

KELLAHIN & KELLAHIN
Attorney at Law

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706 GONZALES ROAD
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FACSIMILE 505-982-2047
TKELLAHIN@COMCAST.NET

April 12, 2007

CERTIFICATE MAIL-RETURN RECEIPT REQUESTED
NOTICE OF THE HEARING OF THE FOLLOWING
NEW MEXICO OIL CONSERVATION DIVISION CASE:

**Re: *Application of Parallel Petroleum Corporation for Compulsory
Pooling Chaves County, New Mexico***

On behalf of Parallel Petroleum Corporation, please find enclosed our application for an compulsory pooling for S/2 of Section 29, T15S, R25E, Eddy County, NM to be dedicate to its John Town 1525-29 Well No. 1 which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for at 8:15 am on May 24, 2007. The hearing will be held at the Division hearing room located at 1220 South St. Francis Drive, Santa Fe, New Mexico.

You are not required to attend this hearing, but as an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Rule 1208.B, parties appearing in cases are required to file a Pre-Hearing Statement with the Division not later than 5:00 pm on Thursday, May 17, 2007, with a copy delivered to the undersigned. This statement must include: a summary of your position, 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 the identification of any procedural matters that are to be resolved prior to the hearing. In addition, the Division will impose a 200% risk charge unless you declare in this Pre-Hearing Statement that you intend to oppose it. Please note that the burden of proof as to this issue will be yours. If you have any questions about this case you may contact Michael M. Gray at 432-684-3727.

Very truly yours,


W. Thomas Kellahin

Keith Pratt Daniels Estate, c/o Darby Nokes
P.O. Box 190766
Dallas, TX 75219

Linda Marie Rast
P.O. Box 190766
Dallas, TX 75219

Helena M. Kelly
P.O. Box 839
Hobbs, NM 88240

University of Central Oklahoma
Attn: Virginia Ellis
c/o UCO Foundation
100 N. University
Evans Hall 102
Edmond, OK 73034

John Brown University
Attn: Jim Krall
2000 W. University
Siloam Springs, AR 72761

Jeanne C. Gifford
3535 SW Kirklawn Ave.
Topeka, KS 66611

Vickie Deem Ramsey
121 Woods Lane
Grand Cane, LA 71032

Daveena Deem Carnes
930 Moss
Gainesville, TX 76240

Louise B. Seiwert or Henry G. Seiwert, Trustees
Seiwert Family Trust
11494 S. Scottsdale Drive
Yuma, AZ 85367

Martin David Brown
3105 40th Street
Lubbock, TX 79413

Robert Brent Brown
66 Santa Maria Drive
Hegewood, NM 87017

Gerald Vincent Reeder
4605 Bryan NW
Albuquerque, NM 87110

Kenneth Long c/o JoAnn Long
1744 Blume NE

B
10²

Albuquerque, NM 87112

Marsha Cockrell c/o JoAnn Long
1744 Blume NE
Albuquerque, NM 87112

Donald Long c/o JoAnn Long
1744 Blume NE
Albuquerque, NM 87112

Hanley Petroleum, Inc.
415 Wall Street, Suite 1500
Midland, TX 79701

Eric K. Hanson
P.O. Box 1212
Midland, TX 79701

Brett K. Bracken
4505 Mockingbird Lane
Midland, TX 79707

LHAH Properties, LLC
415 Wall Street, Suite 1500
Midland, TX 79701

Yates Petroleum Corporation
105 S. Fourth St.
Artesia, NM 88210

EOG Resources
Attn: Rick Lanning
P.O. Box 2267
Midland, TX 79702

The following people have no last known address to send an AFE/Well Proposal to:

R.W. and/or Muriel Ferguson
Alta V. Short
Jimmy Charles Lester
Lonnie W. Jones
Mary E. O'Dell
Hubert A. Rogers
Beverly E. Somerville

B
292

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.

