### AFFIDAVIT OF PUBLICATION

Ad No. 55191

# STATE OF NEW MEXICO County of San Juan:

ROBIN ALLISON, being duly sworn says: That she is the CLASSIFIED MANAGER of THE DAILY TIMES, a daily newspaper of general circulation published in English at Farmington, said county and state, and that the hereto attached Legal Notice was published in a regular and entire issue of the said DAILY TIMES, a daily newspaper duly qualified for the purpose within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico for publication and appeared in the Internet at The Daily Times web site on the following day(s):

Thursday, May 31, 2007

And the cost of the publication is \$119.31

ON ROBIN **ALLISON** appeared before me, whom I know personally to be the person who signed the above document.

Commission Expires November

#### BEFORE THE OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

Case No. <u>13939</u>....Exhibit No. 11 Submitted by:

Williams Production Company, LLC

Hearing Date: June 21, 2007

## **COPY OF PUBLICATION**

# NOTICE OF PUBLICATION

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

The State of New Mexico through its Oil Conser. vation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15.

A.M. on: June 21, 2007, in the Oil Conservation Division Hearing Room at 1220 South St: Francis, Santa Fe, New Mexico, before an examiner duly: appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or agricingte in the hearing please contact. participate in the hearing, please contact: the New Mexico Relay Network, 1-800-659-1779-by June 11, 2007. Public documents including the agendation minutes; can be provided in various accessible forms. Please contact Florene David son if a summary or other type of accessible form is needed.

> STATE OF NEW MEXICO TO: All named parties and persons having any right, title, interest or claim in the following cases and notice to the public

NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13939:

Application of Williams Production Co., LLC for Application of Williams Production Co., LLC for amendment of Order No. R-2046, San Juan and Rie Arriba Counties, New Mexico. Applicant, in the above-styled cause seeks the amendment of Division Order R-2046 to delete certain non-standard spacing and proration units for the Basin-Dakota Gas Pool in Township 31 North, Ranges 5 and 6 West, NMPM, San Juan and Rio Arriba Counties and creating new non-standard spacing units consistent with current drilling patterns. units consistent with current drilling patterns.
Said area is located approximately 9 miles south east of Arbolies, Colorado.

Given under the Seal of the State of New Mexico Oll Conservation Commission at Santa Fe, New Mexico on this 22nd day of May 2007.

> STATE OF NEW MEXICO OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E., Director

Legal No. 55191 published in The Daily Times, Farmington, New Mexico on Thursday May 31, 2007

# NOTICE OF PUBLICATION STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Divi sion of the following public hearing to be held at 8:15 A.M. on June 21, 2007, in the Oil Conservation. Division Hearing Room at 1220 South St. Francis, Santa Fe. New Mexico, before an examiner duly appoint for the hearing: If duly appoint for the nearing in you are an individual with a disability who is in need of a disability who is in need of a reader, amplifier, qualified sign language, interpreter, or any other form of auxiliary aid er's Bill or service to attend or particle or service to attend or particle or service to attend or particle. pate in the hearing, please contact. Florence Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by June 11 2007. Public Documents in cluding the agenda and mi nutes can be provided in vari-le time at 54. W ous accessible forms: Please contact Florence Davidson if a summary of other type of accessible form is needed STATE OF NEW MEXICO times at All named parties and persons having any right, title, interest or claim in the following cases and notice to the public. Affidavit\_5.40 (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.) CASE 13939 Application of Williams Production Co., LLC for amendment of Order No. Subtotal 59. 60 R-2046, San Juan and Rio Arriba Counties, New Mexico Applicant, in the above-styled cause seeks the amendment of Division Order R-2046 to delete certain non-standard spacing and proration units for the Basin-Dakota Gas Pool in township 31 North, Ranges 5 and 6 West NMPM San Juan and 6 West; NMPM; San Juan and Rio Arriba Counties and creating new non-standard spacing units consistent with current drilling patterns! Said area is located approximately a miles coutbase of Arribles 9 miles southeast of Arbolies, Colorado: Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico; on this d at Rio Grande SUN 22nd day of May 2007.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Mark E. Fesmire, P.E. Direct

Ctor (Published May 31, 2007)

# Affidavit of Publication State of New Mexico County of Rio Arriba I. Robert Trapp, being first duly sworn, declare and say I am the publisher of the Rio Grande SUN, a weekly newspaper published in the English language and having a general circulation in the County of Rio Arriba, State of New Mexico, and being a newspaper duly qualified to publish legal notices and advertisements under the provisions of Chapter 167 of the Session Laws of 1937. The publication, a copy of which is hereto attached, was published in said paper once each week for consecutive weeks and on the same day of each week in the regular issue of the paper during the time of publication and the notice was published in the newspaper proper, and not in any supplement. The first publication being on the 315 day of May, 2007 and the last publication on the 31st day of payment for said advertisement has been duly made, or assessed as court costs. The undersigned has personal knowledge of the matters and things set forth in this affidavit. Raht hass

Subscribed and sworn to before me this \_\_\_\_\_day of\_\_\_\_A.D.\_\_\_\_

Maria V. Lopez-Garcia/Notary Public My commission expires 13 July 2009



Ocean Munds-Dry omundsdry@hollandhart.com

June 1, 2007

# <u>CERTIFIED MAIL</u> RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Williams Production Co., LLC for amendment of Order R-2046, San Juan and Rio Arriba Counties, New Mexico.

#### Ladies and Gentlemen:

This letter is to advise you that Williams Production Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking amendment of Order R-2046 to delete certain non-standard gas proration and spacing units within the Basin-Dakota Pool in Township 31 North, Ranges 5 and 6 West, NMPM, San Juan and Rio Arriba Counties.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on June 21, 2007. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Ocean Munds-Dry

for Holland & Hart LLP

Sacramento Municipal Utility District 6301 S. Street Sacramento, CA 9581701899

Minerals Management Service P.O. Box 5810 Denver, CO 80217-5810

Forest Oil Corp. P.O. Box 847581 Dallas, TX 75284-7581

ConocoPhillips Co. 21873 Network Place Chicago, ILL 60673-1218

BP America Production Company Attention: OOJI P.O. Box 21868 Tulsa, OK 74121

Accord DU LAC Partnership LP P.O. Box 676370 Rancho Santa Fe, CA 92067-6370

Adela Mascarenas Quintana P.O. Box 1824 Ignacio, CO 81137-1824

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Carl Dellinger 3605 Britt Street, NE Albuquerque, NM 87111

Carolyn Nielsen Sedberry Little Oil & Gas Inc. Agent P.O. Box 1258 Farmington, NM 87499

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Charlene S. Byers 579 S. Poplar Way Denver, CO 80224

Christine V. Merchant c/o David J. Sorenson P.O. Box 1453 Roswell, NM 88202-1453

Claudia Lundell Gilmer 101 Oak Meadow Georgetown, TX 78628

Consuela Mascarenas Gooch 1001 Tucker Farmington, NM 87401

Cyrene L. Inman
Bank of America NA Agent
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Dallas, TX 75284-0738

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Discovery I – Robert Leisen GP 12 W Ranch Trail Morrison, CO 80465-9523

Dorothea J Caulfield Tr Dorothea J Caulfield Trustee 14647 Ranchview Ter Chino Hills, CA 91709

Elesida Enriquez 1115 4th Ave. Durango, CO 81301

Estate of M.W. Hoover, Deceased Liberty National Bank & Trust Co. Executor P.O. Box 1588 Tulsa, OK 74101-1588

Faye Lopez Romero 550 W Pabor Way Fruita, CO 81521-2025

Fred E. Turner 4925 Greenville Ave # 852 Dallas, TX 75206

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Debbie Moran 3819 Latma Drive Houston, TX 77025-4120

Douglas Cameron Mcleod 518 17th Street, Suite 1455 Denver Clb Bldg. Denver, CO 80202

Elizabeth Jeanne Turner Calloway P.O. Box 191767 Dallas, TX 75219-1767

Eula May Johnston Trust Bank of America N.A. Trustee Acct. 01/0066100 P.O. Box 840738 Dallas, TX 75284-0738

Florence Vallejos PO Box 702 Ignacio, CO 81137

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H LP P.O. Box 2185 Santa Fe, NM 87504

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James Lopez 2837 Pinnacle Colorado Springs, CO 80910

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Pedro F Lopez 784 Arboles-Lopez Rd Ignacio, CO 81137

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Moran Oil Enterprises PO Box 1295 Seminole, OK 74818-1295

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Stricker Petroleum Corp Dover, DE 19901

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Jasmine Moran Children's Museum Foundation Inc PO Box 1828 Seminole, OK 74818-1828

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CEEFAM LLC C/O Little Oil & Gas Inc PO Box 1258 Farmington, NM 87499

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Isabel Gonzales TR
Bank of Oklahoma NA Agent
Acct 50594-9
P.O. Box 1588
Tulsa, OK 74101

Nigh Rev Tr Agmt dtd 8/3/89 Robert D. Nigh Trustee 7080 Dean Road Indianapolis, IN 46220

Robert E. Oade 9665 Southern Belle Dr. Brookville, FL 34613-4280

Victoria Webb 806 Cordova Dallas, TX 75223

XTO Energy, Inc. Attn: Edwin S. Ryan, Jr. 810 Houston St., Ste 2000 Fort Worth, TX 76102-6298 Patricia P. Schieffer Trust, Bank of America, N.A. Agt Attn: Jeff Anderson P.O. Box 2546 Fort Worth, TX 76113

Schultz Management, Ltd. 500 N. Akard, Suite 2940 Dallas, TX 75201

Henrietta Schultz, Trustee 500 North Akard, Suite 2940 Dallas, TX 75201

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☐ The Return Receipt will show to whom the article was delivered and the date Attach this form to the front of the mailpiece, or on the back if space does not 310 OLD SANTA FE TRAIL SANTA FE, NM 87501 NEW MEXICO STATE ROYALTY Received By: (Print Name) card to you.

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City. State, 2 707 17th STREET DALLAS, TX 75201 Street. At or PO Bo: HENRIETTA E. SCHULTZ, TRUSTEE City, State 500 NORTH AKARD, SUITE 2940 Restricted Delivery Fee (Endorsement Required) DENVER, CO 80202 Return Receipt Fee (Endorsement Required) Sent To Sent To Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Total Postage & Fees Certifled Fee Centified Fee T) Postage Postage H S B 69 S 2.6 4.8 9.6 Ø Postmark Here (1) m

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810 HOUSTON STREET, STE 2000 ATTN: EDWIN S. RYAN, JR. FORT WORTH, TX 76102-6298 Complete items 1, 2, and 3. Also complete Print your name and address on the reverse Attach this card to the back of the mailpied so that we can return the card to you. item 4 if Restricted Delivery is desired. 0 TLE 3522 A. Received by (Please Print Clearly) Restricted Delivery? (Extra Fee) ☐ Registered ☐ Insured Mail Service Type If YES, enter delivery address below: Is delivery address different from item 1? Yes
If YES, enter delivery address below: Certified Mail Return Receipt for Merchandise C.O.D. ☐ Express Mail ☐ Agent☐ Addressee Yes

2. Article Number (Copy from servic 7006		NENN VIERE, IX 10000	MR. JOHN TURNER PMB 285 317 SIDNEY BAKER SOUTH #400 FERRYH I F. TY 78028	1. Article Addressed to:	SENDER: COMPLETE 11  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.
7006 2760 0001 6391 3539	4. Restricted Delivery? (Extra Fee) ☐ Yes	Service Type     Certified Mail □ Express Mail     Registered ■ Return Receipt for Merchandise     Insured Mail □ C.O.D.		If YES, enter delivery address below: No	The second second

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	SENDER: COMPLETE THIS SECTION	COMPLETE:THIS SECTION ON DELIVERY
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For delivery information, visit our web

WHEN GELLINES OF THE COLUMN STATES

(Transfer from service lebs 70		4925 Greenville Ave # 852 Dallas, TX 75206	Fred E. Turner	The state of the s	1. Articié Addressed to:	<ul> <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 maliplece, or on, the front if space permits.</li> </ul>	SENDER: COMPLETE THIS S
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/	□ Yes	□ Express Mail ☑ Return Receipt for Merchandise □ C.O.D.			em 17 🗆 Yes ow: 🗆 No	☐ Agent ☐ Addressee C. Date of Delivery	LIVERY

PS Form 3811, February 2004

Domestic Return Receipt

GEACH SEAUGHAND WALL RESERVICE

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Return Receipt Fee Endorsement Required)

Restricted Delivery Fee Endorsement Required)

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City. Sta p. O. BOX 5810

DENVER, CO 80217-5810

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	<b>9</b> 5		Total Postage & Fees \$ 5.21	Restricted Delivery Fee (Endorsement Required)	A. S. He	2.65		OTTO PIEGO	Log deliver information visit out website at www.us.ps.coma	(Comestic Mail only No Institution)	

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PS Form 3811, December 1號以下 RAL MANAGEMENT SYSTEMS Domestic Return Receipt	<ol> <li>Signature (Addressee or Agent)         Agent for:</li> </ol>	5. Received By: (Print Name) AMERICAN AUTONA TIONS: Address (Only if requested and BUILDING SOLUTIONS: [Reald]	Recieved By:	O. BOX 5810 DENVER, CO 80217-5810	AINERALS MANAGEMENT SERVICE			3. Article Addressed to:	D Write 'Return Receipt Requested' on the malipiece below the article number. D The Return Receipt will show to whom the article was delivered and the date delivered.	attach this form to the front of the mailpiece, or on the back if space does not permit.	☐ Print your name and address on the reverse of this form so that we can return this card to you.	Complete items 1 and/or 2 for additional services.	SENDER:	
MENT/STY 9-FIERRS Domestic Return Receipt			. Date of Delivery	r Merchandise COD	☐ Registered	4b. Service Type	2006 5240 0001 PS 7002			2. ☐ Restricted Delivery	a can return this 1.  Addressee's Address	ing services (for an extra fee):	wish to receive the follow-	
		Thank	you t	or us	sing H	etu		j	calht	3 <b>8</b> 1 \	104.			

2760 0001 6391 3478 7006 2760 0001 6391 3485 Return Receipt Fee (Endorsement Required) Sent To PATERICIA P. SCHIEFFER TRUST, Restricted Delivery Fee (Endorsement Required) Street, BANK OF AMERICA, N.A. AGT Ст. St. P.O. BOX 2546 OF POE ATTN: JEFF ANDERSON Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & Fees | \$ Street, Apr. MS. VICTORIA or PO Box 806 CORDOVA Sent To Total Postage & Fees FORT WORTH, TX 76113-2546 Centified Fee Certified Fee MS. VICTORIA WEBB DALLAS, TX 75223 Postage Postage 69 <del>()</del> 20.85 ) 0 0 9

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PS Form <b>3811,</b> December 1994	5. Paceived By: (Print Name)  6. Signature (Addressee or Agent)		;06 CORDOVA JALLAS, TX 75223	AS. VICTORIA WEBB	3. Article Addressed to:	card to you.  Attach this form to the front of the malipiece, or on the back if space does not permit.  By the Agricum Receipt Requested" on the malipiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.	SENDER:  © Complete items 1 and/or 2 for additional services. And Complete items 3, 4a, and 4b.  © Print your name and address on the reverse of this form so that we can return this		S Form 3011 + December 1994	Signature (Addresace or	Received By: (Phat Name)	ORT WORTH, TX 76113-2546	O. BOX 2546	OF AMERICA, N.A. AGT	- x		card to you.  Card to you.  Attach this form to the front of the mailpiece, or on the back if space does not nermit.	☐ Complete items 3, 4a, and 4b. ☐ Complete items 3, 4a, and 4b. ☐ Print your name and address on the reverse of this form so that we can return this	SENDER:	No of the contract of the cont
102595-99-B-0223 Domestic Return Receipt	8. Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery  5-30-67	Return Receipt for Merchandise COD	Dentified	58hE TEE9 TOOD	1.  Addressee's Address  2.  Restricted Delivery  4 and the date	I also wish to receive the following services (for an extra fee):		Dollasing Definition Decipit	1	Addressee's Address (Only if requested and fee is paid)  The paid is paid.  The paid is paid in the paid is paid.  The paid is paid in the paid is paid.  The paid is paid in the paid is paid in the paid in the paid is paid.  The paid is paid in the paid is paid in the paid in	7. Date of Delivery MAX 2 9 2007	☐ Express mail ☐ insured in insu	Certified	2006 2760 0001 6391 3		<ol> <li>1. ☐ Addressee's Address</li> <li>2. ☐ Restricted Delivery</li> </ol>	ing services (for an extra fee):	I also wish to receive the follow-	

Thank you for using Ret

Receipt Service.

