

**PAUL BACA PROFESSIONAL COURT REPORTERS**

**OIL CONSERVATION  
DIVISION**

**CASE #: 14289**

**EXHIBIT**

**6**

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

IN THE MATTER OF THE APPLICATION OF  
WILLIAMS PRODUCTION COMPANY, LLC  
FOR PRE-APPROVAL OF DOWNHOLE  
COMMINGLING IN THE ROSA UNIT,  
SAN JUAN AND RIO ARRIBA COUNTIES,  
NEW MEXICO

CASE NO. 14289

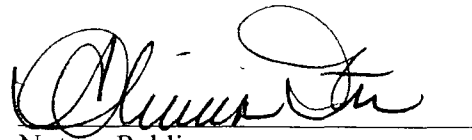
AFFIDAVIT

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

Ocean Munds-Dry, attorney in fact and authorized representative of Williams Production Co., LLC, the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

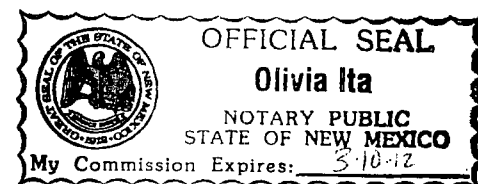
  
Ocean Munds-Dry

SUBSCRIBED AND SWORN to before me this 18<sup>th</sup> day of March 2009 by Ocean Munds-Dry.

  
Notary Public

My Commission Expires: 3-10-12

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case No. ....14289   Exhibit No. 6  
Submitted by:  
Williams Production Co., LLC  
Hearing Date: March 19, 2009



**EXHIBIT A**  
**WILLIAMS PRODUCTION CO., LLC's APPLICATION TO COMMINGLE IN**  
**THE ROSA UNIT**

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, IL 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

Angelina Barela  
1116 E. 4th Avenue  
Durango, CO 81301

Ashley Gould  
475 S. New Hampshire Avenue  
Los Angeles, CA 90020

Avelinda Mascarenas  
5 CR 6067 NBU 1005  
Farmington, NM 87401

Ben R. Howard  
11490 Audelia Road, Apt. 215  
Dallas, TX 75243-9014

Betty T. Johnston Marital Tr  
L.E. Carbaugh P. M. Hardw  
245 Commerce Green Blvd., Suite 280  
Sugar Land, TX 77478

Carl Dellinger  
3605 Britt Street, NE  
Albuquerque, NM 87111

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

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

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  
P.O. Box 840738  
Dallas, TX 75284-0738

New Mexico State Land Office  
PO Box 1148  
Santa Fe, NM 87504-1148

Daniel D. Lopez  
1608 Oakway Drive  
Baltimore, MD 21222

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

Debbie Moran  
3819 Latma Drive  
Houston, TX 77025-4120

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

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

Elesida Enriquez  
1115 4th Ave.  
Durango, CO 81301

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

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

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

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

Florence Vallejos  
PO Box 702  
Ignacio, CO 81137

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

Fred E. Turner LLC  
One Energy Square, Ste 852  
4925 Greenville Ave.  
Dallas, TX 75206-4079

Gertrude Frances McDonald Estate  
Sandra H Baca Personal Representative  
PO Box 910  
Durango, CO 81301

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

Herbert R Briggs  
Reynolds Hix & Co POA & Agent  
6729 Academy Road, Suite D  
Albuquerque, NM 87109

HF Axtell & Freda Axtell  
101 Rio Vista Circle  
Durango, CO 81301-4379

J Glenn Turner Jr  
2 Turtle Creek Bend, Suite 1450  
3838 Oak Lawn  
Dallas, TX 75219

James Lopez  
2837 Pinnacle  
Colorado Springs, CO 80910

Jerry Tiras & Ethel Tiras  
Tenants In Common  
3388 Sage Rd # 1502  
Houston, TX 77056

John L Turner  
PMB 285  
317 S Sidney Baker Ste 400  
Kerrville, TX 78028

John S McDonald  
1550 Cherry St Apt 164  
Wenatchee, WA 98801-0164

Jose L Candelaria  
PO Box 1754  
Arboles, CO 81121

Julian Lopez  
130 Mulberry  
Fruita, CO 81521

Kenneth H Barber  
39 Marland Rd  
Colorado Springs, CO 80906-4328

Lee Lopez  
2041 College Cr  
Las Vegas, NV 89115

J Glenn Turner Jr LLC  
3838 Oak Lawn Suite 1450  
Dallas, TX 75219

Jerry J Andrew  
408 Longwoods Ln  
Houston, TX 77024

John A Mascarenas  
8801 N 104th Ave  
Peoria, AZ 85345

Johnson Tr Uad 1/24/85  
Sp Johnson III & Barbara Jo Johnson  
Co Trustees  
P.O. Box 1641  
Roswell, NM 88202

JTV Ptrshp  
Tracy C Thompson Managing Partner  
PO Box 1713  
Roswell, NM 88201

Kellie M Kross  
C/O David J Sorenson  
PO Box 1453  
Roswell, NM 88202-1453

Laplante/Johnson Fam Tr  
Joel S Johnson & Peggy L Laplante Co  
Trustees  
7275 S Sundown Cir  
Littleton, CO 80120

Linda Lundell Lindsey  
PO Box 631565  
Nacogdoches, TX 75963

Marcia Berger  
C/O Petroleum Asset Mgmt LLC  
PO Box 745  
Hobbs, NM 88241

Manuel R Lopez  
12871 Johns Rd  
Anchorage, AK 99515-3708

Marie Gould  
475 S New Hampshire Ave  
Los Angeles, CA 90020

Matthew N Sorenson  
PO Box 1453  
Roswell, NM 88202-1453

Nancy P Tonkin Rev Tr  
Nancy Tonkin Cutter & Allen M  
Tonkin Jr  
1524 Park Ave SW  
Albuquerque, NM 87104

Osprey Resources Inc.  
PO Box 56449  
Houston, TX 77256-6449

Paul Jay Lewis  
309 W 43rd St Ste 105  
Sioux Falls, SD 57105-6805

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

Pennies From Heaven LLC  
Bank Of America Agent  
PO Box 840738  
Dallas, TX 75283-0308

Pure Resources LP  
PO Box 910552  
Dallas, TX 75391-0552

Mary Frances Turner Jr Tr 6743  
Chase Bank Of Texas  
C/O JP Morgan Chase Bank NA  
PO Box 99084  
Fort Worth, TX 76199-0084

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

New Mexico State Royalty  
310 Old Santa Fe Trl  
Santa Fe, NM 87501

Patricia F Wise  
PO Box 157  
Patton, CA 92369-0157

Paul Lopez  
2828 B 4/10 Rd  
Grand Junction, CO 81503-2185

Peggy Mascarenas McWilliams  
PO Box 427  
Flora Vista, NM 87415

PJC LP  
1409 S Sunset  
Roswell, NM 88201

Ramseyer Community Tr  
Nancy Lanier Kobel Trustee  
2415 S Hillcrest  
Camp Verde, AZ 86322

Ramseyer Liv Tr  
Bruce & Kay Ramseyer Trustee  
11741 Colony Dr  
Santa Ana, CA 92705

RL Zinn Et Al Ltd  
C/O Zinn Petroleum Co  
3400 Bissonnet St # 250  
Houston, TX 77005-2155

Robert W Isham Est  
Eleanor Joy & R W Isham III Pers Rep  
PO Box 290  
Gordon, NE 69343

Robert Walter Lundell  
2450 Fondren # 304  
Houston, TX 77063

Rogers-Gibbard Tr  
Susan Rogers Eveland Trustee  
3630 River Oaks Ct  
Tyler, TX 75707-1658