Article Addressed to:

Robert Brent Brown
66 Santa Maria Drive
Hegewood, NM 87017

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Robert B Brown ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Robert B Brown C. Date of Delivery 4-17-07
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: HEGEWOOD NM

3. Service Type ☐ Certified Mail ☐ Express Mail 7015
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number 7005 1820 0003 8431 8125

(Transfer from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total

Sent To
Street, Apt. or PO Box
City, State

Robert Brent Brown
66 Santa Maria Drive
Hegewood, NM 87017

PS Form 3800, June 2002

See Reverse for Instructions

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.

Article Addressed to:

Kenneth Long c/o JoAnn Long
1744 Blume NE
Albuquerque, NM 87112

COMPLETE THIS SECTION ON DELIVERY

- A. Signature JoAnn Long ☐ Agent ☐ Addressee
- B. Received by (Printed Name) JoAnn Long C. Date of Delivery APR 27 2007
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: MANNA

3. Service Type ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number

(Transfer from service label)

Form 3811, February 2004

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

Postmark Here

Total

Sent To
Street, Apt. or PO Box
City, State

Kenneth Long c/o JoAnn Long
1744 Blume NE
Albuquerque, NM 87112

PS Form 3800, June 2002

See Reverse for Instructions

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.

1. Article Addressed to:
University of Central Oklahoma
Attn: Virginia Ellis
c/o UCO Foundation
100 N. University
Evans Hall 102
Edmond, OK 73034

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Virginia Ellis*
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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.

1. Article Addressed to:
Martin David Brown
3105 40th Street
Lubbock, TX 79413

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Martin David Brown*
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7005 1820 0003 8431 8132 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

Postmark Here

University of Central Oklahoma
Attn: Virginia Ellis
c/o UCO Foundation
100 N. University
Evans Hall 102
Edmond, OK 73034

PS Form 3811, February 2004 See Reverse for Instructions

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

Postmark Here

Martin David Brown
3105 40th Street
Lubbock, TX 79413

PS Form 3811, February 2004 See Reverse for Instructions

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.

Article Addressed to:

EOG Resources
Attn: Rick Lanning
P.O. Box 2267
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Rick Lanning C. Date of Delivery 2/11/04
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

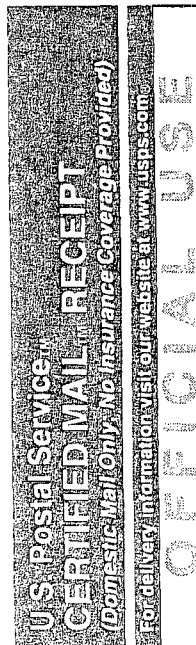
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7005 1820 0003 8431 7852

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

T

EOG Resources
Attn: Rick Lanning
P.O. Box 2267
Midland, TX 79702

PS Form 3811, June 2003 See Reverse for instructions

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.

Article Addressed to:

John Brown University
Attn: Jim Krall
2000 W. University
Siloam Springs, AR 72761

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Jim Krall C. Date of Delivery 4-16-04
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

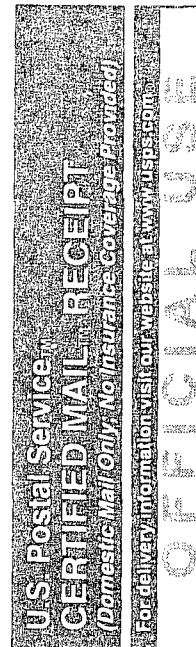
3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7005 1820 0003 8431 8149

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

T

John Brown University
Attn: Jim Krall
2000 W. University
Siloam Springs, AR 72761

PS Form 3811, June 2003 See Reverse for instructions

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.

Article Addressed to:

Jeanne C. Gifford
3535 SW Kirlawn Ave.
Topeka, KS 66611

Article Number
(Transfer from service label)

7005 1820 0003 8431 8156

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Deborah Hartman

B. Received by (Printed Name)
Deborah Hartman

C. Date of Delivery
3-20-00

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes ☒ No ☐

3200 SW
Gibright Dr.

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label)

7005 1820 0003 8431 8156

Domestic Return Receipt

102595-02-M-1540

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.