2760 0001 6391 3454 7006 7006 2760 0001 6391 3461 Street Apr ATTN: BARRY L. DOMINICK or PO Box TX1-2931 J. GLENN TURNER, JR. LLC or PO Box N 3838 OAK LAWN Sent to City. State, 2 SUITE 1450 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Regulred) Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & Fees Total Postage & Fees | \$ Troup de la constantante de la c Certified Fee Certified Fee DALLAS, TX 75266-0197 P O BOX 660197 MARY FRANCES TURNER, JR TRUST JALLAS, TX 75219 Postage 4 N 9.6 4 4 Sass

Va								
PS Form 3811, December 1994	5. Received By: (Print Name)	DO DO 000197 AD DALLAS, TX 75266-0197	1015	ete 3. Article Addressed to:	SENDER:  Complete items 1 and/or 2 for additional services.  Print your name and address on the reverse of this form so that we can return this card to you.  Permit.  Write "Heturn Receipt Mill show to whom the anticle was delivered and the date of the interest.  The Return Receipt will show to whom the anticle was delivered and the date of the interest.	GLENN TURNER, JR. LLC 838 OAK LAWN 3UITE 1450 3ALLAS, TX 75219 5. Received By: (Print Name) 9 OF Secretary (Addressed of Agraph) 9 PS Form 3811, Secrember 1994	SENDER:  SENDER:  Gomplete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the malipiece, or on the back if space does not permit.  Write 'Return Receipt Requested' on the malipiece below the article number.  The Return Receipt will show to whom the article was delivered and the date  3. Article Addressed to:	
102595-99-B-0223 Domestic Return Receipt	Addressee's Address (Only if requested and fee is paid)	9 2007	4b. Service Type    Registered   Repetitied   Repetitied	. 194E 16E9 1000 0922 9002	ing services (for an extra fee):  ye can return this  1.  Addressee's Address coe does not condition number. and the date  1. Restricted Delivery conditions and the date  2. Restricted Delivery conditions are conditions and the date conditions are conditions.	7006 2760 0001 6391 3454  4b. Service Type  Care Registered  Express Mail  Express Mail  COD  7. Date Appliyand  8. Addresse's Address Only if requested and fee is paid)  102595-99-8-0223  Domestic Return Receipt  Thank	I also wish to receive the following services (for an extra fee):  we can return this   1.  Addressee's Address concident following services (for an extra fee):  Restricted Delivery care and the date   2.  Restricted Delivery care and the date   2.  Service number.	

7006 2760 0001 6391 3447 OF POBE MS. ELIZABETH T. CALLOWAY Return Receipt Fee (Endorsement Required) City, Stail P.O. BOX 191767 Sent To Restricted Delivery Fee Endorsement Required) Total Postage & Fees DALLAS, TX 75219-1767 Certified Fee Postage S

Sent To Sinest Api or PO Box / ATTN: City State. 501 WE HOUST	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage		
BP AMERICA PRODUCTION CO. ATTN: JOHN LARSON, WLI RM 19.158 501 WESTLAKE BOULEVARD HOUSTON, TX 77079-3092	\$ 5. W 1	76	2.15 Here	2.65 A	0.4	ICIAL ACTOR	MAIL   R自め目は[   MAIL   R自め目は[   Moinsurance coverage Envided]

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I also vins 1 and/or 2 for additional services.  In 3, 4a, and 4b.  In 4 services on the reverse of this form so that we can return this ing services are the front of the mailpiece, or on the back if space does not a feecipt representation on the mailpiece below the article number.  Receipt Requested on the mailpiece below the article number.  Receipt will show to whom the article was delivered and the date.  I As Article Number.  A BETH T. CALLOWAY  I Begistered  I Registered  I Bepress Mail  Sy: (Print Name)  Y: (Print Name)  I Call Call Call  I Be Addressee's Address  I be is paid)  Addressee or Agenty  I December 1994	ţ	ls you	r <u>RE</u> T	URN A	ADD	RESS (	or	nplet	ed	on th	e rev	/er:	se sì	de'
l also ving ser ing ser ing ser la Number 2. 🗆 F 2. 🗆 F 2. 🗆 F 3. See's Mail 1 Receipt for Mer of Delivery parid)	PS Form 3811, December 1994	6. Supparure (Addressee of Agent) (Clause	Flindbett 1. Collectory	5. Received Rv. (Print Name)	DALLAS, TX 75219-1767	AS. ELIZABETH T. CALLOWAY		7.5	3. Article Addressed to:	□ Write "Return Receipt Requested" on the mailpiece below the and □ The Return Receipt will show to whom the article was delivered delivered.	Attach this form to the front of the mailpiece, or on the back if spapermit.	Print your name and address on the reverse of this form so that v card to you	☐ Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.	SENDER:
	102595-99-B-0223 Domestic Return Receipt		8. Addressee's Address (Only if requested a fee is paid)	S 29 / S	r Merchandise	☐ Registered <b>XXX</b> entified ☐ Express Mail ☐ Insured	4b. Service Type	nhE 1689 1000 0922 900	Ido Article Alimber			we can return this		

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Domestic Return Receipt

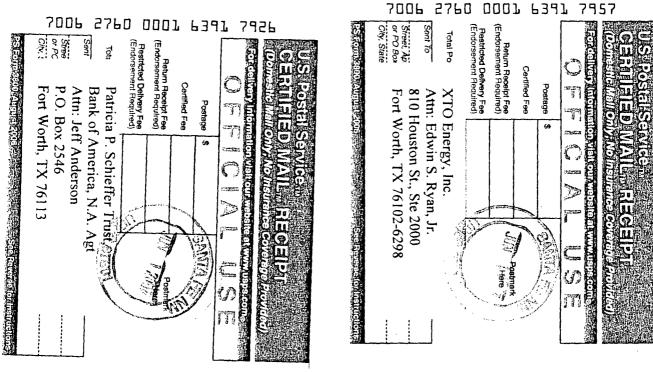
ceipt Service.

2760 0001 6391 7940 2760 0001 6391 7964 7006 Street, A or PO Bc City, Stat Sent To For delivery information visit our website at w Return Receipt Fee (Endorsement Required) , For delivery into mation, visit our, website at www Restricted Delivery Fee (Endorsement Required) Sent To Street, Ap or PO Box City, State Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Po Je i sam 2000 km juri 2000 a juri i jurije je ka see Reverse lovinsturellonst Total Po Certified Fee Certified Fee Postage 500 N. Akard, Suite 294 Schultz Management, Lt Postage Dallas, TX 75201 Dallas, TX 75201 500 North Akard, Suite 2940 Henrietta Schultz, Trustee PS Form 3811, February 2004

on Deverse for instructions		0	a A	Postmark Herb	100	
PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7006 276		Dallas, 1 X 73201	Schultz Management, Ltd. 500 N. Akard, Suite 2940	1. Article Addressed to:	SENDER COMPLIATE VILLS SECTION  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.
um Receipt 102595-02-M-1540	7006 2760 0001 6391 7940	4. Restricted Delivery? (Extra Fee)	3. Service Type  AC Certified Mail DExpress Mail  Registered DE Return Receipt for Merchandise  Insured Mail C.O.D.	* & JUN 2007	If YES, enter delivery address below: If No	A. Signature  C. Date of Delivery

			lene de la companya d		Some distribution of the second of the secon
2. Article Number 7006 2760		Dallas, TX 75201	Henrietta Schultz, Trustee 500 North Akard, Suite 2940	1. Article Addressed to:	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.
7006 2760 0001 6391 7964	4. Restricted Delivery? (Extra Fee) ☐ Yes	Service Type     SP-Certified Mail    □ Express Mail     Registered    □ Return Receipt for Merchandise     □ Insured Mail    □ C.O.D.	T & JUN 2007	If YES, enter delivery address below: I No	A. Signature  C. Date of Delivery

Domestic Return Receipt



PS Form 3811, February 2004 Article Number SENDER: COMPLETE THIS SECTION 🥕 🕞 Complete items 1, 2, and 3. Also complete Article Addressed to: Print your name and address on the reverse Attach this card to the back of the mailpiece, so that we can return the card to you. item 4 if Restricted Delivery is desired. (Transfer from service label) or on the front if space permits. Fort Worth, TX 76102-6298 810 Houston St., Ste 2000 Attn: Edwin S. Ryan, Jr. XTO Energy, Inc. 7006 Domestic Return Receipt 2760 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No Þ A. Signature 1000 ☐ Registered
☐ Insured Mail Received by ( Printed Name) Restricted Delivery? (Extra Fee) Certified Mail Service Type TLE9 Return Receipt for Merchandise ☐ Express Mail 7957 C. Date of Delivery ☐ Agent☐ Addressee 102595-02-M-1540 □ 3

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- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse
   so that we can return the card to you.

   Attach this card to the back of the mailplect
- Attach this card to the back of the malipiece or on the front if space permits.

Article Addressed to:

					1
- Name	Fort Worth, TX 76113	P.O. Box 2546	Attn: Jeff Anderson	Bank of America, N.A. Agt	Patricia P. Schieffer Trust,

A Bridge
COMPLETE THIS SECTION ON DELIVERY

(Transfer from service label)
PS Form 3811, February 2004

2. Article Number

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Restricted Delivery? (Extra Fee)

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□ c.o.d.

Domestic Return Receipt

2760 0001 6391 7919 2760 0001 6391 7933 7006 7006 Street, 2 or POB City, Sta Sent To Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) PS/Point/800% August 2008 Street, / or PO E City, Str For delivery information visit our website at www.usps.co Sent To PSI composition in the contract of the contrac Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total F ©∃£ॴऒऻ॔ヺ®₩₩₩₽₩₽₽₽₽₽₽₽ Total F Certified Fee Certified Fee Brookville, FL 34613-4280 9665 Southern Belle Dr. Robert E. Oade 806 Cordova Victoria Webb Postage Dallas, TX 75223 T Postage (<u>)</u> Postman Here į 1 2. Article Number (Transfer from service label)

PS Form 3811, February 2004

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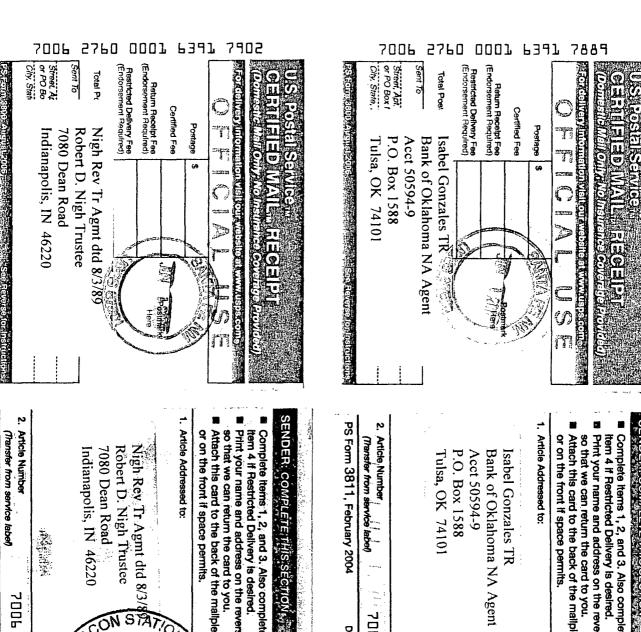
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Domestic Return Receipt

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	少期las, TX 75223	Victoria Webb 806 Cordova	1. Article Addressed to:	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 mailplece, or on the front if space permits.</li> </ul>	SENDER: COMPLETE THIS SECTION.	PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7006 2760		9665 Southern Belle Dr. Brookville, FL 34613-4280	Robert E. Oade	· · · · · · · · · · · · · · · · · · ·	1. Article Addressed to:	<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the maliplece, or on the front if space permits.</li> </ul>	Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Complete Items 1.2. and 3. Also complete	MPLETETAS
4. Restricted Delivery? (Extra Fee)			D. is delivery address different from item 17	Manney C. D.	COMPLETE THIS SECTION ON DELIVERY	tum Receipt 102595-02-M-1540	60 0001 6391 7919	3	3. Service Type  A-Certified Mail			D. Is delivery address different from Item 1?	B. Received by (Printed Name) C. Date of Delivery	X	Signature	RCOMP FIETHISISECTIONIONIDERVEEY



Domestic Return Receipt

102595-02-M-1540

4101	***	iles TR	- Bogman		A L U S E	REGEIPI Trance Colerage Provideo)	
2. Article Number 7006 lebel) 7006 27		P.O. Box 1588 Tulsa, OK 74101	Isabel Gonzales TR Bank of Oklahoma NA Agent Acct 50594-9	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER: COMPLETE THIS SECTION
7006 2760 0001 6391 7889	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type  G Centified Mail D Express Mail Registered B Return Receipt for Merchandise Insured Mail D C.O.D.	( JUN 5 5 2007 )	If YES, enter defivery address below:	B. Received by (Printed Name) C. Date of Delivery	A. Significano	COMPHETERINOMOMOTHORS SERVICE STATEMENT OF THE PROPERTY OF THE

2. Article Number 7006 2761		Indianapolis, IN 46220	Itd 8/3/8 N S 7A7	1. Article Addressed to:	so that we can return the card to you.  Affach this card to the back of the mailplece, or on the front if space permits.	Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.	SENDER: COMPLETE THIS SECTION.
7006 2760 0001 6391 7902	4. Restricted Delivery? (Extra Fee) Yes	3. Service Type ( )  Contined Mail	JUN 0 6 2007 (73)	If YES, enter delivery address below:	B. Received by ( Printed Name) C. Date of Delivery	X Cognature	COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, February 2004

Domestic Return Receipt

2760 0001 6391 7841 0001 6391 7865 7006 2760 7006 Street, AL or PO Bo. For deliver, into mation visit ou website at www.us City, State Sent To Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) (Steam and August 2006) Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Pc CATANTA OF THE STATES OF THE S Street, AL or PO Bo City, Stan Sent To PSILDIN 1800 And 1812 2000 And 1818 And 1800 And Total Po Certified Fee Certified Fee Postage Postage Farmington, NM 87499 C/O Little Oil & Gas Inc **CEEFAM LLC** PO Box 1258 Claude I Hobson Trustee Claude I Hobson Rev Liv Bellevue, NE 68005 1608 Washington Street 

PS Form 3811, July 1999

Domestic Return Receipt

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2. Article Number (Cop) 7006 2760 0001 6391 7841		PO Box 1258 Farmington, NM 87499	CEEFAM LLC C/O Little Oil & Gas Inc C/O Little Oil & Gas Inc	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER COMPLETE THIS SECTION
TH92 T641	4. Restricted Delivery? (Extra Fee)	3. Service Type  Calcertified Mail  Express Mail  Registered  P-Return Receipt for Merchandise  Service Mail  Co.D.	10.18	If YES, enter definery address below: No	C. Signature C. Si	A_Received by (Please Print Clearly) B. Date of Delivery	ZVENTREGINONOPPOESSIFILETERINOS

Claude I Hobson Rev Liv Tr Claude I Hobson Trustce 1608 Washington Street	SENDER: COMPLETETHIS SECTION  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.
3. Service Type	A. Signature  A. Addressee  B. Received by ( <i>Printed Name</i> )  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from Item 17

2. Article Number

Bellevue, NE 68005

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☐ Certified Mall
☐ Registered

☐ Express Mail
☑ Return Receipt for Merchandise
☐ C.O.D.