Rose Mascarenas Carter  
PO Box 323  
Flora Vista, NM 87415

Steven Kent Lust  
1314 6th Ave SW  
Aberdeen, SD 57401

Stricker Petroleum Corp  
Dover, DE 19901

Tab Riley Smith  
PO Box 2267  
Bellaire, TX 77402

Richard L Lopez  
1400 N 24th St  
Grand Junction, CO 81501-5680

Robert E Beamon III  
2603 Augusta Ste 1050  
Houston, TX 77057

Robert W Umbach Cancer Foundation  
Inc  
Wells Fargo Bank Na Agent  
PO Box 5383  
Denver, CO 80217

Roger B Nielsen  
1200 Danbury Dr  
Mansfield, TX 76063

Rose M Lopez Atencio  
222 S Peach  
Fruita, CO 81521

Sidney Moran  
18 Hudson Cir  
Houston, TX 77024-7254

Stevens Partners LP  
C/O Walter J Melendres Esq  
1069 Encantado Dr  
Santa Fe, NM 87501

T Patrick Nacol  
611 Druid Rd E Ste 711  
Clearwater, FL 33756-3931

Tim L Dale  
C/O T Patrick Nacol  
434 St Andrews Dr  
Belleair, FL 34616-1924

Tina M Carpenter  
5211 Autumn Way  
McHenry, IL 60050

Tony S Lopez  
PO Box 371154  
Denver, CO 80237

Va Johnston Fam Tr  
Da Prewitt & Ma Chesser Co Trustees  
PO Box 825  
Ralls, TX 79357-0825

Walter R Gould  
PO Box 903  
Española, NM 87532-0903

William Poleson  
620 Penrose Blvd  
Colorado Springs, CO 80906

Energen Resources Corp  
605 Richard Arrington Jr Blvd N  
Birmingham, AL 35203-2707

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

Gumz Fam Tr Dtd 10/31/03  
Henry F Gumz & Margaret Gumz Co  
Trustees  
674 Via Mendoza Unit D  
Laguna Woods, CA 92637

Gifford H. Nigh & Margaret Nigh  
202 FM 2578 Rm 45  
Terrell, TX 75160

Tommy Mascarenas  
PO Box 616  
Jamul, CA 91935-0616

Trini Lopez Montoya  
5691 W 35th Ave Apt 1-A  
Denver, CO 80212

Viola Mascarenas Lucero  
PO Box 841  
Bloomfield, NM 87413

William C Briggs  
Reynolds Hix & Co Poa & Agent  
6729 Academy Rd Ste D  
Albuquerque, NM 87109

WWR Enterprises Inc  
C/O Petroleum Asset Mgmt Llc  
PO Box 745  
Hobbs, NM 88241

Kleimor Energy LLC  
8451 E Oregon Pl  
Denver, CO 80231

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

Claude I Hobson Rev Liv Tr  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005

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



Robert Mascarenas  
Rd 3581 #13  
Flora Vista, NM 87415-9603

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

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

Victoria Webb  
806 Cordova  
Dallas, TX 75223

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

XTO Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston St., Ste 2000  
Fort Worth, TX 76102-6298

Henrietta Schultz, Trustee  
500 North Akard, Suite 2940  
Dallas, TX 75201  
Albuquerque, NM 872109

Freda O Axtell Rev Tr  
PO Box 801  
Durango, CO 81302

WCB Investments  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

Florence Vallejos  
PO Box 702  
Ignacio, CO 81137

Grayfore Partners LP  
PO Box 98670  
Lubbock, TX 79499-8670

Lee A. Lopez  
PO Box 621660  
Las Vegas, NV 89162-1660

VA Johnston Ltd  
PO Box 825  
Ralls, TX 79357

George Umbach  
PO Box 1588  
Tulsa, OK 74101

Elesida Enriquez  
1115 4th Ave  
Durango, CO 81301

JRB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

BP America Production Co.  
Attn: John Larson, W11 Rm 19.158  
501 Westlake Boulevard  
Houston, TX 77079-3092

RHB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D

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

Ms. Elizabeth T. Calloway  
P.O. Box 191767  
Dallas, TX 75219-1767

Fred E. Turner, LLC  
4925 Greenville Ave., Suite 852  
Dallas, TX 75206-4079

J. Glenn Turner, Jr. LLC  
3838 Oak Lawn  
Suite 1450  
Dallas, TX 75219

XTO Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston Street, Ste 2000  
Fort Worth, TX 76102-6298

Mary Frances Turner, Jr Trust  
Attn: Barry L. Dominick  
Tx1-2931  
P O Box 660197  
Dallas, TX 75266-0197

Mr. John Turner  
Pmb 285  
317 Sidney Baker South #400  
Kerrville, TX 78028

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

Forest Oil Corporation

Attn: Ken McPhee  
707 17<sup>th</sup> Street  
Denver, CO 80202

Ms. Victoria Webb  
806 Cordova  
Dallas, TX 75223

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

Sacramento Mun. Util. District  
Attn: Thomas Ingwers  
P. O. Box 15830  
Sacramento, CA 95852-1830

ConocoPhillips Company  
Attn: Chief Landman, San Juan/Rockies  
P. O. Box 4289  
Farmington, NM 87499-4289

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

New Mexico State Royalty  
310 Old Santa Fe Trail  
Santa Fe, NM 87501

Bureau of Land Management  
Farmington Field Office  
1235 La Plata Highway Suite A  
Farmington, NM 87401

# AFFIDAVIT OF PUBLICATION

Ad No. 61247

## STATE OF NEW MEXICO County of San Juan:

BOB WALLER, being duly sworn says: That he 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):

Wednesday, February 25, 2009

And the cost of the publication is \$179.76

ON 3/4/09 BOB WALLER appeared before me, whom I know personally to be the person who signed the above document.

Christine Sellers

My Commission Expires November 05, 2011

## COPY OF PUBLICATION

### 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 Division of the following public hearing to be held at 8:15 A.M. on March 19, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed 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 participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by March 9, 2008. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson 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 : 14289

Application of Williams Production Co., LLC for Pre-Approval of Down hole Commingling in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico. Applicant, in the above-styled cause seeks pre-approval of downhole commingling in the Basin Dakota Pool, Blanco Mesaverde Pool and the Basin Mancos Pool in any and all existing and future wells in the Rosa Unit. The Rosa Unit is located in Township 32 North, Range 6 West, Township 31 North, Ranges 4, 5 and 6 West, NMPM, San Juan and Rio Arriba Counties. Said area is located approximately 9 miles south east of Arboles, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 17th day of February.

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

Legal No. 61247 published in The Daily Times, Farmington, New Mexico on Wednesday February 25, 2009

# 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

1 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

26 day of February 2009  
and the last publication on the 26 day of

February 2009 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.