Article Addressed to:

Yates Petroleum Corporation
105 S. Fourth St.
Artesia, NM 88210

Article Number
(Transfer from service label)

7005 1820 0003 8431 8279

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathy Donahue

B. Received by (Printed Name)
Kathy Donahue

C. Date of Delivery
3-20-00

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes ☐ No ☐

Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label)

7005 1820 0003 8431 8279

PS Form 3811, February 2004

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	

Postmark Here

Sent To
Street, P.O. Box, or PO Box
City, State

Jeanne C. Gifford
3535 SW Kirlawn Ave.
Topeka KS 66611

PS Form 3800, June 2002 See reverse for instructions

U.S. Postal ServiceTM
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Sent To
Street, P.O. Box, or PO Box
City, State

Yates Petroleum Corporation
105 S. Fourth St.
Artesia, NM 88210

PS Form 3800, June 2002 See reverse for instructions

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.

Article Addressed to:

Eric K. Hanson
P.O. Box 1212
Midland, TX 79701

A. Signature Eric K. Hanson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Eric K. Hanson C. Date of Delivery 4-16-07

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

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7005 1820 0003 8431 8255

PS Form 3811, February 2004

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

Postmark Here

Eric K. Hanson
P.O. Box 1212
Midland, TX 79701

Sent 7
 Street or PO Box 1212
 City, State, ZIP+4[®] Midland, TX 79701

PS Form 3811, February 2004 See Reverse for Instructions

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.

Article Addressed to:

LHAH Properties, LLC
415 Wall Street, Suite 1500
Midland, TX 79701

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 4-16

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

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7005 1820 0003 8431 8262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-1

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

Postmark Here

LHAH Properties, LLC
415 Wall Street, Suite 1500
Midland, TX 79701

Sent 7
 Street or PO Box 1500
 City, State, ZIP+4[®] Midland, TX 79701

PS Form 3811, February 2004 See Reverse for Instructions

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.

1. Article Addressed to:

Marsha Cockrell c/o JoAnn Long
1744 Blume NE
Albuquerque, NM 87112

Article Number
(Transfer from service label)

7005 1820 0003 8431 8217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

- 3. Service Type
 - ☐ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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.

1. Article Addressed to:

Keith Pratt Daniels Estate,
c/o Darby Nokes

P.O. Box 190766
Dallas, TX 75219

Article Number
(Transfer from service label)

7005 1820 0003 8431 8200

PS Form 3811, February 2004

Domestic Return Receipt

102595-

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

- 3. Service Type
 - ☐ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total
Sent To
Marsha Cockrell c/o JoAnn Long
1744 Blume NE
Albuquerque, NM 87112

Sent To
Street or P.O. Box
City, State, ZIP+4

PS Form 3811, February 2004 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total
Sent To
Keith Pratt Daniels Estate,
c/o Darby Nokes
P.O. Box 190766
Dallas, TX 75219

Sent To
Street or P.O. Box
City, State, ZIP+4

PS Form 3811, February 2004 See Reverse for Instructions

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.

Article Addressed to:

Donald Long c/o JoAnn Long
1744 Blume NE
Albuquerque, NM 87112

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Donald Long C. Date of Delivery 02/01/04

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

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Article Number 7005 1820 0003 8431 8248

(Transfer from service label)

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102595-02-M-1540

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

Postmark Here

Donald Long c/o JoAnn Long
1744 Blume NE
Albuquerque, NM 87112

Sent To: Street or PO City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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.

Article Addressed to:

Helena M. Kelly
P.O. Box 839
Hobbs, NM 88240

Article Number 7005 1820 0003 8431 8194

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

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OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Helena M. Kelly
P.O. Box 839
Hobbs, NM 88240

Sent To: Street or PO City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Helena M. Kelly C. Date of Delivery 02/01/04

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

Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchant
☐ Insured Mail ☐ C.O.D.

Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Article Number 7005 1820 0003 8431 8194

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

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.

Article Addressed to:

A
Hanley Petroleum, Inc.
415 Wall Street, Suite 1500
Midland, TX 79701

Article Number

(Transfer from service label)

7005 1820 0003 8431 8231

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total

A
Hanley Petroleum, Inc.
415 Wall Street, Suite 1500
Midland, TX 79701

See Reverse for Instructions

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.