☐ Insured Mail

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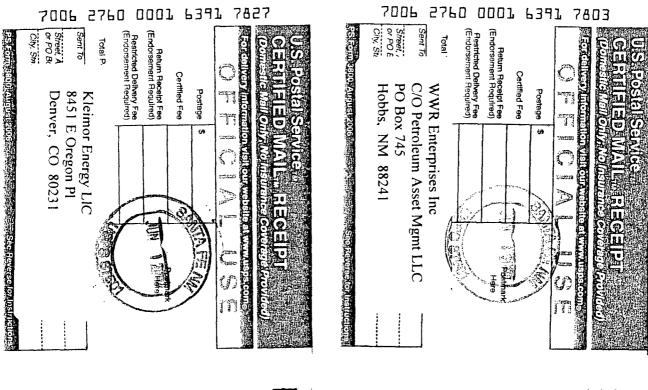
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Restricted Delivery? (Extra Fee)

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D scomo	<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</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 mallplece, or on the front if space permits.</li> </ul>	A. Signatere  X. LUNA GARAGE  B. Received by Printed Name)  C. Date of Delivery
. ALLECTOR OF THE STATE OF THE	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
A STATE OF THE STA	WWR Enterprises Inc	
	PO Box 745 Hobbs, NM 88241	3. Service Type  Certified Mail
: : : : :		4. Restricted Delivery? (Extra Fee)
	2. Article Number 700 52760 Abel 7006 2760	2004 2760 0001 K391 7A03
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2. Article Number 7006 2760 0001, 6391, 7827	4. Re	8451 E Oregon Pl Denver, CO 80231	Kleimor Energy LIC	1. Article Addressed to:	a Attach this card to the back of the mailpiece, or on the front if space permits.	4	Z	SENDER: COMPLETE THIS SECTION 📢 😿 ⊱ 👩 🍿
0001,6391,7827	4. Restricted Delivery? (Extra Fee) Yes	3. Service Type  □ Certifled Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.		If YES, enter delivery address below:	Is delinery address different from them 12 Yes	B. Received by ( Printed Name)  C. Date of Delivery	Signature Com Dagent	iPLETE, THIS SECTION ON DELIVERY

... PS Form 3811, February 2004

Domestic Return Receipt

0007 6347 7780 2760 7006 0001 6391 7766 2760 700**6** Street, Apri or PO Box City, State, Street, A or PO Bo City, Star Sent To Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) jou delivery information visit out website at www.usps.com enolitificitati voici vinde tas the second second to the second s Sent To PS/Formation/August/2006/19/19/2015 Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) j or delivery information visit out website at www.usps.come Total F Total Pos Certified Fee Certified Fee 6729 Academy Rd Ste D Reynolds Hix & Co Poa & Agent William C Briggs Postage Albuquerque, NM87109 Postage PO Box 841 Bloomfield, NM 87413 Viola Mascarenas Lucero 69 (d) [1] F to IT Article Number Article Addressed to: PS Form 3811, February 2004 2. Article Number SENDER: COMPLETE THIS SECTION: Article Addressed to: ■ Complete items 1, 2, and 3. Also complete (Transfer from service label) Attach this card to the back of the mallplece Print your name and address on the reverse Attach this card to the back of the maliplece or on the front if space permits. or on the front if space permits. so that we can return the card to you. Print your name and address on the reverse so that we can return the card to you. (Transfer from service label) Item 4 if Restricted Delivery is desired. 6729 Academy Rd Ste D Reynolds Hix & Co Poa & Agent Albuquerque,NM87109 William C Briggs Bloomfield, NM 87413 PO Box 841 Viola Mascarenas Lucero 7006 7006 Domestic Return Receipt 0922 2760 B. Received by ( Printed Name) ω D. Is delivery address different from Item 1? 1000 A. Signature Certified Mail
Registered
Insured Mail Service Type Restricted Delivery? (Extra Fee) is delivery aduress different from item 1? Service Type Restricted Delivery? (Extra Fee) ☐ Insured Mail The Certified Mail If YES, enter Belivery address below: □ Registered If YES, enter delivery address below: 1000 10 les la . 1669 1669 12 Return Receipt for Merchandise
 C.O.D. 7780 ☐ Express Mall ☑ Return Receipt for Merchandise ☐ C.O.D. ☐ Express Mail

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Date of Delivery

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature

C. Date of Delivery

Addressee

□ Agent

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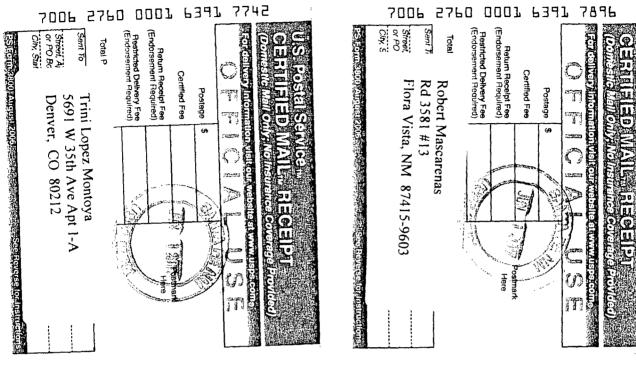
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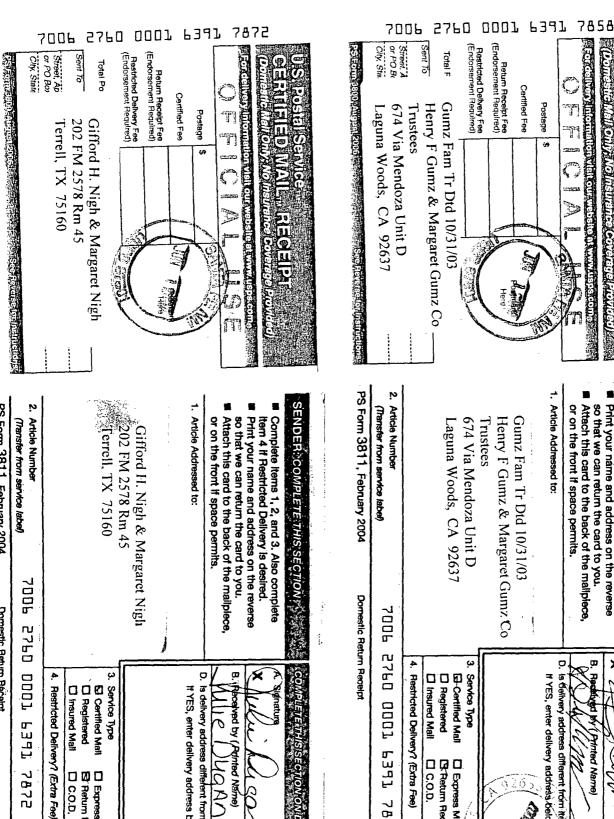
PS Form 3811, February 2004

Domestic Return Receipt



	-9603		Postmark	U	Omos designation (Co)
PS Form 3811, February 2004 Dome	2. Article Number 700 (Transfer from service label)	Rd 3581 #13 Flora Vista, NM 87415-9603	Robert Mascarenas	1. Article Addressed to:	SENDER COMPLIA (AND INSTECTION)  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.
Domestic Return Receipt	7006 2760 0001 6391 7896	2. Service Type, A Service Delivery? (Extra Fee)	JUN 6 2007	If YES, enter delivery additions below:	A. Signature  C. Date of Delivery  M. M
102595-02-M-1540	u ·	Express Mail  Return Receipt for Merchandise C.O.D.  Carra Fee)			C. Date of Delivery

2. Article Number (Transfer from service label) 7006		Denver, CO 80212	5691 W 35th Ave Apt 1-A	Trini Lopez Montoya	1. Article Addressed to:	<ul> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> </ul>	item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Complete Items 1, 2, and 3. Also complete	SENDER: COMPLETE THIS SECTION.	
2760		(Se)	M.	4700	1.	<b>6</b> 0	78	ð		
700L 2760 0001 6391 7742	4. Restricted Delivery? (Extra Fee)	Charitied Mail Dexpress Mail  (1) Burness Mail  (1) Burness Mail  (1) Charistered Recurred Receipt for Merchandise  (1) Charisured Mail  (1) CO.D.			D. Is delivery address different from Item 17  Yes If YES, enter delivery address below:  No	1 84	X TO All IX W D Addressee	A. Signature	COMPLETE THIS SECTION ON DELIVERY	The state of the s



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Print your name and address on the reverse A. Signature D. Is fellvery address different from item-12 If YES, enter delivery address below: Printed Name) C. Date of Delivery च च इ

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Complete items 1, 2, and 3. Also complete

Item 4 if Restricted Delivery is desired.

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S:Return Receipt for Merchandise □ c.o.p.

 Restricted Delivery? (Extra Fee) ☐ \*\*

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B. (Received by (, Pointed Name) D. Is delivery address different from item 1? If YES, enter delivery address below: MORY Days of Delivery ☐ Agent☐ Addressee □ □ % %

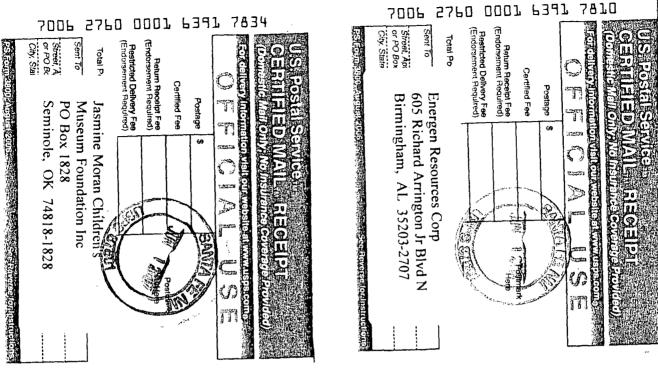
☐ Express Mall ☐ Return Receipt for Merchandise ☐ C.O.D.

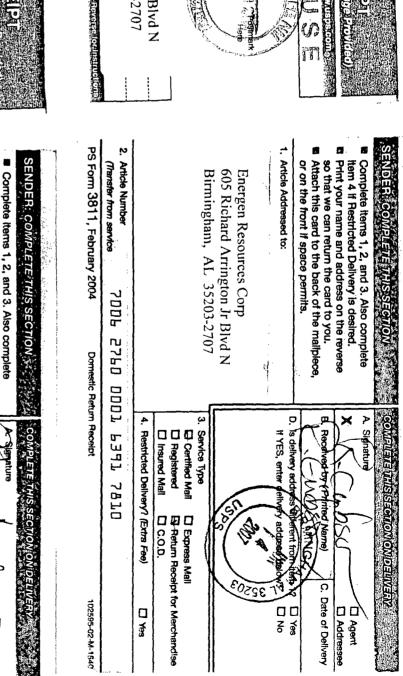
Domestic Return Receipt

PS Form 3811, February 2004

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PS Form 3811, February 2004 Dom	2. Article Number (Transfer from service label) 7005		PO Box 1828 Seminole, OK 74818-1828	Jasmine Moran Children's  Museum Foundation Inc
Domestic Return Receipt	7006 2760 0001 6391 7834	4. Restricted Delivery? (Extra Fee)	3. Service Type  G. Certified Mail  Express Mail  Registered  G. Return Recei	
102595-02-M-1540		□ Y <sub>93</sub>	Express Mall     Receipt for Merchandise     C.O.D.	

Article Addressed to:

Print your name and address on the reverse

so that we can return the card to you. Item 4 If Restricted Delivery is desired.

Attach this card to the back of the mailpiece

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D. Is delivery address different from Item 1? Thes.

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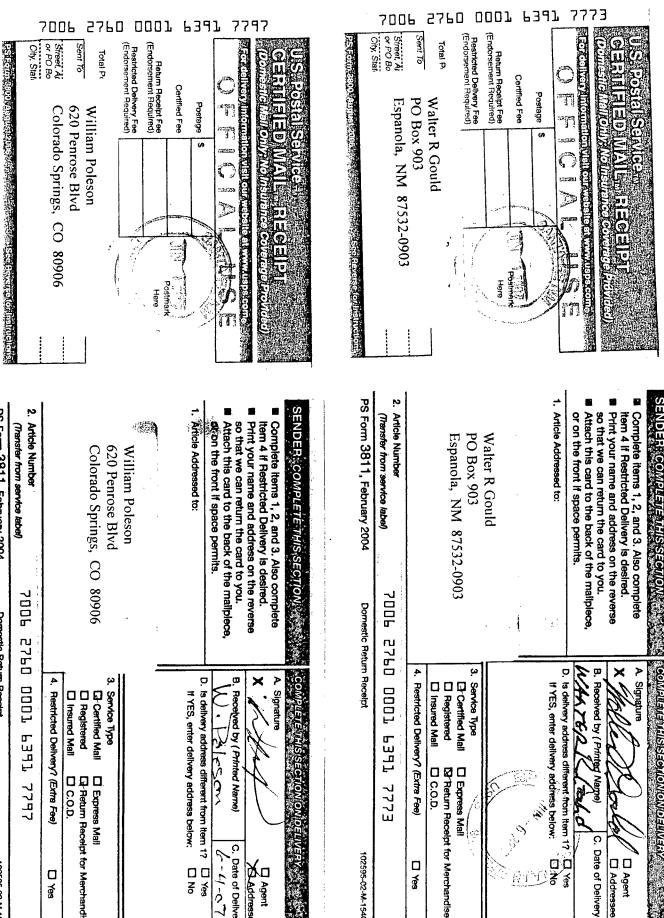
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PS Form 3811, February 2004

Domestic Return Receipt

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for Merchandise

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8558 0001 6391 7759 1000 F547 7006 2760 2760 7006 For delivery information visit our website at www.usps.come 😤 Restricted Delivery Fee (Endorsement Regulred) Return Receipt Fee (Endorsement Required) For delivery information visit our website at www.usps.come Street, Apr. N or PO Box M Return Receipt Fee (Endorsement Regulred) Sent To Restricted Delivery Fee (Endorsement Required) es) jam nevo alignes your City, State, City, State, Z Sent To or PO Box Smeet, Apr Landan de la company de la 04:41 Total Pos Total Posta Certfied Fee Certified Fee Postage Postage Ralls, TX 79357-0825 Da Prewitt & Ma Chesser Co PO Box 825 Trustees Va Johnston Fam Tr Tony S Lopez Denver, CO 80237 PO Box 371154 7 PS Form 3811, February 2004 Article Number Article Addressed to: SENDER COMPLETE THIS SECTIONS 2. Article Number Article Addressed to: Complete items 1, 2, and 3. Also complete Attach this card to the back of the malipiece Complete Items 1, 2, and 3. Also complete Print your name and address on the reverse or on the front if space permits. so that we can return the card to you. item 4 if Restricted Delivery is desired. (Transfer from service label) Attach this card to the back of the maliplece, or on the front if space permits. so that we can return the card to you. Print your name and address on the reverse (Transfer from service label) Item 4 if Restricted Delivery is desired. PO Box 371154 Denver, CO 80237 Tony S.Lopez PO Box 825 Trustees Da Prewitt & Ma Chesser Co Ralls, TX 79357-0825 Va Johnston Fam Tr 7006 7006 Domestic Return Receipt 5760 000T 2760 0001 ω B. Received by (Printed Name) A. Signature D. Is delivery address different from item? D. Is delivery address different from Item 1? A. Signature Certified Mail

Registered Restricted Delivery? (Extra Fee) ☐ Insured Mali ☐ Registered
☐ Insured Mail Service Type If YES, enter delivery address below: Service Type Restricted Delivery? (Extra Fee) If YES, emer delivery address below: received by Printed Name 1669 **T**6E9 C.O.D. ☐ Express Mall A Return Receipt for Merchandise C.O.D. ☐ Express Mall

© Return Receipt for Merchandise 8558 CO sol Addressee

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C. Date of Delivery

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C. Date of Delivery

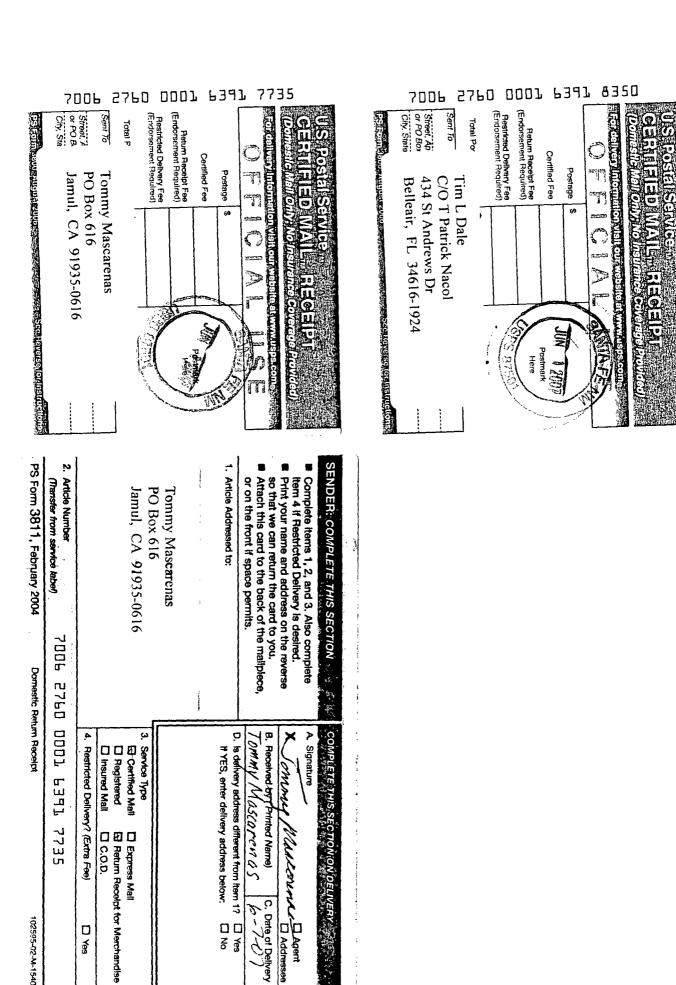
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PS Form 3811, February 2004

