,  
Co-Trustees of the Charla  
Geraldine Williamson Trust  
P.O. Box 16  
Midland, Texas 79702

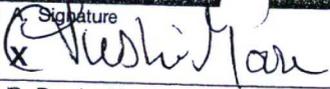
2. Article Number (Transfer from service label)

9590 9402 4821 9032 2671 61

7018 2290 0000 3433 4495

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  

 Agent  
 Addressee

B. Received by (Printed Name)  
Leslie Moore

C. Date of Delivery  
6-11-15

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

3. Service Type

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery

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

Domestic Return Receipt

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**OFFICIAL USE**

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To  
Ralph E. Williamson  
Testamentary Trust  
P.O. Box 1959  
Midland, Texas 79702

Street and Apt. No., or P.O. Box

City, State, Zip+4®

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

7018 2290 0000 3433 4518

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Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To  
Eric Chancy Croft and  
Elizabeth Anne Williamson,  
Co-Trustees of the Charla  
Geraldine Williamson Trust  
P.O. Box 16  
Midland, Texas 79702

Street and Apt. No., or P.O. Box

City, State, Zip+4®

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7018 2290 0000 3433 4495

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ralph E. Williamson  
Testamentary Trust  
P.O. Box 1959  
Midland, Texas 79702

9590 9402 4821 9032 2671 47

2. Article Number (Transfer from service label)

7018 2290 0000 3433 4518

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  

 Agent  
 Addressee

B. Received by (Printed Name)  
Amy Buchanan

C. Date of Delivery  
6-7-15

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

3. Service Type

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery

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:

Claude Forest Wynn  
3815 Montrose Blvd.  
Suite 211  
Houston, Texas 77006

9590 9402 4821 9032 2671 30

2. Article

7018 2290 0000 3433 4525

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)  
*[Signature]*

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  
 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) *MP*

Domestic Return Receipt

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

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

Postmark Here

Postage \$

Total Postage and Fees \$

Sent To Mr. and Mrs. Jeffrey N. Johnston  
P.O. Box 1324  
Midland, TX 79702

Street and Apt. No., or P.O. Box  
City, State, ZIP+4®

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7018 2290 0000 3433 4525

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Certified Mail Fee \$

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

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

Postmark Here

Postage \$

Total Postage and Fees \$

Sent To Claude Forest Wynn  
3815 Montrose Blvd.  
Suite 211  
Houston, Texas 77006

Street and Apt. No., or P.O. Box  
City, State, ZIP+4®

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

7018 2290 0000 3433 4525

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Mr. and Mrs. Jeffrey N. Johnston  
P.O. Box 1324  
Midland, TX 79702

9590 9402 4821 9032 2671 23

2. Article Number (Transfer from...)

7018 2290 0000 3433 4532

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

*MP*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)  
SARLODA JOHNSTON

C. Date of Delivery  
6-7-19

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

1324

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 THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>Sandra Johnston</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SANDRA JOHNSTON</i> C. Date of Delivery <i>6-7-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Sand Dollar Petroleum, Inc. P.O. Box 1324 Midland, TX 79702</p>		<p>1324</p>	
<p>2. Article</p> <p>9590 9402 4821 9032 2671 16</p> <p>7018 2290 0000 3433 4549</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>(over \$500)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

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<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	<p>Postmark Here</p>
<p>Postage</p> <p>\$ _____</p> <p>Total Postage and Fees</p> <p>\$ _____</p> <p>Sent To</p> <p>The Adrienne Suzanne Wynn Beauchamp Charitable Remainder Unitrust 5944 Luther Lane, Suite 600 Dallas, Texas 75225</p>	<p>Street and Apt. No., or PO Box</p> <p>City, State, ZIP+4®</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

9590 9402 4821 9032 2671 16  
7018 2290 0000 3433 4549

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<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	<p>Postmark Here</p>
<p>Postage</p> <p>\$ _____</p> <p>Total Postage and Fees</p> <p>\$ _____</p> <p>Sent To</p> <p>Sand Dollar Petroleum, Inc. P.O. Box 1324 Midland, TX 79702</p>	<p>Street and Apt. No., or PO Box</p> <p>City, State, ZIP+4®</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

9590 9402 4821 9032 2671 16  
7018 2290 0000 3433 4556

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>6-7-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>The Adrienne Suzanne Wynn Beauchamp Charitable Remainder Unitrust 5944 Luther Lane, Suite 600 Dallas, Texas 75225</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article</p> <p>9590 9402 4821 9032 2671 09</p> <p>7018 2290 0000 3433 4556</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