Robert Trapp  
Publisher

Subscribed and sworn to before me this 26<sup>th</sup>  
day of Feb A.D. 2009

Maria G. Chavez  
Maria G. Chavez/Notary Public  
My commission expires 21 October 2012

## NOTICE OF PUBLICATION STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OF CON- SERVATION 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 Division of the following public hearing to be held at 8:15 A.M. on March 19, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico before an examiner duly appointed 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 participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by March 9, 2008. Public documents including the agenda and minutes can be provided in various accessible forms. Please contact Florene Davidson 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: 14289

Application of Williams Production Co., LLC for Pre-Approval or Downhole Commingling in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico. Applicant in the above-styled cause seeks pre-approval of downhole commingling in the Basin Dakota Pool, Blanco Mesaverde Pool and the Basin Mancos Pool in any and all existing and future wells in the Rosa Unit. The Rosa Unit is located in Township 32 North, Range 6 West, Township 31 North, Ranges 4, 5, and 6 West, NMPM, San Juan and Rio Arriba Counties. Said area is located approximately 9 miles southeast of Arboles, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 17th day of February

By [Signature]  
STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
Mark E. Fesmire, P.E., Director  
(Published February 26, 2008)

's Bill

time at 58.10

times at \_\_\_\_\_

Affidavit 5.00

Subtotal 63.10

Tax 4.89

Total 67.99

at Rio Grande SUN

HOLLAND & HART LLP



**Ocean Munds-Dry**  
omundsdry@hollandhart.com

February 17, 2009

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

**Re: Application of Williams Production Co., LLC for Pre-Approval of  
Downhole Commingling, 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 pre-approval of downhole commingling of the Blanco Mesaverde Pool, the Basin Dakota Pool and the Basin Mancos Gas Pool in the Rosa Unit from existing and future wells located in the Unit Area, San Juan and Rio Arriba Counties.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 19, 2009. 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*

Ocean Munds-Dry  
for Holland & Hart LLP

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☐

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

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

Postage	\$ 2.82
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark  
Here

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

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

**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:**

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

**2. Article Number**  
 (Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

☐ Agent

☐ Addressee

**B. Received by (Print Name)** **DATE OF DELIVERY**

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

**3. Service Type**

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

**4. Restricted Delivery? (Extra Fee)** ☐ Yes

7006 0100 0005 0627 2576

Domestic Return Receipt

102595-02-M-1540

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark  
Here

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

for instructions

*Returned*

7006 0100 0005 0627 3979

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.99

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

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

- 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:

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

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 3979

COMPLETE THIS SECTION ON DELIVERY

A. Signature <b>X</b>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7006 0100 0005 0627 2590

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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.

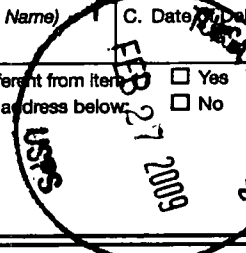
1. Article Addressed to:

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

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 2590

A. Signature <b>X</b> <i>OOJI</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		



7006 0100 0005 0627 2606

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

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

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

Accord DU LAC Partnership  
 P.O. Box 676370  
 Rancho Santa Fe, CA 92066

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

- 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:

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

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 2606

A. Signature <b>X</b> <i>Reginald Albad</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2613

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

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

## 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:

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

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2613

PS Form 3811, February 2004

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.

## 1. Article Addressed to:

Angelina Barela  
 1116 E. 4th Avenue  
 Durango, CO 81301

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2620

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Angelina Barela  
 1116 E. 4th Avenue  
 Durango, CO 81301

## 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:

Ben R. Howard  
 11490 Audelia Road, Apt. 215  
 Dallas, TX 75243-9014

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2644

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Adela Quintana*☒ Agent☐ Addressee

## B. Received by (Printed Name)

*Adela Quintana*

## C. Date of Delivery

*2/27/04*

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## A. Signature

X *Elesida Enriquez*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Elesida Enriquez*

## 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☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes



7006 0100 0005 0627 2651

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

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

Postage	\$ 2.02
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Betty T. Johnston Marital Tr  
 L.E. Carbaugh P. M. Hardw  
 245 Commerce Green Blvd.,  
 Sugar Land, TX 77478

SENDER COMPLETE

- 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:

Betty T. Johnston Marital Tr  
 L.E. Carbaugh P. M. Hardw  
 245 Commerce Green Blvd., Suite 280  
 Sugar Land, TX 77478

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>[Signature]</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) T. HENDERSON		C. Date of Delivery 03/02/09
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2651

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

Postage	\$ 2.02
Certified Fee	2.20
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Carl Dellinger  
 3605 Britt Street, NE  
 Albuquerque, NM 87111

- 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:

Carl Dellinger  
 3605 Britt Street, NE  
 Albuquerque, NM 87111

A. Signature <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>[Signature]</i>		C. Date of Delivery 2-25-09
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2668

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

Postage	\$ 2.02
Certified Fee	2.78
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark  
Here

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

or Instructions

7006 0100 0005 0627 2668

7006 0100 0005 0627 2675

7006 0100 0005 0627 2682

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

For delivery information visit our web

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Chamisa Land Co.  
 P.O. Box 30281 – Uptn  
 Albuquerque, NM 871

## 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:

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

 2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/21/05*
- 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

7006 0100 0005 0627 2682

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

For delivery information visit our web

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 2.92</b>

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

## 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:

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

 2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery *2/21/05*
- 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

7006 0100 0005 0627 2699

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

For delivery information visit our web

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Christine V. Merchant  
 c/o David J. Sorenson  
 P.O. Box 1453  
 Roswell, NM 88202-1

## 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:

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

 2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *B. Welsh* C. Date of Delivery *3-6-09*
- 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

7006 0100 0005 0627 2705

7006 0100 0005 0627 2712

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark  
Here
 Claudia Lundell Gilmer  
 101 Oak Meadow  
 Georgetown, TX 78628

for Instructions

7006 0100 0005 0627 2637

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark  
Here
 Ashley Gould  
 475 S. New Hampshire Avenue  
 Los Angeles, CA 90020

for Instructions

Returned

7006 0100 0005 0627 2743

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RI**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

## 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:

 Avelinda Mascarenas  
 5 CR 6067 NBU 1005  
 Farmington, NM 87401

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

☒ Avelinda Mascarenas ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Avelinda Mascarenas

## 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes
 2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 2743

 Avelinda Mascarenas  
 5 CR 6067 NBU 1005  
 Farmington, NM 87401

7006 0100 0005 0627 4044

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

New Mexico State Land C  
 PO Box 1148  
 Santa Fe, NM 87504-1148

**SENDER: COMPLETE**  
 (Domestic Mail Only; No Insurance)

- 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:

New Mexico State Land Office  
 PO Box 1148  
 Santa Fe, NM 87504-1148

**NOTE 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 ☐ 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

2. Article Number (Transfer from service label) 7006 0100 0005 0627 4044

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

**SENDER: COMPLETE**  
 (Domestic Mail Only; No Insurance)

- 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:

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

**NOTE 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 ☐ 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

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2750

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

**SENDER: COMPLETE**  
 (Domestic Mail Only; No Insurance)

- 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:

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

**NOTE 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 ☐ 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

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2767

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

0100 0005 0627 2750

7006 0100 0005 0627 2767

7006 0100 0005 0627 3962

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

For delivery information visit our website

Postage \$ 2.02  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.92

Elesida Enriquez  
 1115 4th Ave  
 Durango, CO 81301

**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:  
 Elesida Enriquez  
 1115 4th Ave  
 Durango, CO 81301

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 3962

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X Elesida Enriquez  
 B. Received by (Printed Name) Elesida Enriquez  
 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2781

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

For delivery information visit our website

Postage \$ 2.02  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.92

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

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

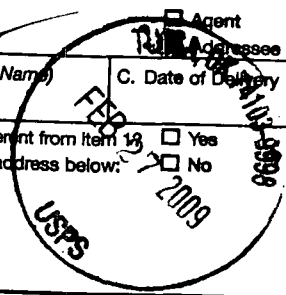
2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 2781

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
 X [Signature]  
 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes



7006 0100 0005 0627 2798

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

For delivery information visit our website

Postage \$ 2.02  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.92

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

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

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 2798

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
 X Lori Aguirre  
 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2804

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our webs

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Fred E. Turner  
 4925 Greenville Ave # 8  
 Dallas, TX 75206

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

## 2. Article Addressed to:

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

## A. Signature

X *Sherry Gills* ☐ 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2804

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*Returned*

7006 0100 0005 0627 2811

**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	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Postmark  
Here

Gertrude Frances McDonald Estate  
 Sandra H Baca Personal Representative  
 PO Box 910  
 Durango CO 81301

For Instructions

7006 0100 0005 0627 2729

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Consuela Mascarenas Gooch  
 1001 Tucker  
 Farmington, NM 87401