Domestic Return Receipt



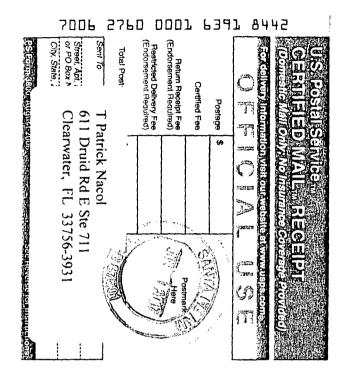
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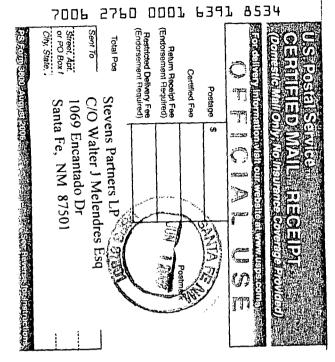
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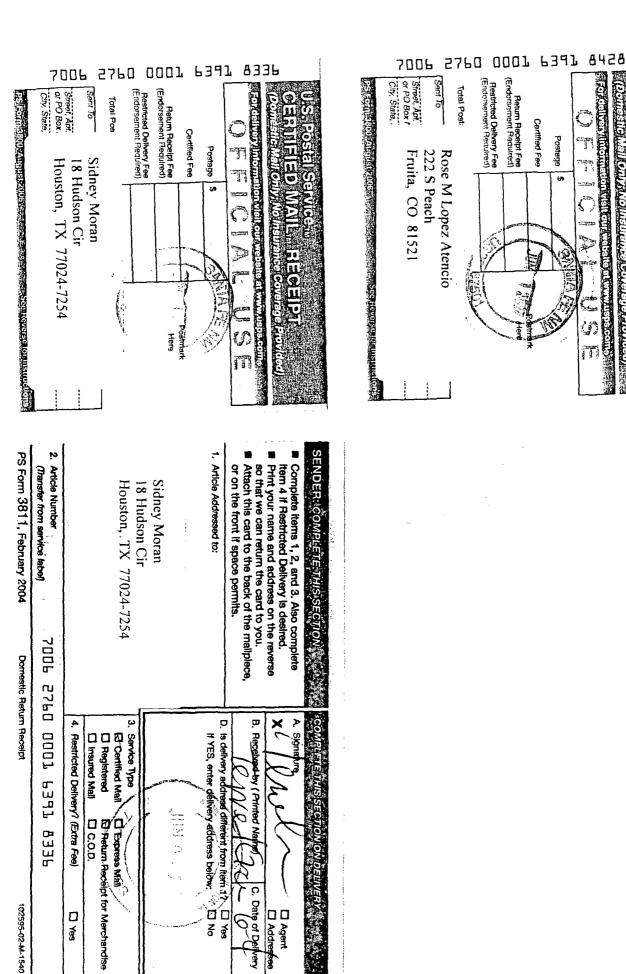
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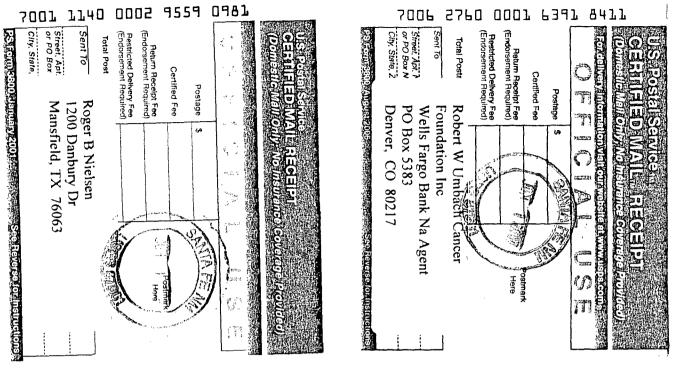
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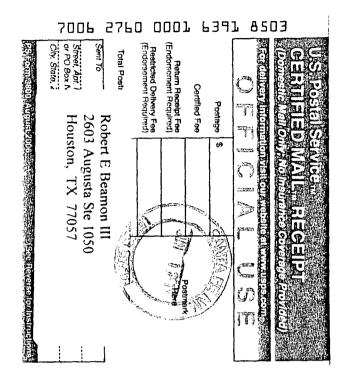
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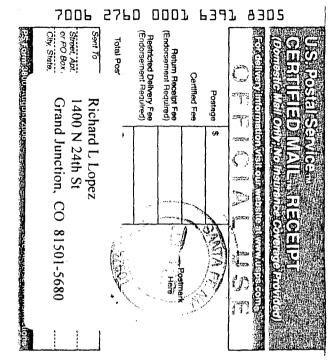
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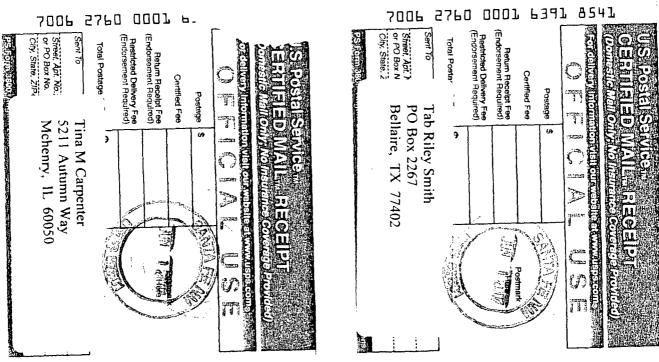
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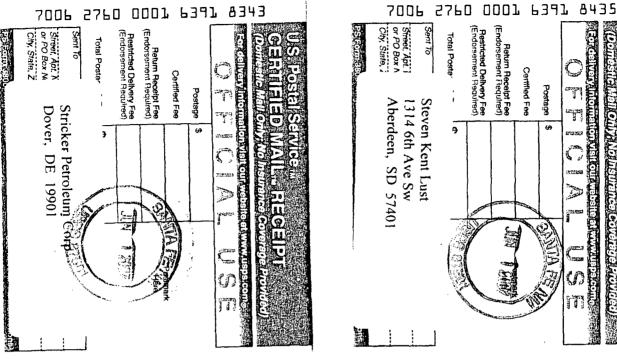
		Hosimum A			se lo i ne lo lo se lo		Stmerk Here		Topular States	
2. Article Number 7001 1140 0002	Mansfield, TX 76063	Roger B Nielsen	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	SECTION ->>	2. Article Number 7006 2760 0001	Wells Fargo Bank Na Agent PO Box 5383 Denver, CO 80217	Robert W Umbach Cancer Foundation Inc	or on the front if space permits.  1. Article Addressed to:	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 mailblece.</li> </ul>	SENDER: COMPLETE THIS SECTION
2 9559 0981	3. Service Type  Contined Mail Dexpress Mail Registered Return Receipt for Merchandise Insured Mail D.C.O.D.  4. Restricted Delivery? (Extra Fee) Des	If YES, enter delivery address below:   No	A. \Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THISISECTION ON DELIVER	™ Receipt 6411 6411	3. Service Type  G Certified Mail	GM	D. Is delivery address different that them 17. These If YES, enter delivery address below: In No	A. Signatifie  X  Agent  Addressee  B. Regelved by (Printed Name)  C. Date of Delivery	COMPLETEXTHIS SECTIONION DESIVERY







100505-00-14-16-10	thim Banaint	Competic Beturn Becalm	PS Form 3811 February 2004
	7006 2760 0001 6391 8541	7006 2760	2. Article Number (Transfer from service label)
□ Yes	4. Restricted Delivery? (Extra Fee)		
Express Mail     Return Receipt for Merchandise     C.O.D.	☐ Registered GReturn Recei		Bellaire, 1A //402
	2 Code Too		Tab Riley Smith PO Box 2267
	If YES, enter delivery address below:		1. Article Addressed to:
C. Date of Delivery	B. Received by (Printed Name)	to you. the mallplece,	so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.
☐ Agent	A. Signature Mill	so complete desired.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>
ANTENNE I	VERTHEOLING KIGHWEISKILTINETERLITOO	стюй	SENDER: COMPLETE THIS SE



es equivable.	Steri To Stev Street, Apr. 1314 or PO Box A City, State, 2	Total Poste	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	Peor deall was y informed	(118,770,511) S (1111)  B  B  B  B  B  B  B  B  B  B  B  B  B
	Steven Kent Lust 1314 6th Ave Sw Aberdeen, SD 57401					\$ 1	TSU TVISE	alvio <sub>en</sub> MAIL <sub>m</sub> raeceipi vavolusuram esuargalapudeu
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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse
- so 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:

If YES, enter delivery address below:

	Steven Kent Lust 1314 6th Ave Sw Aberdeen, SD 57401	:
4. Restricted Delivery? (Extra Fee)	3. Service Type  The Certified Mail  Registered Insured Mail	
y? (Extra Fee)	☐ Express ☐ Return F	

PS Form 3811, July 1999

Article Number (Copy from

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Return Receipt for Merchandise C.O.D.

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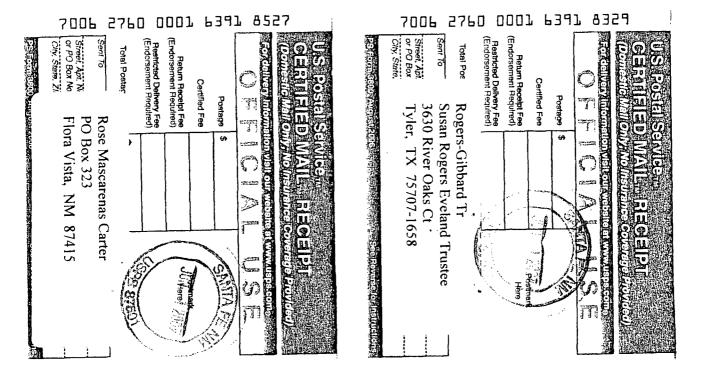
☐ Express Mail

Domestic Return Receipt

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If YES, enter delivery address below:	D. Is delivery address different from fight 1? ☐ Yes	× Pattu Mua	by (Please Print Clearly)	COMPUTER STATES STATES
   No	-1? □ Yes	☐ Agent ☐ Addressee	B. Date of Delivery	ARY .

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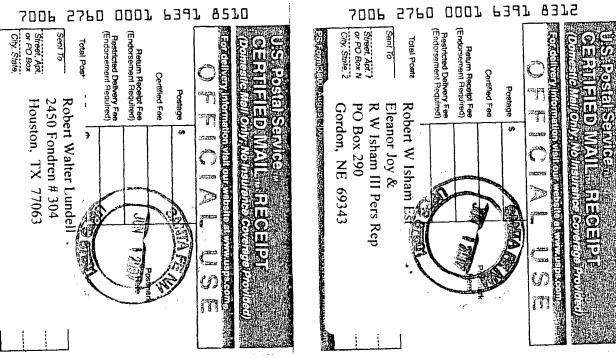


PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from service label) 7006 276	3630 River Oaks Ct Tyler, TX 75707-1658	1. Article Addressed to:  Rogers-Gibbard Tr  Susan Rogers Eveland Trustee	<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 mallplece, or on the front if space permits.</li> </ul>	SENDER: COMPLETE THIS SECTION
7006 2760 0001 6391 8329	3. Service Type  Difference Captered Capter Control Capter	If YES, enter delivery address below:	A. Signature  X. SUDAM Evelous Addressee  B. Received by (Printed Name)  C. Date of Delivery  0-4	COMPUEITEITHISISTECTION ON DEUVERY



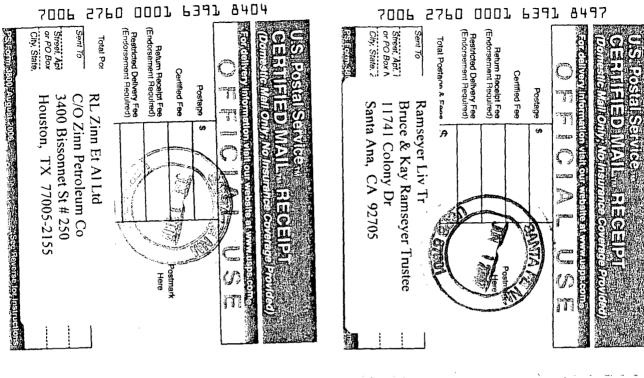
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PS Form 3811, February 2004 Domestic	2. Article Number (Transfer from service label) 7006 271		PO Box 290 Gordon, NE 69343	Robert W Isham Est Eleanor Joy & R W Isham III Pers Rep	1. Article Addressed to:	SENDER COMPLIANT MAIS SECTION  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.
Domestic Return Receipt 102595-02-M-1540	7006 2760 0001 6391 8312	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type  Certified Mail		D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	A. Signature  B. Received by (Pripted Name)  Service (C. A. Date of Delivery)

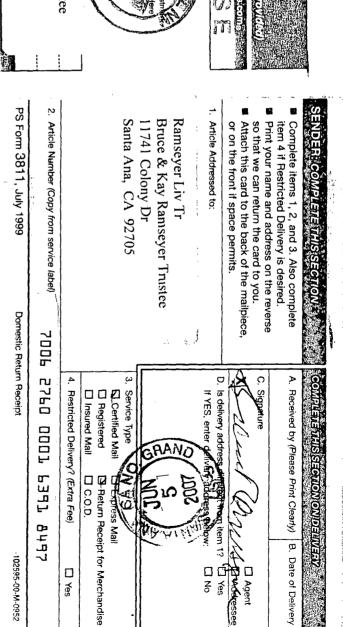
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2. Article Number 7006 27			2450 Fondren # 304  Houston TX 77063	Robert Walter Lundell	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER COMPLETE THIS SECTION
7006 2760 0001 6391 8510	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type  C Certified Mail  Registered  EXReturn Receipt for Merchandise  Insured Mail  C.O.D.			If YES, enter delivery address below:	B. Received by (Printed Name) C. Date of Delivery  Was 1 Lunde ( 6/65/c i)	X Waltander - Agent	COMPLETE THIS SECTION ON DELIVERY

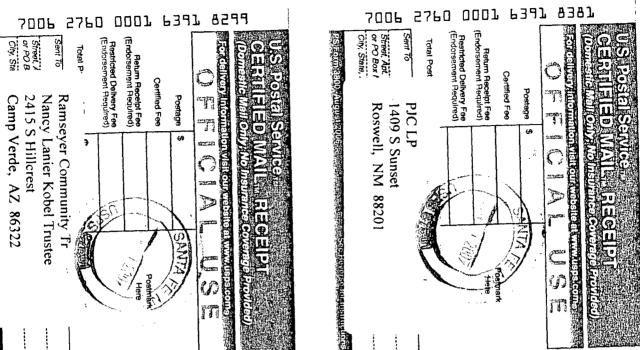
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PS Form 3811, February 2004

Domestic Return Receipt





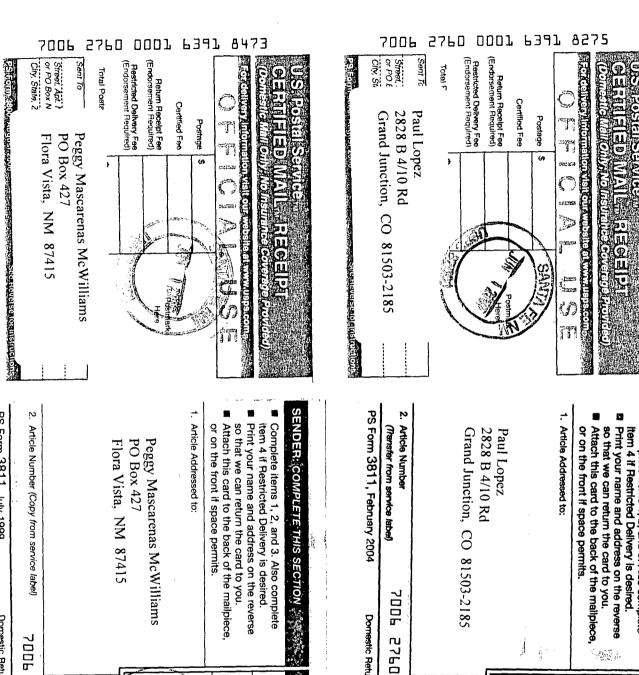
	2_Article Number II II II ID DAL DOCH MICH LIFE A LITU
4. Restricted Delivery? (Extra Fee) ☐ Yes	
☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Service Type     Certified Mail	Houston, TX 77005-2155
	C/O Zinn Petrolcum Co 3400 Bissonnet St # 250
	RL Zinn Et Al Ltd
If YES, enter delivery address below: In No	1. Article Addressed to:
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B. Assumethic discussion of the Control of the Cont	■ Print your name and address on the reverse so that we can bettern the card to you.
A. Signature D. Aggent	■ Complete Items 1, 2, and 8. Auso complete terms 1, 2, and 8. Auso complete. Item 4 if Restricted Delivery is desired.
COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION
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PS Form 3811, February 2004	Article Number     (Transfer from service label)		Roswell; NM 88201	PJC LP 1409 S Sunset	1. Article Addressed to:	SENDER COMPLEATE JULISSECTION  B Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.
Domestic Return Receipt	7006 2760 0001 6391 8381	4. Restricted I	3. Service Type ☐ Certifled Mai ☐ Registered ☐ Insured Mail		# YES, ente	
102595-02-M-1540	6391 6361	4. Restricted Delivery? (Extra Fee)	ye 1 Malf □ Express Malf 1		If YES, enter delivery address below:	ADSISSE OF LOCATION OF THE PROPERTY OF THE PRO