M P

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ralph E. Williamson  
 Testamentary Trust  
 P.O. Box 1959  
 Midland, Texas 79702

2. Article #

7018 2290 0000 3433 4563

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

*Doug Buchanan* *6-7-19*

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)

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Certified Mail Fee

\$

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

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

Postmark Here

Postage

\$

Total Postage and Fees

\$

Sent To Viola Elaine Barnes

P.O. Box 505

Street and Apt. No., or P.O. Box Midland, Texas 79702

City, State, ZIP+4®

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

7018 2290 0000 3433 4570

7018 2290 0000 3433 4566

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Certified Mail Fee

\$

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

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

Postmark Here

Postage

\$

Total Postage and Fees

\$

Sent To Ralph E. Williamson

Testamentary Trust

P.O. Box 1959

Midland, Texas 79702

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

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

**SENDER: COMPLETE THIS SECTION**

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

Article Addressed to:

Viola Elaine Barnes  
 P.O. Box 505  
 Midland, Texas 79702

9590 9402 4821 9032 2670 86

2. Article Number (Transfer from)

7018 2290 0000 3433 4570

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

*Dena Sipes* *6-7-19*

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)

Domestic Return Receipt

MP

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Christine Barnes Motycka  
P.O. Box 505  
Midland, Texas 79702

2. Article 7018 2290 0000 3433 4587

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Wene Sip*

B. Received by (Printed Name)  
*Dena Sips*

C. Date of Delivery  
*6-7-19*

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

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
 Steven C. Barnes  
 P.O. Box 505  
 Midland, Texas 79702

City, State, ZIP+4®

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

7018 2290 0000 3433 4587 9102

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
 Christine Barnes Motycka  
 P.O. Box 505  
 Midland, Texas 79702

City, State, ZIP+4®

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

7018 2290 0000 3433 4587

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Steven C. Barnes  
P.O. Box 505  
Midland, Texas 79702

2. Article 7018 2290 0000 3433 4594

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Wene Sip*

B. Received by (Printed Name)  
*Dena Sips*

C. Date of Delivery  
*6-7-19*

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

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

Vicki Lou Throckmorton Tucker  
6110 Salcon Cliff Drive  
Austin, Texas 78749

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

X *[Signature]*

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

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

9590 9402 4821 9032 2670 48

2. Article Number *7018 2290 0000 3433 4617*

3. Service Type

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

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To Julie Ellen Barnes  
P.O. Box 505  
Midland, Texas 79702

City, State, ZIP+4\*

4264  
3433  
E4E  
0000  
2290  
0622  
9170

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To Vicki Lou Throckmorton Tucker  
6110 Salcon Cliff Drive  
Austin, Texas 78749

City, State, ZIP+4\*

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

7018 2290 0000 3433 4617

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Julie Ellen Barnes  
P.O. Box 505  
Midland, Texas 79702

9590 9402 4821 9032 2670 17

2. Article Number *7018 2290 0000 3433 4624*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

X *[Signature]*

B. Received by (Printed Name) *Dina Sips* C. Date of Delivery *6-7-19*

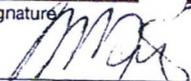
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<p>Michael A. Short 1309 Brighton Place Midland, Texas 79705</p> <p>9590 9402 4821 9032 2670 24</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery with Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
2. A ..... 7018 2290 0000 3433 4631	
PS Form 3811, July 2015 PSN 7530-02-000-9053	M P Domestic Return Receipt

7018 2290 0000 3433 4631

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Michael A. Short  
1309 Brighton Place  
Street and Apt. No., or Midland, Texas 79705

City, State, ZIP+4® \_\_\_\_\_

Postmark Here

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

7018 2290 0000 3433 4464

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee  
\$

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

Postmark  
Here

Postage  
\$  
Total Postage and Fees  
\$

Sent To Thomas R. Barr  
4117 Bridgewood Lane  
Street and Apt. No., or P.O. Charlotte, North Carolina 28226  
City, State, ZIP+4®

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

7018 2290 0000 3433 4426

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee  
\$

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

Postmark  
Here

Postage  
\$  
Total Postage and Fees  
\$

Sent To Taylor Mays Wynn  
2211 Stoney Brook Drive  
Street and Apt. No., or P.O. Houston, Texas 77063  
City, State, ZIP+4®