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

## 1. Article Addressed to:

Consuela Mascarenas Gooch  
 1001 Tucker  
 Farmington, NM 87401

## A. Signature

X *Connie Gooch* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

Consuela Gooch 2-25-04

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2736

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Cyrene L. Inman  
 Bank of America NA Agent  
 P.O. Box 840738  
 Dallas, TX 75284-0738

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:

Cyrene L. Inman  
 Bank of America NA Agent  
 P.O. Box 840738  
 Dallas, TX 75284-0738

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 2736

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Daniel D. Lopez  
 1608 Oakway Drive  
 Baltimore, MD 21222

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:

Daniel D. Lopez  
 1608 Oakway Drive  
 Baltimore, MD 21222

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 2835

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

*Daniel Lopez* ☐ 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 2842

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

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

Postage	\$ 2.02
Certified Fee	\$ 2.70
Return Receipt Fee (Endorsement Required)	\$ 3.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

 Postmark  
Here

 Debbie Moran  
 3819 Latma Drive  
 Houston, TX 77025-4120

for instructions

7006 0100 0005 0627 2859

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

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

Postage	\$ 2.02
Certified Fee	\$ 2.70
Return Receipt Fee (Endorsement Required)	\$ 3.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

 Douglas Cameron Mcleod  
 518 17th Street, Suite 1  
 Denver Clb Bldg.  
 Denver, CO 80202

**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:**

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

**2. Article Number**  
*(Transfer from service label)*

7006 0100 0005 0627 2859

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**
**A. Signature**
*ASPRONERI*

- ☐
- Agent
- 
- ☐
- Addressee

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

2-26-04

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

**3. Service Type**

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

**4. Restricted Delivery? (Extra Fee)**

- ☐
- Yes

102595-02-M-154



7006 0100 0005 0627 2866

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

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

- SENDER COMPLETION INSTRUCTIONS:**
- 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:

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

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2866

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

X Robert Walling

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Robert Walling

## C. Date of Delivery

2/27/09

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

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

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

or Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

 Florence Vallejos  
 PO Box 702  
 Ignacio, CO 8113

- SENDER COMPLETION INSTRUCTIONS:**
- 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:

 Florence Vallejos  
 PO Box 702  
 Ignacio, CO 8113

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2880

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

X Elsiea Enriquez

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Elsiea Enriquez

## 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
- ☐
- Express Mail
- 
- ☐
- Registered
- ☒
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 2880

7006 0100 0005 0627 2897

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Fred E. Turner LLC  
 One Energy Square, Ste 8  
 4925 Greenville Ave.  
 Dallas, TX 75206-4079

1. Article Addressed to:
- Fred E. Turner LLC  
 One Energy Square, Ste 852  
 4925 Greenville Ave.  
 Dallas, TX 75206-4079

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2897

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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 2903

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION.

1. Article Addressed to:
- H LP  
 P.O. Box 2185  
 Santa Fe, NM 87504

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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 2828

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Herbert R Briggs  
 Reynolds Hix & Co POA  
 6729 Academy Road, Suite D  
 Albuquerque NM 87109

SENDER: COMPLETE THIS SECTION.

1. Article Addressed to:
- Herbert R Briggs  
 Reynolds Hix & Co POA & Agent  
 6729 Academy Road, Suite D  
 Albuquerque NM 87109

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2828

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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2927

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

J Glenn Turner Jr  
 2 Turtle Creek Bend, Suite  
 3838 Oak Lawn  
 Dallas, TX 75219

SENDER C

- 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. J Glenn Turner Jr  
 2 Turtle Creek Bend, Suite 1450  
 3838 Oak Lawn  
 Dallas, TX 75219

A. Signature

X *Amber Ivey*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Amber Ivey*

C. Date of Delivery

*2-27-04*

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 2927

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

James Lopez  
 2837 Pinnacle  
 Colorado Springs, CO 8

SENDER

- 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:

James Lopez  
 2837 Pinnacle  
 Colorado Springs, CO 80910

A. Signature

X *Fate Lopez*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Fate Lopez*

C. Date of Delivery

*2/26/04*

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 2934

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Jerry Tiras & Ethel Tiras  
 Tenants In Common  
 3388 Sage Rd # 1502  
 Houston, TX 77056

SE

- 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:

Jerry Tiras & Ethel Tiras  
 Tenants In Common  
 3388 Sage Rd # 1502  
 Houston, TX 77056

A. Signature

X *Bonnie Tiras*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Bonnie Tiras*

C. Date of Delivery

*2-27-04*

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 2941

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2956

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

John L Turner  
 PMB 285  
 317 S Sidney Baker Ste 40  
 Kerrville, TX 78028

- 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:

John L Turner  
 PMB 285  
 317 S Sidney Baker Ste 400  
 Kerrville, TX 78028

## A. Signature

X

☒ Agent☐ Addressee

## B. Received by (Printed Name)

Bill Bull

## C. Date of Delivery

2/27/09

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

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2958

7006 0100 0005 0627 2965

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

John S McDonald  
 1550 Cherry St Apt 164  
 Wenatchee, WA 98801

- 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:

John S McDonald  
 1550 Cherry St Apt 164  
 Wenatchee, WA 98801-0164

## A. Signature

X

☒ Agent☐ Addressee

## B. Received by (Printed Name)

Beverly Selland

## C. Date of Delivery

3/2/09

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

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2965

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2972

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

Jose L Candelaria  
 PO Box 1754  
 Arboles, CO 81121

- 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:

Jose L Candelaria  
 PO Box 1754  
 Arboles, CO 81121

## A. Signature

X

☐ Agent☒ Addressee

## B. Received by (Printed Name)

Nelsons Hope

## C. Date of Delivery

3-3-09

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

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2972

PS Form 3811, February 2004

Domestic Return Receipt

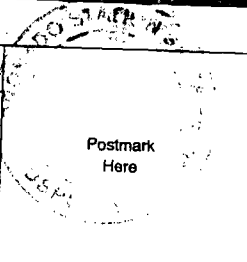
102595-02-M-1540

7006 0100 0005 0627 2989

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>6.92</b>



Julian Lopez  
130 Mulberry  
Fruita, CO 81521

7006 0100 0005 0627 2996

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>6.92</b>

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

- 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:  
  
Kenneth H Barber  
39 Marland Rd  
Colorado Springs, CO 80906-4328

**HIS SECTION ON DELIVERY**

A. Signature  
☒ Carolyn Barber ☐ Agent ☐ Addressee

B. Received by (Printed Name) K. BARBER C. Date of Delivery 2.24

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

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 2996

PS Form 3811, February 2004

Domestic Return Receipt

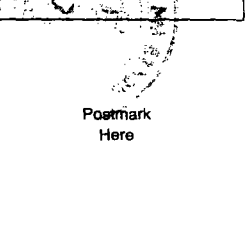
595-02-M-1540

7006 0100 0005 0627 2910

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>6.92</b>



HF Axtell & Freda Axtell  
101 Rio Vista Circle  
Durango CO 81301-4379

*Returned*

for instructions

7006 0100 0005 0627 3856

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

J. Glenn Turner, Jr. LL  
 3838 Oak Lawn  
 Suite 1450  
 Dallas, TX 75219

- 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:

J Glenn Turner Jr LLC  
 3838 Oak Lawn Suite 1450  
 Dallas, TX 75219

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3856

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Jerry J Andrew  
 408 Longwoods Ln  
 Houston, TX 77024

- 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.