				. "			
DO F 2011 F-1- 0001	2. Article Number: (Transfer from service label)	, ji	Camp Verde, AZ 86322	Ramseyer Community Tr Nancy Lanier Kobel Trustee	1. Article Addressed to:	<ul> <li>rem 4 if Restricted Delivery is desired.</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 mallplece, or on the front if space permits.</li> </ul>	SENDER: COMPLETE THIS SECTION:
	7006 z.			<b>C</b>		d. reverse ı. allplece,	w significant of the significant
	7006 2760 0001 6391 B299	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service type  Si Contified Mail Di Express Mail Registered Bi Return Receipt for Merchandise Insured Mail C.O.D.		If YES, enter delivery address below: \(\sum \) No	X \ C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	COMPLETE THIS SECTION ON DELIVERY



Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Domestic Return Receipt T000 0922 × ど Durante address different from item 1? A. Received by (Please Print Clearly) | B. Date of Delivery C. Signature D. Is delivery address different from item 17 (1) Yes B. Redeived by (Printed Name A. Signature 化 YES, enter delivery address ballon Certified Mail
Registered
Insured Mail Charice Type Restricted Delivery? (Extra Fee) ☐ Registered Service Type If YES, enter delivery address below: Į 1669 Return Receipt for Merchandise 8275 ☐ Express Mail ☑ Return Receipt for Merchandise ☐ C.O.D. ☐ Express Mall C, Date of Delivery 840 6/ ☐ Agent ☐ Addressee O No ☐ Yes 102595-02-M-1540 ☐ Agent ☐ ₹ Addressee

PS Form 3811, July 1999

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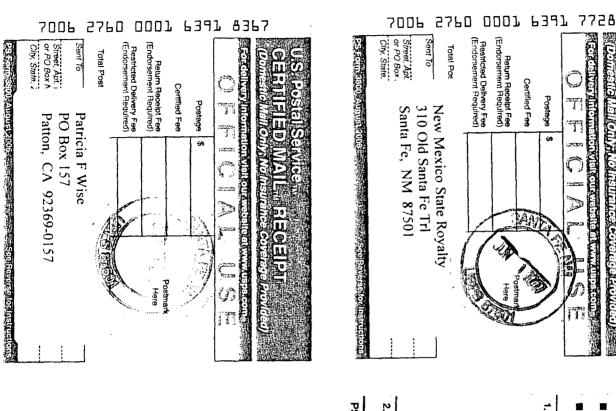
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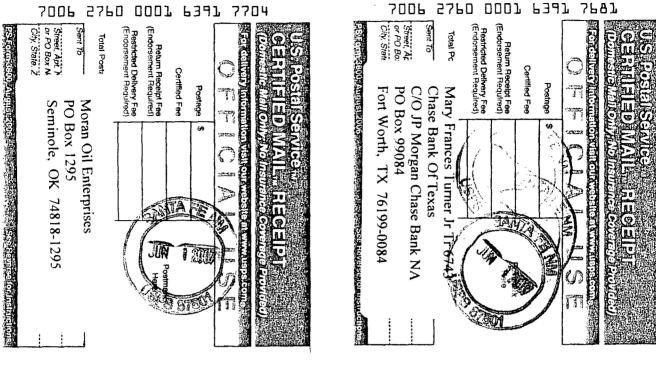
Restricted Delivery? (Extra Fee)

☐ Yes

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PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7006 275		Santa Fe, NM 87501	New Mexico State Royalty	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.	nplete 1. everse	SENDER: COMPLETE; THIS SECTION
m Receipt 102595-02-M-1540	7006 2760 0001 6391 7728	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type ET-Certified Mail		If YES, enter delivery address below:	B. Received by (Printed Name) C. Date of Delivery	* Chenged, Maco D'Agent	COMPUTE IN ISSECTION ON DEVIVERY

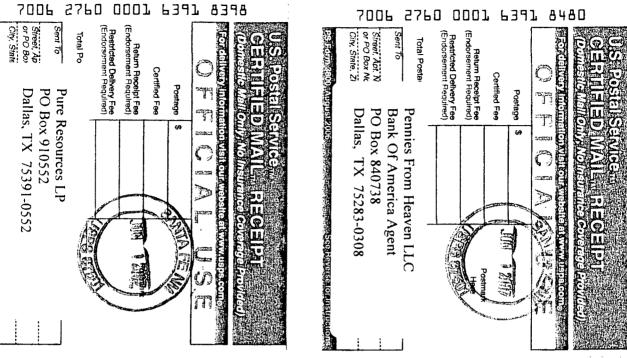


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PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7006 27		Fort Worth, TX 76199-0084	C/O JP Morgan Chase Bank NA	Mary Frances Turner Jr Tr 6743 Chase Bank Of Texas	1. Article Addressed to:	<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER: COMPLETE THIS SECTION
	7006 2760 0001 6391 7681	4. Restricted Delivery? (Extra Fee)	Mall D Express Mall Ov d St. Return Receipt for lail C.O.D.	3 Service Turn	OR THE	If YES, enter delivery address below:		X Signature	COMPLETE THIS SECTION ON DELIVERY
102595-02-M-1540		☐ Yes	USPS	事也	NOST NOST		C. Date of Delivery	☐ Agent☐ Addressee	

2. Article Number 7006 27		Seminole, OK 74818-1295	Moran Oil Enterprises PO Box 1295	The state of the s	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER: COMPLETE THIS SECTION
7006 2760 0001 6391 7704	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type  C-Certified Mail			U. is delivery address different from frem 17. Lot res If YES, enter delivery address below: ☐ No	B. Received by (Printed Name)  J. C. Date of Delivery  3.70.1  5.70.0	A. Signature  A. D. Agent  Addressee	COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, February 2004

Domestic Return Receipt



PS For	2. Article	ica Agent	C	Posmay Pen Ban Po		so the control of the		SENDER
PS Form 3811, July 1999 Domestic Ru	2. Article Number (Copy from service label)		Dallas, TX 75283-0308	Pennies From Heaven LLC Bank Of America Agent PO Box 840738	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	ER COMPLETE THIS SECTION
Domestic Return Receipt 102595-00-M-0952	7006 2760 0001 6391 8480	4. Restricted Delivery? (Extra Fee) ☐ Yes	Service Type     Certified Mail □ Express Mail □ Registered ♀ Return Receipt for Merchandise □ Insured Mail □ C.O.D.		D. Is delivery address different from item 1? \( \subseteq \text{Yes} \)	C Signature   CPDIN V 1 (00)	A. Received by (Please Print (1994) (B. Marty of Delivery	COMPLETE THIS SECTION ON DETIVERY

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplees or on the front if space permits.	ON complete med complete with reverse mailpieces,	COMPLETE THIS SECTION ON DELIVERY  A. Signature  B. Ricched by Milled Man C. Date of D.  D. Is delivery address different from Item 17	UERY  Agent  Addressee  C. Date of Delivery  n 17
1. Article Addressed to:		If YES, enter delivery address below  JUN 03 201	
Pure Resources LP PO Box 910552 Dallas, TX 75391-0552		3. Service Type  3. Service Type  Grantified Mall Express Mall Registered SP Return Rece Compared Mall C.O.D.  4. Restricted Delivery? (Extra Fee)	□ Express Mail
Article Number     (Transfer from service label)	ואגב אסטג	7006 2760 0001 6391 8398	
PS Form 3811, February 2004	Domestic Return Receipt	um Receipt	102595-02-M-1540

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0007 P347 8282 7006 2760 0001 6391 8374 2760 7006 Street, Ap or PO Box For delivery information visit our website at www Return Receipt Fee (Endorsement Required) Sent To Street, Ap or PO Box PS(Sw/n-3800) August 2006 (1995) See Beverse to Instructions City. State Restricted Delivery Fee (Endorsement Required) Sent To Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Po Total Po Certified Fee Certified Fee Postage Postage Sioux Falls, SD 57105-6805 309 W 43rd St Ste 105 Paul Jay Lewis 784 Arboles-Lopez Rd Pedro F Lopez Ignacio, CO 81137 49 A PERSONAL PROPERTY. SENDER: COMPLETE THIS SECTION 2. Article Number SENDER: COMPLETE THIS SECTION : 2. Article Number PS Form 3811, February 2004 Complete items 1, 2, and 3. Also complete Article Addressed to: Print your name and address on the reverse Complete items 1, 2, and 3. Also complete Attach this card to the back of the malipiece Article Addressed to: Attach this card to the back of the mallplece, Print your name and address on the reverse (Transfer from service label) or on the front if space permits. so that we can return the card to you. Item 4 If Restricted Delivery is desired. so that we can return the card to you. Item 4 If Restricted Delivery is desired. or on the front if space permits. (Transfer from service label) Pedro F Lopez 784<sup>™</sup>Arboles-Lopez Rd Ignacio, CO 81137 Sioux Falls, SD 57105-6805 309 W 43rd St Ste 105 Paul Jay Lewis 7006 Domestic Return Receipt 7006 2760 2760 0001 COMPLETE THIS SECTION ON DELIVERY B. Received by (Printed Name) D. Is delivery address different from item 1? Xalo Hosp D. Is delivery address different from Item 1? B. Received by ( Ar Service Type A. Signature Certified Mall
Registered
Insured Mall 1000 ☐ Certified Mall
☐ Registered
☐ Insured Mall Restricted Delivery? (Extra Fee) Service Type If YES, enter delivery address below: Restricted Delivery? (Extra Fee) If YES, enter delivery address below: 3 1689 **T**LE9 med Name ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Express Mall 2020 8374

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Date of Delivery

☐ Addressee ☐ Agent

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□ Yes

NO No

Date of Delivery

☐ Agent ☐ Addressee

102595-02-M-1540

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PS Form 3811, February 2004

Domestic Return Receipt

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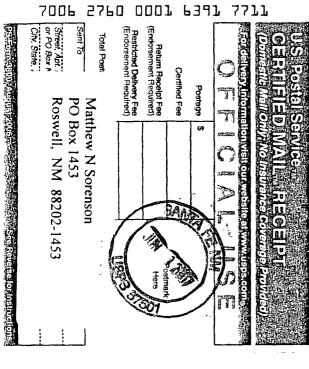
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2760 0001 6391 8466 7006 2760 0001 6391 8268 Street, Apr. 1 or PO Box N On, State, 2 Street, Apt or PO Box Sent To Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Sent To Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Post: Total Por Certifled Fee Certified Fee Postage Postage Nancy Tonkin Cutter & Nancy P Tonkin Rev Tr Albuquerque, NM 87104 Allen M Tonkin Jr Osprey Resources Inc. 1524 Park Ave SW Houston, TX 77256-6449 PO Box 56449 PS Form 3811, July 1999

For delivery information risitious, website at www.usps.com

Domestic Return Receipt

102595-00-M-0952



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PS1 mm (Bub) August 2000	Sent To Street Ap Or PO Boo Or PO Boo Or No Street Offy, Street	Postage \$  Conflict Fee Endorsement Required)  Permitted Delivery Fee (Endorsement Required)  Permitted Delivery Fee (Endorsement Required)
200	Marie Gould 475 S New Hampshire Ave Los Angeles, CA 90020	
verse lor harrunions		

Box 1453	Matthew N Sorenson		1. Article Addressed to:	or on the front if space permits.	so that we can return the card to you.  Attach this card to the back of the mailinions	Print your name and address on the reverse	Complete items 1, 2, and 3. Also complete	SENDER: COMPLETE THIS SECTION	からない からない 一切ののとればないというからいは、大きなないのはないないというではないないというないないというないというないというないというないというないという
3 Service Tune		ROSWELL THE THE PROPERTY OF TH	If YES, enter delivery accress below.		B. Received by ( Printed Name) C. Dang of Delivery	X Agent	A. Signature	COMPLETE THIS SECTION ON DELIVERY	

2. Article Number (Transfer from service label)

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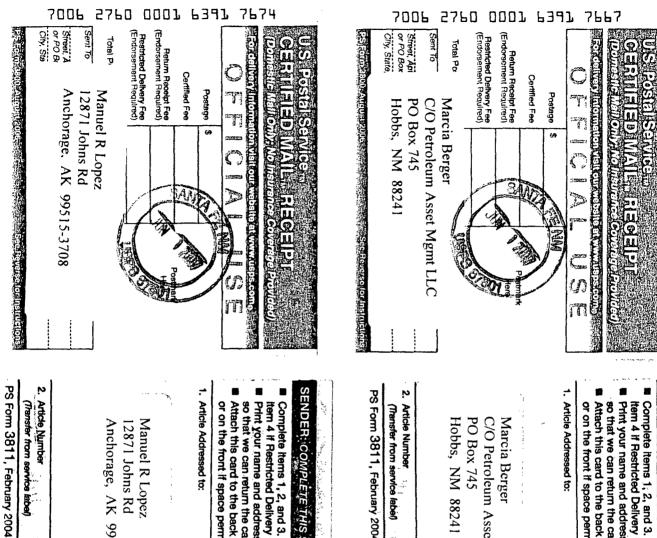
4. Restricted Delivery? (Extra Fee)

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3. Service Type

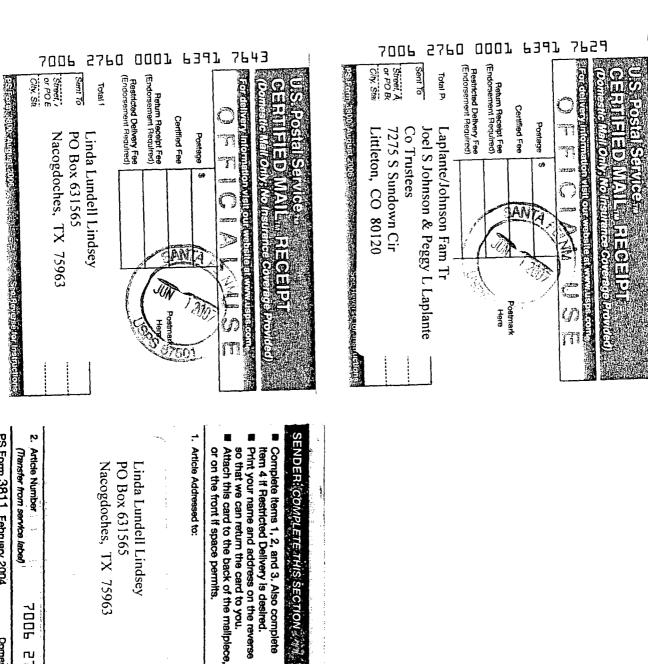
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☐ Express Mall ☐:Return Receipt for Merchandise ☐ C.O.D.