Article Addressed to:

A
Brett K. Bracken
4505 Mockingbird Lane
Midland, TX 79707

Article Number

(Transfer from service label)

7005 1820 0003 8431 8224

PS Form 3811, February 2004

Domestic Return Receipt

102595-02

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

- Service Type
☐ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total

A
Brett K. Bracken
4505 Mockingbird Lane
Midland, TX 79707

See Reverse for Instructions

Kellahin & Kellahin
Attorneys At Law
706 Gonzalez Rd
Santa Fe, NM 87501

7005 1620 0003 8431 8163

158 0761 3730
04.880 APR 13 07
MAILED FROM SANTA FE NM 87501

ANK

Vickie Deem Ramsey
121 Woods Lane
Grand Cane

NIXIE

711

1

73 04/19/07

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

EC: 87501874406

*0968-00229-14-00

71032355750 68744

71032355750 68744

25

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OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total P

Sent To

Street, Apt.
or PO Box

City, State

Vickie Deem Ramsey
121 Woods Lane
Grand Cane, LA 71032

PS Form 3800, June 2002 See Reverse for Instructions

7005 1620 0003 8431 8163

Kellahin & Kellahin
Attorneys At Law
706 Gonzalez Rd
Santa Fe, NM 87501

7005 1820 0003 8431 8101

1st NOTICE

5-13

5-26

NAME

1st Notice 4/16

2nd Notice 4/21

Return 5/11

Louise B. Seiwert or Henry G. Seiwert,
Trustees

Seiwert Family Trust
11494 S. Scottsdale Drive
Yuma, AZ

NIXIE

850 SE 1

40 05/09/07

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87501874406 *0969-00236-14-00

853671 87501874406

RT-15

199 0781 04.88 0 APR 13 07
3736 MAILED FROM SANTA FE NM 87501

U.S. Postal ServiceTM
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OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Louise B. Seiwert or Henry G. Seiwert,
Trustees

Sent To
Seiwert Family Trust
11494 S. Scottsdale Drive
Yuma, AZ 85367

See Reverse for Instructions

Kellahin & Kellahin
Attorneys At Law
706 Gonzalez Rd
Santa Fe, NM 87501

7005 1820 0003 8431 7876

★ ★ ★
148
0761804-880 APR 13 07
3735 MAILED FROM SANTA FE NM 87501

ATTN: Kelly

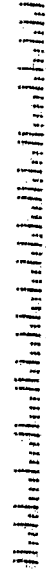
 RETURN TO ADDRESSEE

☐ MOVED, LEFT NO ADDRESS
☐ UNCLAIMED - NOT KNOWN
☐ NO SUCH STREET
☐ INSUFFICIENT ADDRESS
☐ NOT DELIVERABLE AS
ADDRESSED UNABLE TO FORWARD

Gerald Vincent Reeder
4605 Bryan NW
Albuquerque, NM 87110



8711434245 0004



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OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total

Gerald Vincent Reeder
4605 Bryan NW
Albuquerque, NM 87110

Sent _____
Street _____
or P.O. _____
City _____

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0003 8431 7876

Kellahin & Kellahin
Attorneys At Law
706 Gonzalez Rd
Santa Fe, NM 87501

7005 1820 0003 8431 8170

★ ★
152 PB8560508
0741 04.880 APR 13 07
3728 MAILED FROM SANTA FE NM 87501

LP
4001

NAME
1st Notice 4-16-07
2nd Notice 5-1-07
Return

Daveena Deem Carnes
930 Moss
Gainesville, TX 76240

NIXIE

750 SE 1 22 05/03/07

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 67501874406 *0958-00223-14-00

7624015373051006744

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Postmark
Here

Rec
(End

To

Daveena Deem Carnes
930 Moss
Gainesville, TX 76240

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

14

To

Sent	
Street or P.O. Box	Linda Marie Rast
City	P.O. Box 190766
	Dallas TX 75219

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0000 0000 4321 194