Jerry J Andrew  
 408 Longwoods Ln  
 Houston, TX 77024

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3023

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

John A Mascarenas  
 8801 N 104th Ave  
 Peoria, AZ 85345

- 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:

John A Mascarenas  
 8801 N 104th Ave  
 Peoria, AZ 85345

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3030

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

THIS SECTION ON DELIVERY

## A. Signature

X *J. Glenn Turner Jr* ☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

*J. Glenn Turner Jr* *02-29-09*

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *R. Ayala* ☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

*R. Ayala* *2/27/09*

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

X *John A Mascarenas* ☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

*John A Mascarenas* *02-27-09*

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

Postmark  
Here

Johnson Tr Uad 1/24/85  
 Sp Johnson III & Barbara Jo Johnson C  
 Trustees  
 P.O. Box 1641  
 Roswell, NM 88202

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

JTV Ptrshp  
 Tracy C Thompson Man  
 PO Box 1713  
 Roswell, NM 8820

**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:**

JTV Ptrshp  
 Tracy C Thompson Managing Partner  
 PO Box 1713  
 Roswell, NM 8820

**2. Article Number**  
 (Transfer from service label)

7006 0100 0005 0627 3054

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Tracy Thompson* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *Tracy Thompson* C. Date of Delivery *3/25/09*  
 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

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Kellie M Kross  
 C/O David J Sorensen  
 PO Box 1453  
 Roswell, NM 88202

**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:**

Kellie M Kross  
 C/O David J Sorensen  
 PO Box 1453  
 Roswell, NM 88202-1453

**2. Article Number**  
 (Transfer from service label)

7006 0100 0005 0627 3061

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *B. Welsh* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) *B. Welsh* C. Date of Delivery *3-6-09*  
 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

7006 0100 0005 0627 3078

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	6.92

Postmark  
Here

To: Laplante/Johnson Fam Tr  
 Se: Joel S Johnson & Peggy L Laplante Co  
 Trustees  
 7275 S Sundown Cir  
 Littleton, CO 80120

PS Form 3800, June 2005

Instructions

7006 0100 0005 0627 3085

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark  
Here

To: Linda Lundell Lindsey  
 PO Box 631565  
 Nacogdoches, TX 75963

for Instructions

7006 0100 0005 0627 3089

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark  
Here

To: Lee Lopez  
 2041 College Cr  
 Las Vegas, NV 89115

for Instructions



7006 0100 0005 0627 3108

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

Manuel R Lopez  
 12871 Johns Rd  
 Anchorage, AK 99515-3708

## 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:

Manuel R Lopez  
 12871 Johns Rd  
 Anchorage, AK 99515-3708

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Manuel Lopez* ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*MANUEL LOPEZ* C. Date of Delivery *2-27-09*

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3108

PS Form 3800, June 2002

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark Here

Sen  
 Marie Gould  
 475 S New Hampshire Ave  
 City Los Angeles, CA 90020

PS

Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7006 0100 0005 0627 3115

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Matthew N Sorenson  
 PO Box 1453  
 Roswell, NM 88202-1453

## 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:

Matthew N Sorenson  
 PO Box 1453  
 Roswell, NM 88202-1453

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *B. Welsh* ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*B. Welsh* C. Date of Delivery *3-6-09*

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3122

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3122

7006 0100 0005 0627 3139

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees \$ 6.92  
 Nancy P Tonkin Rev Tr  
 Nancy Tonkin Cutter &  
 Allen M Tonkin Jr  
 1524 Park Ave SW  
 Albuquerque, NM 87104

## 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:

Nancy P Tonkin Rev Tr  
 Nancy Tonkin Cutter &  
 Allen M Tonkin Jr  
 1524 Park Ave SW  
 Albuquerque, NM 87104

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3139

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-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.

## 1. Article Addressed to:

Osprey Resources Inc.  
 PO Box 56449  
 Houston, TX 77256-6449

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3146

## 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:

Paul Jay Lewis  
 309 W 43rd St Ste 105  
 Sioux Falls, SD 57105-6805

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3153

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Nancy P Tonkin* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

Tonkin Cutter

## C. Date of Delivery

3/25/09

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

## Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes
**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total  
 Sent  
 By  
 or F  
 City  
 Osprey Resources Inc  
 PO Box 56449  
 Houston, TX 77256-

PS Form 3800, June 2002

## 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:

Osprey Resources Inc.  
 PO Box 56449  
 Houston, TX 77256-6449

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3146

## 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:

Paul Jay Lewis  
 309 W 43rd St Ste 105  
 Sioux Falls, SD 57105-6805

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Paul Jay Lewis* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

Paul Jay Lewis

## C. Date of Delivery

3/23/09

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3153

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Paul Jay Lewis  
 309 W 43rd St Ste 105  
 Sioux Falls, SD 57105-6805

PS Form 3800, June 2002

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

7006 0100 0005 0627 3160

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

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

- 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:

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

## 2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Pedro F Lopez* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *PEDRO F. LOPEZ* 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3160

**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:

Pennies From Heaven LLC  
 Bank Of America Agent  
 PO Box 840738  
 Dallas, TX 75283-0308

## 2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *D. Wright* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *D. Wright* C. Date of Delivery *FEB 26 2008*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3177

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

or Instructions

7006 0100 0005 0627 3177

**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	\$ 2.70
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.52
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Pure Resources LP  
 PO Box 910552  
 Dallas, TX 75391-0552

or Instructions

7006 0100 0005 0627 3184

7006 0100 0005 0627 3092

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Marcia Berger  
 C/O Petroleum Asset Mgm  
 PO Box 745  
 Hobbs, NM 88241

**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:

Marcia Berger  
 C/O Petroleum Asset Mgmt LLC  
 PO Box 745  
 Hobbs, NM 88241

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3092

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent  
☒ Address  
 B. Received by (Printed Name) *Asst. Postmaster*  
 C. Date of Delivery *FEB 27 2009*  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3870

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Mary Frances Turner, Jr Trust  
 Attn: Barry L. Dominick  
 TX1-2931  
 PO Box 660197  
 Dallas, TX 75266-0197

**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:

Mary Frances Turner, Jr Trust  
 Attn: Barry L. Dominick  
 TX1-2931  
 PO Box 660197  
 Dallas, TX 75266-0197

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3870

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent  
☒ Address  
 B. Received by (Printed Name) *WAME DANKIN*  
 C. Date of Delivery *FEB 27 2009*  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3207

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

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

**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:

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

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3207

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent  
☒ Address  
 B. Received by (Printed Name) *B. Jones*  
 C. Date of Delivery *2-26-09*  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7006 0100 0005 0627 3214

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

New Mexico State Royalty  
 310 Old Santa Fe Trl  
 Santa Fe, NM 87501

**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:

New Mexico State Royalty  
 310 Old Santa Fe Trl  
 Santa Fe, NM 87501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Susan Montoya* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Susan Montoya* C. Date of Delivery *2/22/09*

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7006 0100 0005 0627 3214

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Patricia F Wise  
 PO Box 157  
 Patton, CA 92369-0

**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:

Patricia F Wise  
 PO Box 157  
 Patton, CA 92369-0157

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Patricia F Wise* ☐ Agent ☐ Addressee

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

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

Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3221

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Paul Lopez  
 2828 B 4/10 Rd  
 Grand Junction, CO 81501

**SENDER**

- 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:

Paul Lopez  
 2828 B 4/10 Rd  
 Grand Junction, CO 81503-2185

A. Signature

X *Paul Lopez* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*Paul Lopez* 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3238

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3245

**U.S. Postal Service™**  
**CERTIFIED MAIL™** RE

(Domestic Mail Only; No Insurance)

SENDER:

**CERTIFIED MAIL**

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

ACTION ON DELIVERY

For delivery information visit our website

Postage \$ 2.02

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.92

To: Peggy Mascarenas McWilliams  
PO Box 427  
Flora Vista, NM 87415

- 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:

Peggy Mascarenas McWilliams  
PO Box 427  
Flora Vista, NM 87415

A. Signature

x Peggy Mascarenas McWilliams☒ Agent☐ Addressee

B. Received by (Printed Name)

Daved McWilliams

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☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3245