<u>.</u>	<u></u>						<u> </u>			L	
	Anchorage, AK 99515-3708	Manuel R Lopez	1. Article Addressed to:	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 mailplece, or on the front if space permits.</li> </ul>	SENDER: COMPLETE THIS SECTION	PS Form 3811, February 2004 Domestic R	2. Article Number 7006 lebei) 7006 2760	C/O Petroleum Asset Mgmt LLC PO Box 745 Hobbs, NM 88241	Marcia Berger	1. Article Addressed to:	Complete Items 1; 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits.
4. Restricted Delivery? (Extra Fee)	3. Service Type Certified Mail Registered Insured Mail		D. is delivery address If YES, emter deliv	A. Signifilium  X  B. Received by (Printed	COMPLETE THIS S	Domestic Return Receipt	T669 T000 09	3. Service Type  El Certified Mail		If YES, enter delik	A. Signature  X. Our M. M. M. S. C. D.  B. Received by Printed visites  C. D.  Is delivery address different from 17
yî (Extra Fee)	Express Mall     Return Receipt for Merchandise     C.O.D.		D. is delivery address different from item 1? If YES, enter delivery address below:	ned Marmo) C. J	HIS SECTION ON DELIVER		11 7667	☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.  (77 (Extra Fee) ☐ Yes		If YES, enter delively address below:	Signature  Signature  Aux Manufacture  Received by Printed Nahre)  C.1  Is delivery address different from item 12
☐ ★88	or Merchandise		□ □ ₹ §	□ Agent □ Addressee C. Date of Delivery	<b>X</b>	102595-02-M-1540		for Merchandise		(3) Fr <b>a</b> ll	Agent  Agent  Addressee  C. Date of Delivery

Domestic Return Receipt



PS Form 3811, February 2004

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Restricted Delivery? (Extra Fee)

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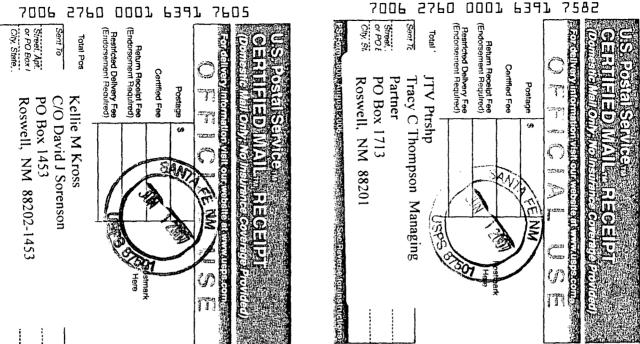
If YES, enter delivery address below:

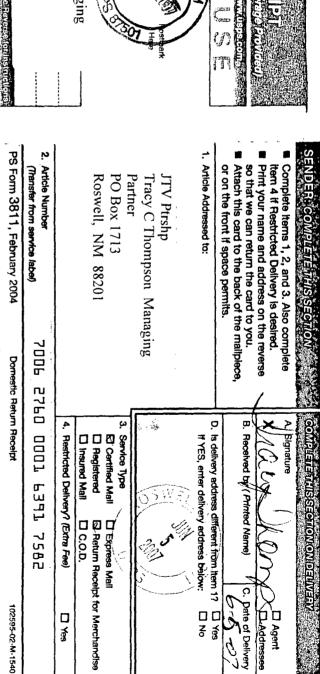
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By Received by (Printed Name)

C. Date of Delivery

Agent Addressee



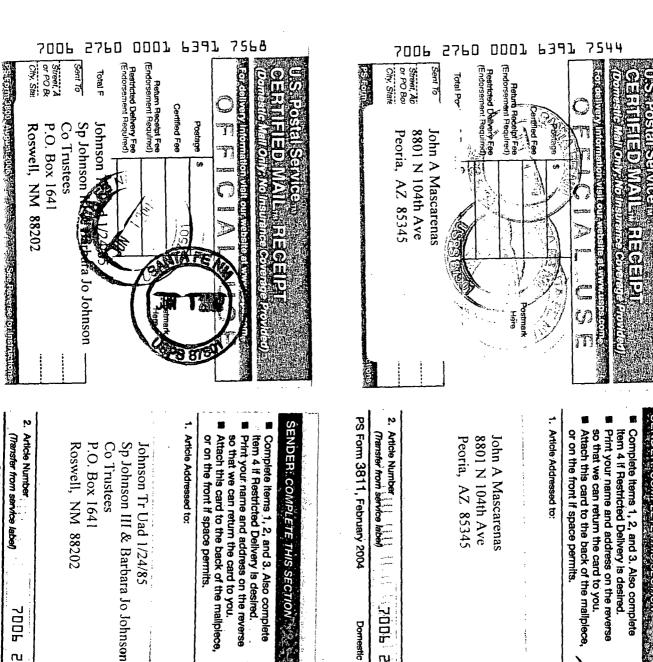


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2. Article Number 7006 2760		PO Box 1453 Roswell, NM 88202-1453	Kellie M Kross C/O David J Sorenson	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER: COMPLETE THIS SECTION
7006 2760 0001 6391 7605	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type  III Certified Mall  ☐ Express Mall ☐ Registered		If YES, enter delivery address batch. In No.		A. Signature  X  Chapter  Abdatessee	COMPLETE THIS SECTION ON DELIVERY

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PS Form 3811, February 2004

Domestic Return Receipt



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PS Form 3811, February 2004 Domestic F	2. Article Number   7.006 2.		Peoria, AZ 85345	John A Mascarenas	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER COMPLETE THIS SECTION	and the second s
Domestic Return Receipt 102595-02-M-1540	2006 2760 0001 6391 7544	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type  El Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.		U. is delivery address omerent from item 17: LL res	B. Received by (Minted Name) C. Date of Belivery	A. Signature  A. Signature  Agent  Addressee	COMPLETE THIS SECTION ON DELIVERY	the commence of the control of the c

PS Form 3811, February 2004

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Service Type

Certified Mail
Registered

☐ Express Mall

☐ Insured Mall

☑ Return Receipt for Merchandise ☐ C.O.D.

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

B. Received by (Printed Name)

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DELIVERY

Agent | Addressee C. Date of Delivery 620

2760 0001 6391 7650 2760 0001 6391 7006 7006 7520 Street, Apt. or PO Box City, State. Street, 2 or PO B Sent To Return Receipt Fee (Endorsement Regulred) PS TO THE SECOND PROPERTY OF THE PROPERTY OF T City, St Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Sent To Restricted Delivery Fee (Endorsement Required) Total F Total Pos Certifled Fee Certified Fee Postage Postage 2041 College Cr Lee Lopez Las Vegas, NV 89115 408 Longwoods Ln Houston, TX 77024 Jerry J Andrew 69 7 EGEL Postmark Here 2. Article Number Print your name and address on the reverse ■ Complete items 1, 2, and 3. Also complete SENDER: COMPLETE THIS SECTION PS Form 3811, February 2004 Article Number Article Addressed to: Article Addressed to: Attach this card to the back of the mallpiece or on the front if space permits. so that we can return the card to you. Attach this card to the back of the maliplece or on the front if space permits. so that we can return the card to you. (Transfer from service label) (Transfer from service label) Item 4 if Restricted Delivery is desired. 408 Longwoods Ln Lee Lopez Jerry J Andrew Houston, TX 77024 2041 College Cr Las Vegas, NV 89115 7006 7006 Domestic Return Receipt 2760 2760 1669 1000 D. Is delivery address different from them Ġ A. Signer 1000 Certified Mail - [ Restricted Delivery? (Extra Fee) Service Type Received by ( Primed Name) Service Type Received by ☐ Insured Mail Restricted Delivery? (Extra Fee) ☐ insured Mail □ Registered Cartfied Mall If YES, enter delivery address below 41 7650 7520

SENDER: COMPLETE THIS SECTION SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse D. Is delivery address different from iten A. Signature If YES, enter delivery address below ☐ Express Mall ☐ Return Receipt for Merchandise ☐ C.O.D. 7 Date of Delivery . □ Agent □ □ ኛ જ □\Addrassee

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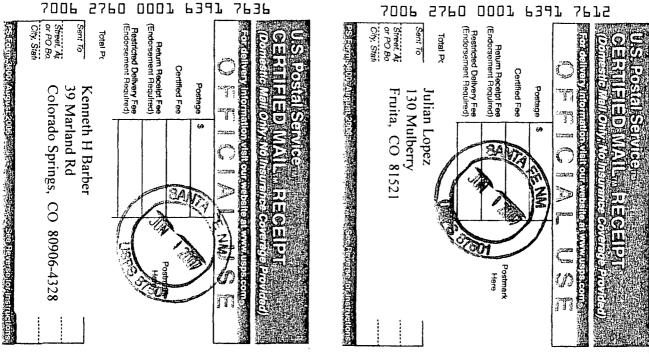
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PS Form 3811, February 2004

Domestic Return Receipt



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Colorado Springs, CO 80906-4328	Kenneth H Barber 39 Marland Rd	1. Article Addressed to:	<ul> <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 malipiece, or on the front if space permits.</li> </ul>	SENDER: COMPLETE THIS SECTION	PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7006 2760		Fruita, CO 81521	Julian Lopez 130 Mulberry	1. Article Addressed to:	<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</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 maliplece, or on the front if space permits.</li> </ul>	SENDER: COMPLETE THIS SECTION
3. Service Type  El Certified Mail		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below; ☐ No		COMPLETE THIS SECTION ON DELINERY.	um Receipt 102595-02-M-1540	0001 6391 7612	eg/	3. Service Type  SP Certified Mail		D. is delivery address dimensin from them. 17 Co. 1835	Date of Reli	COMPUTATE THIS SECTION ON DEBY THE

PS Form 3811, February 2004

2. Article Number
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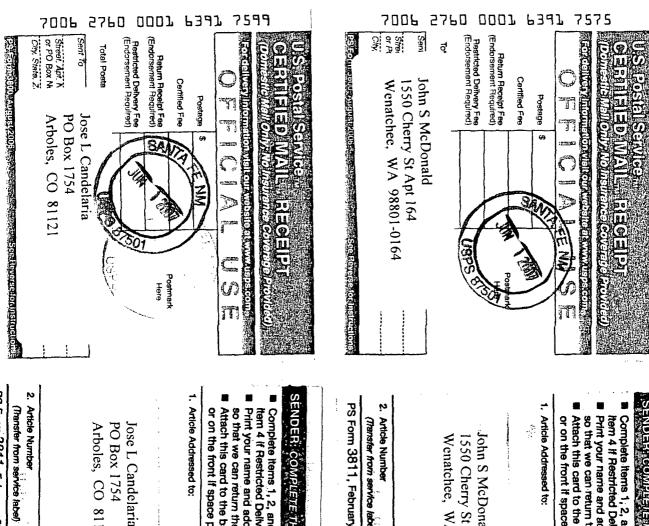
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4. Restricted Delivery? (Extra Fee)

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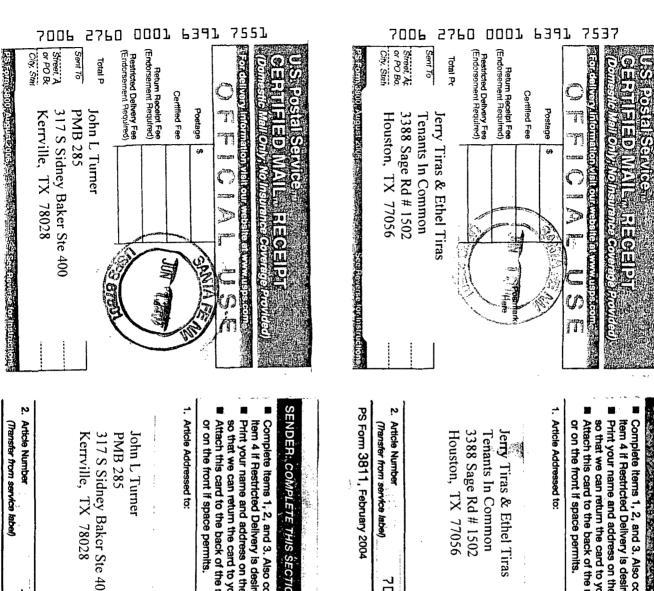
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PS Form 3811, February 2004

Domestic Return Receipt

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Arboles, CO 81121	Jose L Candelaría PO Box 1754	or on the front if space permits.  1. Article Addressed to:	SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the hack of the mailning.	PS Form 3811, February 2004 Domestic Re	2. Article Number (Transfer from service label): 7005 2750		1550 Cherry St Apt 164 Wenatchee, WA 98801-0164	John S McDonald	1, Article Addressed to:	SENDAR COMPLICATION SECULOR  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits.	「「「「「「「」」、「「」」、「「」」、「「」」、「「」」、「」、「」、「」、「
D. Serves type  G. Certified Mail Dexpress Mail  D. Registered G. Return Receipt for Merchandise  D. Insured Mail D.C.O.D.  4. Restricted Delivery? (Extra Fee)  D. Yes	JUN - 4 2007	om item	COMPLETE THIS SECULON ON DELIVERY  X Signature  X Signature  X Addressee  B. Received by (Printed Name)  C. Date of Delivery	Domestic Return Receipt 102595-02-M-1540	ס סטסט נפא די די מססס סי	3	3. Service Type  ET Certified Mail		If YES, enter delivery address below:		



### Complete items 1, 2, and 3. Also complete Item 4 If Restricted Delivery is desired B. Received by ( Printed Name) ☐ Agent C. Date of Delivery

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailplece

D. Is delivery address different from item 1?

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If YES, enter delivery address below:

☐ Registered	Certified Mail	3. Service Type	
A Return Receipt for Merchandise	☐ Express Mall	-	

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Agent Addressee Date of Delivery	
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PS Form 3811, February 2004

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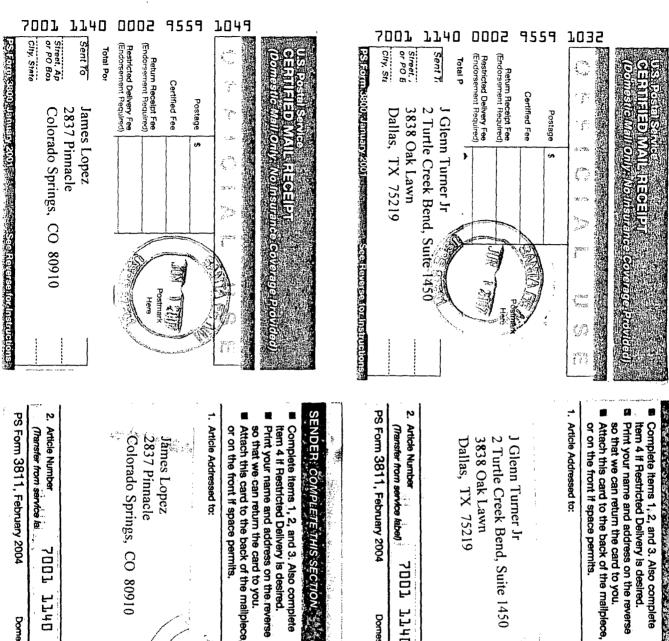
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A. Signature

PS Form 3811, February 2004 Domestic R	2. Article Number (Transfer from service label) 7001 1140 0	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallplece, or on the front if space permits.  Article Addressed to:  J Glenn Turner Jr 2 Turtle Creek Bend, Suite 1450 3838 Oak Lawn Dallas, TX 75219
Domestic Return Receipt 102595-02-M-1540	7001 1140 0002 9559 1032	A. Signature  A. Signature  B. Blacelived by (Printed Name)  D. Is delivery address different from Item 17  HYES, enter delivery address below:  No  3. Service Type  G. Certified Mail  Registered  B. Return Receipt for Merchandise  Imsured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes

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D. Is delivery address different from item 1?

If YES, enter delivery address below:

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B. Received by (Printed Name)

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Date of Delivery ☐ Agent ☐ Addressee

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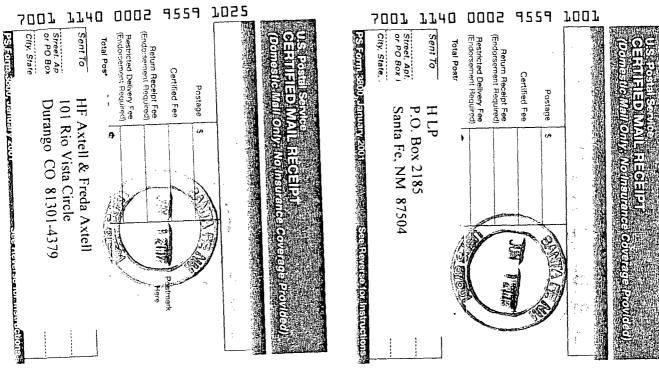
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☐ Registered
☐ Insured Mall

C.O.D.