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





Mr. James Bruce  
 PO Box 1056  
 Santa Fe, NM 87504

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

**CERTIFIED MAIL®**

\$7.00

US POSTAGE  
 FIRST-CLASS

071V00607931  
 87501  
 000114986



7018 2290 0000 3433 4433

6-17  
 6-12-22  
 W

Craig W. Barr  
 1031 NW 43<sup>rd</sup> Avenue  
 Camas, Washington 98607

NIXIE 971 DE 1 0006/24/19

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

UNC  
 87504>1056

BCI 87504105656 \*1979-00087-24-19

7018 2290 0000 3433 4433

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Craig W. Barr 1031 NW 43 <sup>rd</sup> Avenue Camas, Washington 98607	
Street and Apt. No., or PO Box		
City, State, ZIP+4®		

Postmark Here

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


 Mr. James Bruce  
 PO Box 1056  
 Santa Fe, NM 87504

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

\$7.00<sup>00</sup>  
 US POSTAGE  
 FIRST-CLASS  
 071V00607931  
 87501  
 000114984



not  
 6/7/19

7018 2290 0000 3433 4419

Forest Jacob Wynn  
 6255 Longmont Drive

NIXIE 773 DE 1 0000/03/19

RETURN TO SENDER  
 UNABLE TO FORWARD

7705781617 UNF  
 87504Y19V00

BC: 87504165656 70263-05404-04-42

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To Forest Jacob Wynn  
6255 Longmont Drive  
Houston, Texas 77057  
 Street and Apt. No. or PO Box  
 City, State, ZIP+4®

7018 2290 0000 3433 4419



Mr. James Bruce  
 PO Box 1056  
 Santa Fe, NM 87504

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

**CERTIFIED MAIL**

\$7.00<sup>0</sup>  
 US POSTAGE  
 FIRST-CLASS



071V00607931  
 87501  
 000115022

not.  
 ce/7/19

7018 2290 0000 3433 4600

Tim N. Throckmorton  
 6126 Longmont Drive  
 Houston, Texas 77057

REXIE 775 DE 1 0005/25/19

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

770570510000  
 87501041056

BC: 87504105656 \*0268-04932-04-42

**U.S. Postal Service™**  
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 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

7018 2290 0000 3433 4600

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
<b>Total Postage and Fees</b>	\$	
Sent To	Tim N. Throckmorton	
Street and Apt. No., or P.O. Box	6126 Longmont Drive	
City, State, ZIP+4®	Houston, Texas 77057	

Postmark  
 Here

Mr. James Bruce  
 PO Box 1056  
 Santa Fe, NM 87504

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLLOW AT DOTTED LINE  
**CERTIFIED MAIL®**

\$7.00<sup>0</sup>  
 US POSTAGE  
 FIRST-CLASS  
 071V00607931  
 87501  
 000114988



7018 2290 0000 3433 4440

Zachariah J. Reid  
 12406 Bright Landing Court  
 Pearland, Texas 77584

UTF  
 87504>1056

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

7018 2290 0000 3433 4440

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
<b>Total Postage and Fees</b>	\$	
Sent To Zachariah J. Reid 12406 Bright Landing Court Pearland, Texas 77584		
Street and Apt. No., or PO Box		
City, State, ZIP+4®		

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-3047 See Reverse for Instructions

**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](mailto:jamesbruc@aol.com)

June 3, 2019

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of the following compulsory pooling applications filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company:

1. For a Bone Spring well in the N/2S/2 of Section 9 and the N/2S/2 of Section 10; and
  2. For a Bone Spring well in the S/2S/2 of Section 9 and the S/2S/2 of Section 10,
- all in Township 20 South, Range 29 East, NMPM, Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 25, 2019, 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 applications, 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 18, 2019. 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. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Davoil, Inc.  
P.O. Box 122269  
Fort Worth, Texas 76121

Great Western Drilling Ltd.  
700 West Louisiana Avenue  
Midland, Texas 79701

COG Operating LLC  
600 West Illinois  
Midland, Texas 79701

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

COG Operating LLC  
600 West Illinois  
Midland, Texas 79701

2. Article Number (Transfer from service label)  
7018 2290 0000 3426 4600

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name)  
*Tristen Blom*

C. Date of Delivery  
*7/8/15*

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

3. Service Type

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

7018 2290 0000 3426 4624

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Davoil, Inc.  
P.O. Box 122269  
Fort Worth, Texas 76121

Street and Apt. No., or P.O. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Postmark Here

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
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Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To COG Operating LLC  
600 West Illinois  
Midland, Texas 79701

Street and Apt. No., or P.O. Box \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Postmark Here

0099 3426 4600

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Davoil, Inc.  
P.O. Box 122269  
Fort Worth, Texas 76121

2. Article Number (Transfer from service label)  
7018 2290 0000 3426 4624

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name)  
*Ron Caffey*

C. Date of Delivery  
*7-8-15*

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

3. Service Type

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