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™** R

(Domestic Mail Only; No Insurance)

SENDER:

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

ACTION ON DELIVERY

For delivery information visit our website

Postage \$ 2.02

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.92

To: PJC LP  
1409 S Sunset  
Roswell, NM 88201

- 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:

PJC LP  
1409 S Sunset  
Roswell, NM 88201

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

P S Cooper

C. Date of Delivery

2-27-04

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3252

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™** R

(Domestic Mail Only; No Insurance)

SENDER:

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

ACTION ON DELIVERY

For delivery information visit our website

Postage \$ 2.02

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.92

To: Ramseyer Community Tr  
Nancy Lanier Kobel Trust  
2415 S Hillcrest  
Camp Verde, AZ 86322

- 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:

Ramseyer Community Tr  
Nancy Lanier Kobel Trust  
2415 S Hillcrest  
Camp Verde, AZ 86322

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Nancy Kobel

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☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3269

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7006 0100 0005 0627 3252

7006 0100 0005 0627 3269

7006 0100 0005 0627 3276

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92



Ramseyr Liv Tr  
 Bruce & Kay Ramseyer Trustee  
 11741 Colony Dr.  
 Santa Ana, CA 92705

for instructions

7006 0100 0005 0627 3283

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

RL Zinn Et Al Ltd  
 C/O Zinn Petroleum Co  
 3400 Bissonnet St # 250  
 Houston, TX 77005-2155

**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:

RL Zinn Et Al Ltd  
 C/O Zinn Petroleum Co  
 3400 Bissonnet St # 250  
 Houston, TX 77005-2155

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3283

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Robert W Isham Est  
 Eleanor Joy & R W Isham III Per  
 PO Box 290  
 Gordon, NE 69343

**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:

Robert W Isham Est  
 Eleanor Joy & R W Isham III Pers Rep  
 PO Box 290  
 Gordon, NE 69343

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3290

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**SECTION ON DELIVERY**

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

2-27-04

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

Naomi Lincoln  
 Naomi Lincoln

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3306

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Robert Walter Lundell  
 2450 Fondren # 304  
 Houston, TX 77063

- SENDER: C**
- 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:  
 Robert Walter Lundell  
 2450 Fondren # 304  
 Houston, TX 77063

**THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☒ Addressee  
 X *Walt Lundell*

B. Received by (Printed Name) *Walt Lundell* C. Date of Delivery *3-3-07*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0627 3306**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0627 3313

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Rogers-Gibbard Tr  
 Susan Rogers Eveland Tr  
 3630 River Oaks Ct  
 Tyler, TX 75707-1658

- 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:  
 ROGE630 757072015 1209 19 02/27/09  
 NOTIFY SENDER OF NEW ADDRESS  
 : ROGERS-GIBBARD TRUST  
 PO BOX 624  
 SULPHUR OK 73086-0624

**THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
 X *Charles B. Hawk*

B. Received by (Printed Name) *Charles B. Hawk* C. Date of Delivery *3-3-09*

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0627 3313**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0627 3320

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Rose Mascarenas Carter  
 PO Box 323  
 Flora Vista, NM 87415

- 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:  
 Rose Mascarenas Carter  
 PO Box 323  
 Flora Vista, NM 87415

**THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *Rose Mascarenas Carter*

B. Received by (Printed Name) *Rose Mascarenas Carter* C. Date of Delivery *3-3-09*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0627 3320**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7006 0100 0005 0627 3337

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

**CERTIFIED MAIL™**  
 COMPLETE  
 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.

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Steven Kent Lust  
 1314 6th Ave Sw  
 Aberdeen, SD 57401

1. Article Addressed to:

Steven Kent Lust  
 1314 6th Ave Sw  
 Aberdeen, SD 57401

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 3337

A. Signature  
 X Cheryl Sommers ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cheryl Sommers C. Date of Delivery 2-27

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

7006 0100 0005 0627 3344

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Stricker Petroleum Corp  
 Dover, DE 19901

Postmark  
 Here

*Returned*

for Instructions

7006 0100 0005 0627 3351

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Tab Riley Smith  
 PO Box 2267  
 Bellaire, TX 77402

Postmark  
 Here

for Instructions

7006 0100 0005 0627 3450

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark Here

Tina M Carpenter  
 5211 Autumn Way  
 Mchenry, IL 60050

*Returned*

7006 0100 0005 0627 3368

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Richard L Lopez  
 1400 N 24th St  
 Grand Junction, CO 81501-5

**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:  
 Richard L Lopez  
 1400 N 24th St  
 Grand Junction, CO 81501-5680

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ *Richard Lopez* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) *Richard Lopez* 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 ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3368

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3375

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Robert E Beamon III  
 2603 Augusta Ste 1050  
 Houston, TX 77057

- 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:  
 Robert E Beamon III  
 2603 Augusta Ste 1050  
 Houston, TX 77057

2. Article Number  
 (Transfer from service label)

A. Signature ☒ *M. Weber* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *M. Weber* C. Date of Delivery *3/2/09*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3375

PS Form 3811, February 2004 Domestic Return Receipt

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3382

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Robert W Umbach Cancer Foundation Inc  
Wells Fargo Bank Na Agent  
PO Box 5383  
Denver, CO 80217

**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:  
Robert W Umbach Cancer Foundation Inc  
Wells Fargo Bank Na Agent  
PO Box 5383  
Denver, CO 80217

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3382

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X JASON MAHAN ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
2-27-09

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3399

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Roger B Nielsen  
1200 Danbury Dr  
Mansfield, TX 76063

**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:  
Roger B Nielsen  
1200 Danbury Dr  
Mansfield, TX 76063

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3399

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Karin Nielsen ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
2/27/09

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3405

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.26
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.98</b>

Rose M Lopez Atencio  
222 S Peach  
Fruita, CO 81521

**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:  
Rose M Lopez Atencio  
222 S Peach  
Fruita, CO 81521

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3405

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Rose Atencio ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
Rose Atencio 2/26/09

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3412

**U.S. Postal Service™  
CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Sidney Moran  
18 Hudson Cir  
Houston, TX 77024-7254

**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:

Sidney Moran  
18 Hudson Cir  
Houston, TX 77024-7254

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3412

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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:

Stevens Partners LP  
C/O Walter J Melendres Esq  
1069 Encantado Dr  
Santa Fe, NM 87501

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3429

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

T Patrick Nacol  
611 Druid Rd E Ste 711  
Clearwater, FL 33756-3931

Postmark  
Here

for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *RA Fuela Balley* ☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

2/28/05

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

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## A. Signature

X *Walter J Melendres* ☐ 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

*Returned*

7006 0100 0005 0627 3443

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total Postage &amp; Fees \$ 6.92

 Tim L Dale  
 C/O T Patrick Nacol  
 434 St Andrews Dr  
 Belleair, FL 34616-1924

 Postmark  
 Here

for instructions

*Returned*

7006 0100 0005 0627 3542

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total Postage &amp; Fees \$ 6.92

 Tommy Mascarenas  
 PO Box 616  
 Jamul, CA 91935-0616

**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:  
 Tommy Mascarenas  
 PO Box 616  
 Jamul, CA 91935-0616

 2. Article Number **7006 0100 0005 0627 3542**  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

 A. Signature ☐ Agent  
*x Tommy Mascarenas*  
 B. Received by (Printed Name) *Tom Mascarenas*  
 C. Date of Delivery *3-7-09*  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

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

7006 0100 0005 0627 3467

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total Postage &amp; Fees \$ 6.92

 Tony S Lopez  
 PO Box 371154  
 Denver, CO 80237

**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:  
 Tony S Lopez  
 PO Box 371154  
 Denver, CO 80237

 2. Article Number **7006 0100 0005 0627 3467**  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

 A. Signature ☐ Agent  
*x Tony Lopez*  
 B. Received by (Printed Name) *Tony Lopez*  
 C. Date of Delivery *3/2*  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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