☐ Express Mail

Restricted Delivery? (Extra Fee)

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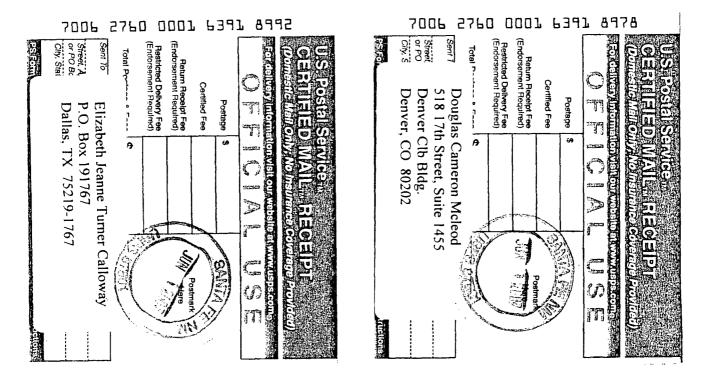


PS Form 3811, February 2004	2. Article Number (Transfer from service label)		Santa Fe, NM 8/504	H LP P.O. Box 2185	1. Article Addressed to:	<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> </ul>	SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
Domestic Return Receipt	7001 1140 0002 9559 1001	4. Restricted Del	Ca	9000	division and a contract of the		
102595-02-M-1540	1 1001	Restricted Delivery? (Extra Fee)	all D Express Mail D-Return Receipt for Merchandise		The squares of the first term of the first squares below:	C. Date	Traile

2760 0001 6391 7995 7006 2760 0001 6391 7006 Street, A or PO Bc City, Stat Sent To City, State, Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) JEor delivery information visit our website at www.usps.com Total Postron s and le Eula May Jo Sent To Restricted Delivery Fee (Endorsement Required) For delivery information vis Street, Apr. Return Receipt Fee (Endorsement Required) or PO Box Total Pc Certified Fee Centfled Fee Florence Vallejos Postage 77 PO Box 702 Ignacio, CO 81137 Acct. 01/0( P.O. Box 8 Dallas, TX T

/5284-0/38	40738	merica N.A. Trustee	ohnston Trust	Produmals demands		
PS Form 3811, February 2004 Domestic R	2. Article Number (Transfer from service label) 7006 27		P.O. Box 840738 Dallas, TX 75284-0738	Eula May Johnston Trust Bank of America N.A. Trustee Acct. 01/0066100	1. Article Addressed to:	SENDER COMPLETE UNISSECTION  Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mallplece, or on the front if space permits.
Domestic Return Receipt 102595-02-M-1540	7006 2760 0001 6391 7971	4. Restricted Delivery? (Extra Fee)	3. Service Type  EX Certified Mail	i I	If YES, enter delivery address below:	A. Sisperture  Addressee  B. Received by (Printed Name)  B. Received by (Printed Name)  A. Sisperture  Addressee  B. Received by (Printed Name)  A. Sisperture  Addressee  B. Received by (Printed Name)  A. Sisperture  Addressee  A. Sisperture  Addressee  Addressee  B. Received by (Printed Name)  A. Sisperture  Addressee  A. Sisperture  Addressee  A. Sisperture  Addressee  A. Sisperture  Addressee  B. Received by (Printed Name)  A. Sisperture  Addressee  A. Sisperture  Addressee  B. Received by (Printed Name)  A. Sisperture  Addressee  B. Received by (Printed Name)  A. Sisperture  Addressee  A. Sisperture  Addressee  B. Received by (Printed Name)  A. Sisperture  Addressee  B. Received by (Printed Name)  A. Sisperture  A. Sisperture

PS Form 3811, February 2004	2. Article Number (Transfer from service labe. 700			Ignacio, CO 81137	Florence Vallejos PO Box 702	and the state of t	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER: COMPLETE THIS SECTION
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um Receipt	7006 2760 0001 6391 7995	4. Restricted Delivery? (Extra Fee)	☐ Registered ☐ Return Re☐ Insured Mail ☐ C.O.D.	Service Type     Certified Mail    Express Mail		(8)	D. Is delivery address different from item 1? If YES, enter delivery address aslow:	B. Received by (Printed White) ![]]	X Dalloclet	COMPLETE THIS SECTION ON DE
102595-02-M-1540		□ ***	Return Receipt for Merchandise C.O.D.	fall		SPS (	nelow:   No	C. Date dr.Delivery	CACIO Gornt	UNERY

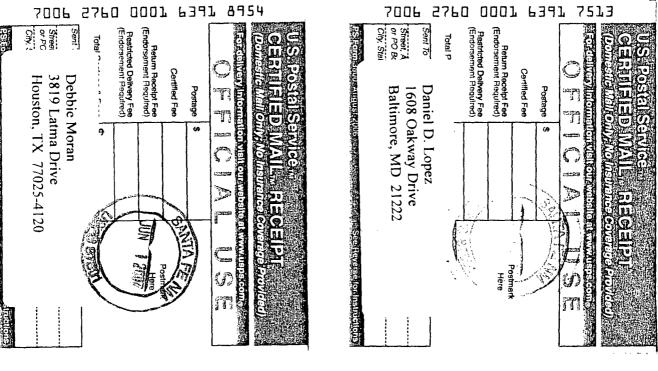


PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

2. Article Number (Copy from service label)		Denver Cla Blug. Denver, CO 80202	Douglas Cameron Mcleod 518 17th Street, Suite 1455	1. Article Addressed to:	<ul> <li>Finit 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>	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	SENDER: COMPLETE THIS SECTION	The second secon
978 2760 COCL 6391 8978	4. Restricted Delivery? (Extra Fee) ☐ Yes	Service Type     □ Certified Mail □ Express Mail     □ Registered □ Return Receipt for Merchandise     □ Insured Mail □ C.O.D.		If YES, enter delivery address below:	1 1	A. Received by (Please Print Clearly) B. Date of Delivery	AVEANTED NO NO LOSSISH LETENAMOS	. For female and the state of t



PS Form 3811, February 2004

Domestic Return Receipt

2. Article Number (Transfer from service lat 7005 2750 1		*Baltimore, MD 21222	Daniel D. Lopez 1608 Oakway Drive	1. Article Addressed to:	<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>	SENDER: COMPLETE THIS SECTION
7006 2760 0001 6391 7513	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		D. Is delivery address different from frem 1? Lives If YES, enter delivery address below:		COMPLETE THIS SECTION ON DEVIVERY

### 8000 1140 7001 0005 9559 City, State or PO Box Street, Ap Sent To Restricted (Endorseme (Endorsem Total Pos Return VAN GERHINE 1 12 m

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A. Signature

Received by (Printed Name)

C. Date of Delivery

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Agent Addressee

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or on the front if space permits.

so that we can return the card to you.

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um Receipt	PS Form 3811, February 2004 Domestic Return Receipt		,
02 9559 0998	2. Article Number 7001 1140 0002 9559 0998	Durango CO 81301	ر ا ا
4. Restricted Delivery? (Extra Fee)		Sandra H Baca Personal Rep.	.!
☐ Insured Mall ☐ C.O.D.		Gertrude Frances McDonald Estate	ļ
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3. Service Type  I Certified Mail	Durango CO 81301	Delivery Fee ent Required)	Dellys ent Re
	Sandra H Baca Personal Rep.	Receipt Fee	Recei
,	Gertrude Frances McDonald Estate	Dertified Fee	Sertific
II TES, enter delivery address below:	The second secon	Postage \$	· or
D. is delivery address different from item 17	1. Article Addressed to:	A COMPANY OF THE PROPERTY OF T	

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Return Receipt for Merchandise

Albuquerque NM 8/109	6729 Academy Road, Suite D	Reynolds Hix & Co POA & Agent		Source)	ot Fee	ed Fee	ostage S				Well out the North File of the Control of the Contr		
2. Article Number 7001 1140		Albuquerque NM 8/109	6729 Academy Road, Suite D	Herbert R Briggs Reynolds Hix & Co POA & Agent			1. Article Addressed to:	or on the front if space permits.	so that we can return the card to you.  Attach this card to the back of the malipiece,	Print your name and address on the reverse	Complete items 1, 2, and 3. Also complete from 4 if Rectricted Delivery is desired.	SENDER. COMPLETE THIS SECTION ***	
9101 - 1002 - 1016 - 1007	4. Restricted Delivery? (Extra Fee) ☐ Yes	]	3. Service Type  G-Certified Mail   G-Express Mail			in the private designs) averages below.	TYPE enter deliber address below.		B. Beceived by (Printed Name) C. Date of Delivery	X   O Addressee	A Signature	COMPLETE THIS SECTION ON DELIVERY	The second secon

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Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required)

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To a sum

\* CHONON TRANSPORTED TO THE PROPERTY OF THE PR (Transfer from service label)

PS Form 3811, July 1999	PSIForm 8800 January 2001
•	7 City, State.
2. Appliant limber Consulton anning labor	Street. Apt. or PO Box
4	Ç
	Fred E. Turner
	□ Total Post
E DALLAS, TX 75206-4079	Restricted Delivery Fee (Endorsement Required)
4925 GREENVILLE AVE., SI	Return Receipt Fee Here  (Endorsement Required)
FRED E TURNER, LLC	
1. Article Addressed to:	Postage \$
or on the front if space permits.	09
so that we can return the card to you.  Attach this card to the back of the ma	74
Print your name and address on the r	
item 4 if Restricted Delivery is desired	omestic Mali Only, No
Complete items 1 2 and 3 Also com	
SENDER: COMPLETE THIS SECTION	
PS Form 3811, February 2004	City, S
(litansfer from service label)	or PO
2. Article Number	550 W Pabor Way
	Sont 7 Fave Lopez Romero
	7 Total name of the second sec
	Restricted Delivery Fee (Endorsement Required)
Fruita, CO 81521-2025	(Endorsement Required)
550 W Pabor Way	Return Receipt Fee
Faye Lopez Romero	Certified Fee
	Postage \$
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Item 4 If Restricted Delivery is desir	

Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from service label)		Fruita, CO 81521-2025	Faye Lopez Romero 550 W Pabor Way	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER COMPLETE THIS SECTION
7006 27					ou, mailplece,	omplete red. e reverse	No
7006 2760 0001 6391 7988	4. Restricted Delivery? (Extra Fee)	3. Service Type  ATCertified Mail		D. Is delivery address different from frem 1? L. Yes If YES, enter delivery address below:	B. Received by (Printed Name) C, Date of Delivery LOTY (70-1(1290S) 6-4-0)	A. Signature  XXor Jullagor   Addressee	ALEANTEGINOMOLIOSISINTETETINONOS

Article Number/Consultan 2010 0001 6391 3515			DALLAS, TX 75206-4079	FRED E. TURNER, LLC 4925 GREENVILLE AVE., SUITE 852	Article Addressed to:	or on the front if space permits.	Print you'r name and address on the reverse so that we can return the card to you.  Attach this part to the hank of the mailning.	
515	4. Res	000	3. Ser		∲			- ¥8
	4. Restricted Delivery? (Extra Fee)	Certified Mail Registered Insured Mail	<ol><li>Service Type</li></ol>		(s) If YES, enter delivery address below:	olivery and	T and	elved by
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	es.	chandise			J	☐ Addressee	Agent	C VENT

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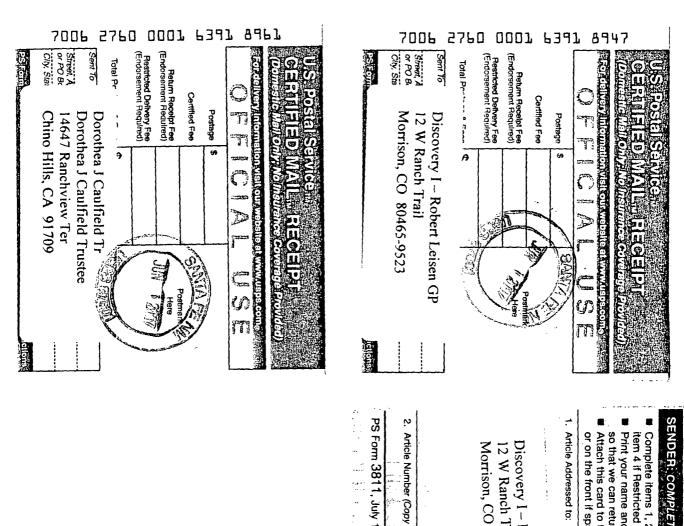
2760 0001 6391 8985 2760 0001 6391 9005 7006 7006 For deliver) information visit our viebblie a www.uspsscome Street. or PO Olly, S Sent 7 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Ĉ 6 ಔ Restricted Delivery Fee (Endorsement Required) Fo, delivery information visit our website at www.usps.come Total Pontona & Fana | S Return Receipt Fee (Endorsement Required) Estate of M.W. Hoover, Deceased Certifled Fee P.O. Box 1588 Executor Liberty National Bank & Trust Co. Tulsa, OK 74101-1588 Certified Fee Durango, CO 81301 1115 4th Ave. Elesida Enriquez Postage Postage 69 Complete items 1, 2, and 3. Also complete Print your name and address on the reverse item 4 if Restricted Delivery is desired.

PS Form 3811, February 2004 Domestic Re		Durango, CO 81301	Elesida Enriquez	1. Article Addressed to:	SENDER: COMPRESENTIALS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits.
Domestic Return Receipt 102595-02-M-1540	7006 2760 0001 6391 8985	3. Service Type  SQ Certified Mail		If YES, enter delivery address below:	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  C. Date of Delivery  D. Is define address for the life of the life

	<u> </u>				
2. Article Number 7006 27		P.O. Box 1588 Tulsa, OK 74101-1588	Estate of M.W. Hoover, Deceased Liberty National Bank & Trust Co. Executor	1. Article Addressed to:	<ul> <li>rem 4 if Hestricted Delivery is desired.</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 mallplece, or on the front if space permits.</li> </ul>
7006 2760 0001 6391 9005	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type  Certified Mail	( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	D. is delivery address different from item 17	X Sour Multiple Agent □ Addressee  B. Received by (Printed Name) C. Date of Delivery

PS Form 3811, February 2004

Domestic Return Receipt



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PS Form 3811, July 1999 Domestic Return Receipt	2. Article Number (Copy from service label)			Discovery I – Robert Leisen GP 12 W Ranch Trail Morrison, CO 80465-9523	1. Article Addressed to:	Attach this card to the back of the mailpiece, or on the front if space permits.	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	SENDER: COMPLETE THIS SECTION
turn Receipt 102595-00-M-0952	7006 2760 0001 6391 8947	4. Restricted Delivery? (Extra Fee) ☐ Yes	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	3. Service Type	If YES enter delivery address below: No	C. Signature  X DO A MUNICULA JULIAN Addressee	A. Received by (Please Print Clearly) B. Date of Delivery	COMPLETE HIS SECTION ON DELIVERY

7006 2760 0001 6391 8916 2760 0001 6391 8923 7006 City, Star Street, A or PO Bo Sent To Return Receipt Fee (Endoreement Required) =or, delivery information visit out, website at www.usps.come Restricted Delivery Fee (Endorsement Required) City, Siz Street, / Lordellvery Info Sent To Return Receipt Fee (Endorsement Required) or POB Restricted Delivery Fee (Endorsement Required) Total Por **G** 1:11 Ser. Total Proton & Kaso ! A Certified Fee Certified Fee -- 0 [] Farmington, NM 8740 I 5 CR 6067 NBU 1005 Avelinda Mascarenas Dallas, TX 75284-0738 P.O. Box 840738 Bank of America NA Agent Cyrene L. Inman Postage Postage T 2. A1 Article Addressed to: Article Addressed to: Print your name and address on the reverse 'n PS Form 3811, July 1999 Article Number (Copy from service label) Avelinda Mascarenas P.O. Box 840738 Cyrene L. Inman

# SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Attach this card to the back of the mailpiece so that we can return the card to you.
- or on the front if space permits.

Dallas, TX 75284-0738 Bank of America NA Agent

Colignature  Agent  Addressee  D. Is delivery address different from item 1? Yes	A. Received by (Please Print Clearly) B. Date of Delivery  MIN O A 2 3 3 1
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If YES, enter delivery address below:

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<ol><li>Restricted Delivery? (Extra Fee)</li></ol>	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail	
y? (Extra Fee)	☐ Express Mail  ☐ Return Receipt for Merchandise ☐ C.O.D.	
□ Yes	t for Merchandise	

Domestic Return Receipt

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- so that we can return the card to you. Print your name and address on the reverse
- Attach this card to the back of the mailpiece, or on the front if space permits.