**U.S. Postal Service™**  
**CERTIFIED MAIL™ R**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our web

Postage \$ 2.02  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.92

Va Johnston Fam Tr  
 Da Prewitt & Ma Chesser C  
 PO Box 825  
 Ralls, TX 79357-0825

**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:  
 Va Johnston Fam Tr  
 Da Prewitt & Ma Chesser Co Trustees  
 PO Box 825  
 Ralls, TX 79357-0825

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☒ Agent ☒ Addressee  
 B. Received by (Printed Name) *Da Prewitt & Ma Chesser* C. Date of Delivery *3-4-09*  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3474

**U.S. Postal Service™**  
**CERTIFIED MAIL™ R**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our web

Postage \$ 2.02  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.92

Walter R. Gould  
 PO Box 903  
 Espanola, NM 87532-0903

**SENDER: COMPLE**

- 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:

Walter R. Gould  
 PO Box 903  
 Espanola, NM 87532-0903

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 4051

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website at w

Postage \$ 2.02  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.92

William Poleson  
 620 Penrose Blvd  
 Colorado Springs, CO 80906

**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:

William Poleson  
 620 Penrose Blvd  
 Colorado Springs, CO 80906

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3498

PS Form 3811, February 2004

Domestic Return Receipt

395-02-M-1540

7006 0100 0005 0627 3504

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Energen Resources Corp  
 605 Richard Arrington Jr Blvd  
 Birmingham, AL 35203-2707

**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:

Energen Resources Corp  
 605 Richard Arrington Jr Blvd N  
 Birmingham, AL 35203-2707

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *M. Moller* ☐ Agent  
☐ Addressee

B. Received by (Printed Name) *M. Moller* 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3504

102595-02-M-1540

7006 0100 0005 0627 3511

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

**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:

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

## 2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *\* Adonalo* ☐ Agent  
☐ Addressee

B. Received by (Printed Name) *IN DONALO* C. Date of Delivery *2-26-04*

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3528

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Gumz Fam Tr Dtd 10/31/03  
 Henry F Gumz & Margaret Gumz Co  
 Trustees  
 674 Via Mendoza Unit D  
 Laguna Woods, CA 92637

**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:

Gumz Fam Tr Dtd 10/31/03  
 Henry F Gumz & Margaret Gumz Co  
 Trustees  
 674 Via Mendoza Unit D  
 Laguna Woods, CA 92637

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X Henry Gumz* ☐ Agent  
☐ Addressee

B. Received by (Printed Name) *HENRY GUMZ* C. Date of Delivery *03-02-04*

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

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3528

102595-02-M-1540

7006 0100 0005 0627 3535

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Gifford H. Nigh & Margaret Nigh  
 202 FM 2578 Rm 45  
 Terrell, TX 75160

**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:  
 Gifford H. Nigh & Margaret Nigh  
 202 FM 2578 Rm 45  
 Terrell, TX 75160

2. Article Number  
 (Transfer from service label) **7006 0100 0005 0627 3535**

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name) *Kim Doye* C. Date of Delivery *2/26*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3634

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Robert Mascarenas  
 Rd 3581 #13  
 Flora Vista, NM 87415-9

**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:  
 Robert Mascarenas  
 Rd 3581 #13  
 Flora Vista, NM 87415-9603

2. Article Number  
 (Transfer from service label) **7006 0100 0005 0627 3634**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee  
*[Signature]*

B. Received by (Printed Name) *Robert Mascarenas* C. Date of Delivery *2/26/09*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3800, June 2002

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3559

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Trini Lopez Montoya  
 5691 W 35th Ave Apt 1-A  
 Denver, CO 80212

**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:  
 Trini Lopez Montoya  
 5691 W 35th Ave Apt 1-A  
 Denver, CO 80212

2. Article Number  
 (Transfer from service label) **7006 0100 0005 0627 3559**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee  
*[Signature]*

B. Received by (Printed Name) *Trini Lopez Montoya* C. Date of Delivery *2/26/09*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7006 0100 0005 0627 3566

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Viola Mascarenas Lucero  
 PO Box 841  
 Bloomfield, NM 87413
**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:

 Viola Mascarenas Lucero  
 PO Box 841  
 Bloomfield, NM 87413

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3566

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *Viola Mascarenas Lucero* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

*Viola Mascarenas Lucero*

C. Date of Delivery

*2/25/09*
D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ NO

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3573

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 William C Briggs  
 Reynolds Hix & Co Poa & A  
 6729 Academy Rd Ste D  
 Albuquerque, NM 87109
**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:

 William C Briggs  
 Reynolds Hix & Co Poa & Agent  
 6729 Academy Rd Ste D  
 Albuquerque, NM 87109

Article Number

(Transfer from service label)

7006 0100 0005 0627 3573

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *William C Briggs* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

*William C Briggs*

C. Date of Delivery

*2/25/09*
D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3580

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 WWR Enterprises Inc  
 C/O Petroleum Asset Mgmt  
 PO Box 745  
 Hobbs, NM 88241
**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:

 WWR Enterprises Inc  
 C/O Petroleum Asset Mgmt Llc  
 PO Box 745  
 Hobbs, NM 88241

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3580

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *WWR Enterprises Inc* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*WWR Enterprises Inc*

C. Date of Delivery

*2/25/09*
D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

7006 0100 0005 0627 3597

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Kleimor Energy LLC  
8451 E Oregon Pl  
Denver, CO 80231

**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:

Kleimor Energy LLC  
8451 E Oregon Pl  
Denver, CO 80231

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *[Signature]*  
 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3597

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3603

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

**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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
 X *[Signature]*  
 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

**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:

Claude I Hobson Rev Liv Tr  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee  
 X *[Signature]*  
 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0627 3610

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Claude I Hobson Rev Liv Tr  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005

7006 0100 0005 0627 3627

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

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

or Instructions

7006 0100 0005 0627 3733

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

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

See Reverse for Instructions

Returned

7006 0100 0005 0627 3641

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

**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:

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

 2. Article Number  
 (Transfer from service label)
**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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
 Robert E. Oade  
 9665 Southern Belle  
 Brookville, FL 34613

7006 0100 0005 0627 3641

7006 0100 0005 0627 3658

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

 Total Postage & Fees \$ 6.92  
 Victoria Webb  
 806 Cordova  
 Dallas, TX 75223
**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:

 Victoria Webb  
 806 Cordova  
 Dallas, TX 75223

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3658

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

CLAY RENDON

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☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total Postage &amp; Fees \$ 6.92

 XTO Energy, Inc.  
 Attn: Edwin S. Ryan, Jr.  
 810 Houston Street, Ste  
 Fort Worth, TX 76102-
**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:

 XTO Energy, Inc.  
 Attn: Edwin S. Ryan, Jr.  
 810 Houston Street, Ste 2000  
 Fort Worth, TX 76102-6298

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

 FEB 27 2008  
 If delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesRECEIVED  
MAIL CENTER

7006 0100 0005 0627 3863

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total Postage &amp; Fees \$ 6.92

 Freda O Axtell Rev Tr  
 PO Box 801  
 Durango, CO 81302

- 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:

 Freda O Axtell Rev Tr  
 PO Box 801  
 Durango, CO 81302

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3672

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

E. Axtell

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☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

for instructions

7006 0100 0005 0627 3672

7006 0100 0005 0627 3689

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Florence Vallejos  
 PO Box 702  
 Ignacio, CO 81137

**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:

Florence Vallejos  
 PO Box 702  
 Ignacio, CO 81137

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Elesida Enriquez* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Elesida Enriquez* 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

7006 0100 0005 0627 3689

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3696

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Lee A. Lopez  
 PO Box 621660  
 Las Vegas, NV 89162-1660