5 CR 6067 NBU 1005 Farmington, NM 87401

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Avelindi D. Is delivery address different from item 1? ☐ Registered ☐ Insured Maif Received by Please Print Clearly B. Date of Delivery Certified Mail Service Type If YES, enter delivery address below: Pascareuk Return Receipt for Merchandise C.O.D. ☐ Express Mail Muxarya ☐ Agent
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Domestic Return Receipt

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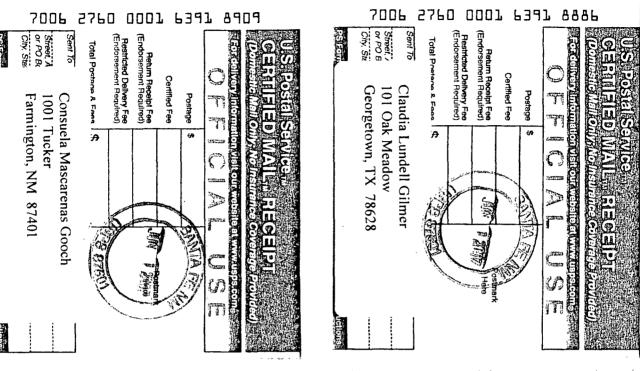
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Restricted Delivery? (Extra Fee)

☐ Yes

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PS Form 3811, July 1999



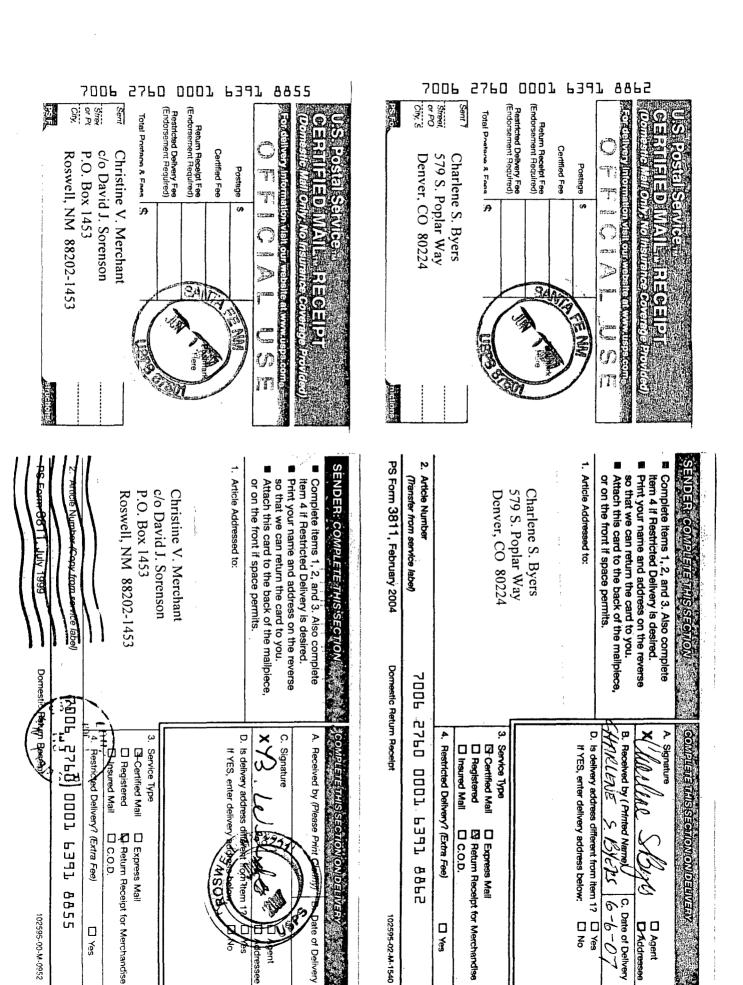
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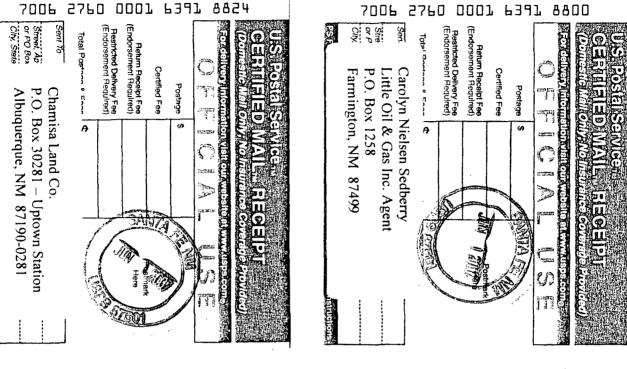
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### 'n SENDER: COMPLETE THIS SECTION 1. Article Addressed to: ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse Article Number (Copy from service label) Attach this card to the back of the mailpiece, or on the front if space permits. so that we can return the card to you. Georgetown, TX 78628 101 Oak Meadow Claudia Lundell Gilmer 7006 Claudia XC Dedia ķ D. Is delivery address C. Signature A. Received by (Please Print Clearly) 2760 Restricted Delivery? (Extra Fee) ☐ Insured Mail Q. Certified Mail Service Type ☐ Registered If YES, enter delivery address below 1000 □ C.O.D. Return Receipt for Merchandise ☐ Express Mail MARK 1669 STO OF 8886 <u>.</u> Date of Delivery D Yes \_\_\_,Agent □ Yes Addressee

				Oylison )			Provided)	
2. Article Number (Copy from service label)			1001 Tucker Farmington, NM 87401	Consuela Mascarcnas Gooch	1. Article Addressed to:	so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER: COMPLETE THIS SECTION
7006 2760 0001 6391 8909	4. Restricted Delivery? (Extra Fee) ☐ Yes	□ Registered □ Express Mail □ Express Mail □ Registered □ Receipt for Merchandise □ Insured Mail □ C.O.D.	3. Service Type		If YES, enter delivery address below:   No	X DM Agent	A. Received by (Please Print Clearly) B. Date of Delivery	COMPLETE THIS SECTION ON DELIVERY



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PS Form 3811, July 1999

Domestic Return Receigt

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### Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Article Number (Copy from service label) so that we can return the card to you. Complete items 1, 2, and 3. Also complete Print your name and address on the reverse item 4 if Restricted Delivery is desired. Little Oil & Gas Inc. Agent Carolyn Nielsen Sedberry Farmington, NM 87499 P.O. Box 1258 7006 C. Signature A. Received by (Please Print Clearly) D. Is delivery address different from item 1? ☼ Certified Mail ☐ Registered 0922 Service Type Restricted Delivery? (Extra Fee) ☐ Insured Mail If YES, enter delivery address below: 1000 ☐ Express Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. 1689 8800 B. Date of Delivery □ Yes ☐ Agent☐ Addressee O N □ Yes

	nark Of		
Chamisa Land Co.		1. Article Addressed to:	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.
		If YES, enter delivery address below:	A. Received by (Please Print Slearly)  B. Date of Delivery  C. Signature  C. Signature  Addressee

Article Number (Copy from service label)

P.O. Box 30281 – Uptown Station Albuquerque, NM 87190-0281

Service Type

☐ Certified Mail
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☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise
☐ C.O.D.

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☐ Yes

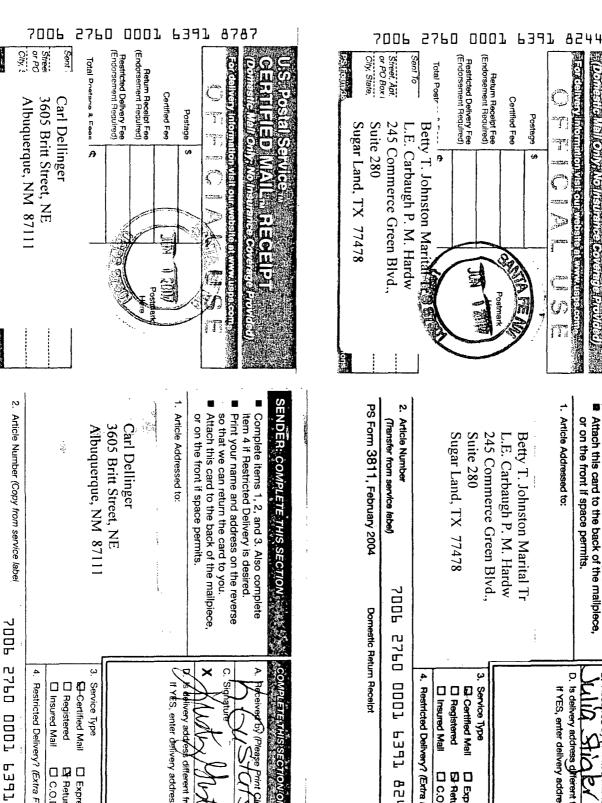
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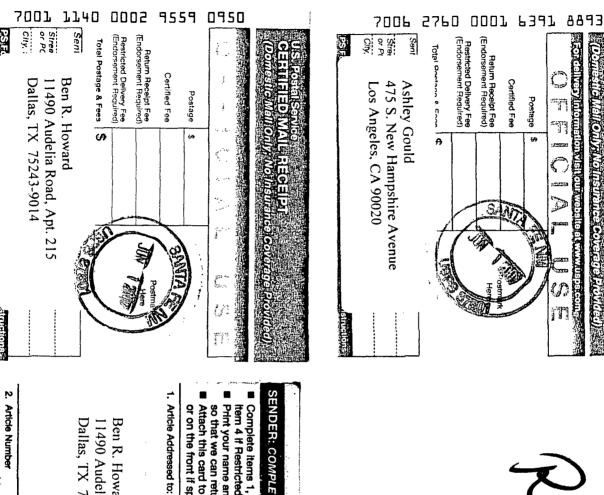


so that we can return the card to you.

Attach this card to the back of the mallplece, Print your name and address on the reverse Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2760 0001 6391 8244 D. Is delivery address different from Item 1? A. Signature Restricted Delivery? (Extra Fee) Received by [Printed Name, ☐ Insured Mail Service Type □ Registered Certified Mail If YES, enter delivery address below: C.O.D. S Return Receipt for Merchandise ☐ Express Mail Date of Delivery ☐ Agent☐ Addressee 102595-02-M-1540 □ □ 중 જ □ ¥8 9

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2. Article Number (Copy from service label		· Apple	Albuquerque, NM 87111	Carl Dellinger 3605 Britt Street, NE	And the second s	1. Article Addressed to:	<ul> <li>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>	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	SENDER COMPLETE THIS SECTION
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7006 2760 0001 6391 8787	4. Restricted Delivery? (Extra Fee)	☐ Registered   ☐ Receipt for Merchandise ☐ Insured Mail   ☐ C.O.D.	Service Type     Service Type     Service Type     Service Type     Service Type     Service Type     Service Type			If YES, enter delivery address below: If No	x Auth Intel agent Addressee	A. Received by (Please Print Clearly) B. Date of Délivery	COMPLETE THIS SECTION ON DELIVERY



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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse
- so that we can return the card to you.

  Attach this card to the back of the mailplece. or on the front if space permits.

Ben R. Howard 11490 Audelia Road, Apt. 215 Dallas, TX 75243-9014	
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1140 0005 4554 0450	4. Restricted Delivery? (Extra Fee) ☐ Yes	=	☐ Registered	El Certified Mail D Express Mail	3. Service Type	If YES, enter delivery address below: \(\sigma\) No	D to dell'one relations different time to the Year	B. Bacelyad by (Printed Name) C. Date of Delivery	X Santitur Sprand Addressee	A. Signature	COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, February 2004

(Transfer from service label)

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Domestic Return Receipt

2760 0001 6391 8879 2760 0001 6391 8848 7006 7006 Sheet, J Joudellyen Information visit out website at www.usps.com Most St City, Sta City of So Return Receipt Fee (Endorsement Required) Return Receipt Fee (Endorsement Regulred) Restricted Delivery Fee (Endorsement Required) Sent To Restricted Delivery Fee (Endorsement Required) ME E Total Protein 8 Enns Certified Fee Certffled Fee Angelina Barela Durango, CO 81301 1116 E. 4th Avenue P.O. Box 1824 Adela Mascarenas Quintana Postage Ignacio, CO 81137-1824 Postage A 1 SMO PS Form 3811, July 1999 2. Article Number (Copy from service label) Article Addressed to: Print your name and address on the reverse Complete items 1, 2, and 3. Also complete PS Form 3811, July 1999 SENDER: COMPLETE THIS SECTION. Article Addressed to: ■ Complete items 1, 2, and 3. Also complete or on the front if space permits. Attach this card to the back of the mailpiece so that we can return the card to you. P.O. Box 1824 Adela Mascarenas Quintana item 4 if Restricted Delivery is desired. Ignacio, CO 81137-1824 Article Number (Copy from service label) or on the front if space permits. Attach this card to the back of the mailpiece, so that we can return the card to you. Print your name and address on the reverse item 4 if Restricted Delivery is desired. Durango, CO 81301 Angelina Barela 1116 E. 4th Avenue Domestic Return Receipt Domestic Return Receipt 7006 7006 **×** A. Received by (Please Print Cleary) It Date of Delivery D. Is delivery address different from Item 1? D. Is delifery address different from item 1? A. Received by (Please Print Clearly) 2760 0001 2760 . Signati Restricted Delivery? (Extra Fee) ☐ Insured Mail ☐ Registered Service Type If YES, enter delivery address below: Certified Mail Restricted Delivery? (Extra Fee) ☐ Insured Mail A Certified Mail Service Type ☐ Registered If YES, enter delivery address below: Millera 1000 Return Receipt for Merchandise C.O.D. ☐ Express Mail 1629 Return Receipt for Merchandise ☐ Express Mail 1689 Specolo

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☐ Addressee

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B. Date of Delivery

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6391 8817 2760 תםםם 7006 8831 7006 2760 0007 P347 or PO Sent T Restricted Delivery Fee (Endorsement Required) City, S Street Return Receipt Fee (Endorsement Required) Street. Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total P Certfled Fee Certified Fee P.O. Box 21868 Attention: OOJI **BP America Production Company** no 9. Enns Tulsa, OK 74121 Rancho Santa Fe, CA 92067-6370 P.O. Box 676370 Accord DU LAC Partnership LP Postage Postage 2 TEST: Car 111 PS Form 3811, July 1999 'n Article Addressed to: SENDER: COMPLETE THIS SECTION Print your name and address on the reverse Attach this card to the back of the mailpiece PS Form 3811, July 1999 Article Number (Copy from service label) Article Addressed to: Complete items 1, 2, and 3. Also complete Article Number (Copy from service label) so that we can return the card to you. or on the front if space permits. item 4 if Restricted Delivery is desired. or on the front if space permits. so that we can return the card to you.

Attach this card to the back of the mailpiece. Rancho Santa Fe, CA 92067-6370 P.O. Box 676370 Accord DU LAC Partnership LP Attention: OOJI BP America Production Company Tulsa, OK 7412 P.O. Box 21868 Domestic Return Receipt Domestic Re A. Received by (Please Print Clearly) | B. Date of Delivery D. Is delivery address different from item 1? C. Signature ☐ Registered
☐ Insured Mail If YES, enter delivery address below: Service Type D-Certified Mail C.O.D. TReturn Receipt for Merchandise ☐ Express Mai

■ Print your name and address on the reverse SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete. Item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) D. Is delivery address different from item 1? Signature If YES, enter delivery address below: B. Date of Delivery □□ No nog ☐ Agent ☐ Addressee

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Attach this card to the back of the mailplece, (Transfer from service label) Print your name and address on the reverse or on the front if space permits. P.O. Box 847581 Dallas, TX 75284-7581 Forest Oil Corp. 7006 Domestic Return Receipt 0922 D. Is delivery address different from Item 1? 1000 Linsured Mail If YES, enter delivery address below: 1669

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## SENDER COMPLETE THIS SE

Restricted Delivery is desired.

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☐ Insured Mail	□ Registered	S Certified Mail	3. Service Type	
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4. Restricted Delivery? (Extra Fee)

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

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1140 2000 9559 0943 1001 9559 0967 2000 1140 7001 City, Ste True Sec Street, or POB Sent To Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & Fees | \$ Sent City, S. or PO Street Restricted Delivery Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Total Postage & Fees Certified Fee 100 Certified Fee Sacramento, CA 95817-1899 6301 S. Street Sacramento Municipal Utility District Postage Minerals Management Service P.O. Box 5810 Denver, CO 80217-5810 Postage 5 EIE BE 1000 mg Idion PS Form 3811, February 2004 2. Article Number PS Form 3811, February 2004 Ņ Article Addressed to: Complete Items 1, 2, and 3, Also complete Article Addressed to: Attach this card to the back of the malipiece Print your name and address on the reverse or on the front if space permits. so that we can return the card to you. (Transfer from service label) ftem 4 if Restricted Delivery is desired. 6301 S. Street Sacramento Municipal Utility District Sacramento, CA 95817-1899 (Transfer from service label) Article Number Attach this card to the back of the mailpiece Print your name and address on the reverse Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. or on the front if space permits. so that we can return the card to you. Minerals Management Service Denver, CO 80217-5810 P.O. Box 5810 T001 1007 1110 Domestic Return Receipt OHTE 2000 2000 B. Received by (Printed Name) A. Signature 4. Restricted Delivery? (Extra Fee) B. BOTTON FOR BOTTON A. Signature Service Type X Recieved By DCCertified Mail Service Type Is delivery address different from Item 1? Insured Mall ☐ Registered If YES, enter delivery address below: Restricted Delivery? (Extra Fee) Insured Mail ☐ Registered S-Certified Mail is delivery address different from item .1? **P**25P 9559 Ehbo CONTRACTED TO SYSTEMS 7960 Express Mail
 Return Receipt for Merchandise
 C.O.D. ☐ Express Mail ☐ Express Mail ☐ Grant Receipt for Merchandise C.O.D. MONS, The Market C. Date of Delivery NC Date of Delivery ☐ Agent☐ Addressee 02595-02-M-1540 □ □ 중 § ☐ ₹ □ જુ ☐ Addressee ☐ Agent ☐ ₹

102595-02-M-1540

Domestic Return Receipt