Postmark  
 Here

for Instructions

7006 0100 0005 0627 3702

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

George Umbach  
 PO Box 1588  
 Tulsa, OK 74101

Postmark  
 Here

for Instructions

7006 0100 0005 0627 3719

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark  
Here

JRB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

for Instructions

7006 0100 0005 0627 3726

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

RHB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

**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:

RHB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3726

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Cheryl Good* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

*Cheryl Good* ☒ Yes ☐ No

C. Date of Delivery  
2/25/09

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

7006 0100 0005 0627 3771

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

WCB Investments  
c/o Reynolds Hix & CO  
6729 Academy Road NE  
Albuquerque, NM 872109

**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:

WCB Investments  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Cheryl Good* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

*Cheryl Good* ☒ Yes ☐ No

C. Date of Delivery  
2/25/09

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

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

7006 0100 0005 0627 3740

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

**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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* 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

7006 0100 0005 0627 3757

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

2. Article Number (Transfer from service label) 7006 0100 0005 0627 3740

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

- 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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* 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

7006 0100 0005 0627 3825

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

**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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* 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

7006 0100 0005 0627 3786

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Grayfore Partners LP  
 PO Box 98670  
 Lubbock, TX 79499-867
**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:

 Grayfore Partners LP  
 PO Box 98670  
 Lubbock, TX 79499-8670

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3788

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Delbert Coape*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Delbert Coape*

## 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
- ☐
- Express Mail
- 
- ☐
- Registered
- ☒
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3795

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 VA Johnston Ltd  
 PO Box 825  
 Ralls, TX 79357
**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:

 VA Johnston Ltd  
 PO Box 825  
 Ralls, TX 79357

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3795

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *David A. Prewitt*☒ Agent☒ Addressee

## B. Received by (Printed Name)

*David A. Prewitt*

## C. Date of Delivery

3-4-09

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

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7006 0100 0005 0627 2774

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 2.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.90

 Elesida Enriquez  
 1115 4th Ave.  
 Durango, CO 81301
**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:

 Elesida Enriquez  
 1115 4th Ave.  
 Durango, CO 81301

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2774

## A. Signature

X *Elesida Enriquez*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Elesida Enriquez*

## 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
- ☐
- Express Mail
- 
- ☐
- Registered
- ☒
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154



7006 0100 0005 0627 3801

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

BP America Production Co.  
 Attn: John Larson, W11 Ro  
 501 Westlake Boulevard  
 Houston, TX 77079-3092

**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:

BP America Production Co.  
 Attn: John Larson, W11 Rom 19.158  
 501 Westlake Boulevard  
 Houston, TX 77079-3092

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3811

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *[Signature]*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Tim Rios*

## C. Date of Delivery

FEB 27 2009

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Registered Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

**ONE SERVICE ONLY**

7006 0100 0005 0627 3816

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

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

**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:

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

## 2. Article Number

7006 0100 0005 0627 3818

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *[Signature]*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*S. J. Johnson*

## 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☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3832

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

Ms. Elizabeth T. Calloway  
 P.O. Box 191767  
 Dallas, TX 75219-1767

**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:

Ms. Elizabeth T. Calloway  
 P.O. Box 191767  
 Dallas, TX 75219-1767

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3832

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Robert Wilburn*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Robert Wilburn*

## C. Date of Delivery

2/27/09

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3849

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

For delivery information visit our web

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Fred E. Turner, LLC  
 4925 Greenville Ave.,  
 Dallas, TX 75206-4079

**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:

Fred E. Turner, LLC  
 4925 Greenville Ave., Suite 852  
 Dallas, TX 75206-4079

 2. Article Number  
 (Transfer from service label)
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Fred E. Turner*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/26

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

3. Service Type

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

7006 0100 0005 0627 3849

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3016

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

For delivery information visit our website at ww

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

J Glenn Turner Jr LLC  
 3838 Oak Lawn Suite 1450  
 Dallas, TX 75219

**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:

J. Glenn Turner, Jr. LLC  
 3838 Oak Lawn  
 Suite 1450  
 Dallas, TX 75219

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *J. Glenn Turner*
☐ 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes**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:

XTO Energy, Inc.  
 Attn: Edwin S. Ryan, Jr.  
 810 Houston St., Ste 2000  
 Fort Worth, TX 76102-6298

 2. Article Number  
 (Transfer from serv
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Edwin S. Ryan*
☐ 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0627 3665

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our web

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

XTO Energy, Inc.  
 Attn: Edwin S. Ryan,  
 810 Houston St., Ste  
 Fort Worth, TX 7610

 RECEIVED  
 FEB 27 2009  
 MAIL CENTER

7006 0100 0005 0627 3191

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.92
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

Mary Frances Turner Jr Tr 6743  
 Chase Bank Of Texas  
 C/O JP Morgan Chase Bank NA  
 PO Box 99084  
 Fort Worth, TX 76199-0084

PS Form 3800, June 2002

**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:

Mary Frances Turner Jr Tr 6743  
 Chase Bank Of Texas  
 C/O JP Morgan Chase Bank NA  
 PO Box 99084  
 Fort Worth, TX 76199-0084

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3191

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *Feb 28 2009*

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
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Mr. John Turner  
 Pmb 285  
 317 Sidney Baker South #40  
 Kerrville, TX 78028

**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:

Mr. John Turner  
 Pmb 285  
 317 Sidney Baker South #400  
 Kerrville, TX 78028

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3887

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/27/09*

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

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3894

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

**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:

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

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3894

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 4013

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Forest Oil Corporation  
 Attn: Ken McPhee  
 707 17<sup>th</sup> Street  
 Denver, CO 80202

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:

Forest Oil Corporation  
 Attn: Ken McPhee  
 707 17<sup>th</sup> Street  
 Denver, CO 80202

 2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 4013

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3917

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Ms. Victoria Webb  
 806 Cordova  
 Dallas, TX 75223

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:

Ms. Victoria Webb  
 806 Cordova  
 Dallas, TX 75223

 2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 3917

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3764

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at [usps.com](http://usps.com)

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

- 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:

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

 2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 3764

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL™

ON DELIVERY

 X J MANISCALFO  
 B. Received by (Printed Name) C. Date of Delivery 3/2/9

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

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

COMPLETE THIS SECTION ON DELIVERY

 A. Signature X  
☐ Agent ☐ Addressee

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

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

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

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

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

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

7006 0100 0005 0627 3924

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

 Postmark  
 Here

 Sacramento Municipal Utilities District  
 Attn: Thomas Ingwers  
 P.O. Box 15830  
 Denver, CO 80217-5810

See Reverse for Instructions

*Returned*

7006 0100 0005 0627 4006

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

 Conocophillips Company  
 Attn: Chief Landman,  
 San Juan/ Rockies  
 P.O. Box 87499-4289

- 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:

 Conocophillips Company  
 Attn: Chief Landman,  
 San Juan/ Rockies  
 P.O. Box 87499-4289

 2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 4006

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.92</b>

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

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:

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

 2. Article Number  
 (Transfer from service label)

7006 0100 0005 0627 3948

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 2-27-08	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

A. Signature <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery FEB 26 2008	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7006 0100 0005 0627 3955

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

New Mexico State Royalty  
 310 Old Santa Fe Trail  
 Santa Fe, NM 87501

**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:

New Mexico State Royalty  
 310 Old Santa Fe Trail  
 Santa Fe, NM 87501

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3955

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Susan Montoya*☒ Agent☐ Addressee

## B. Received by (Printed Name)

Susan Montoya

## C. Date of Delivery

2/25/01

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes
**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Bureau of Land Management  
 Farmington Field Office  
 1235 La Plata Highway S.  
 Farmington, NM 87041

**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:

Bureau of Land Management  
 Farmington Field Office  
 1235 La Plata Highway Suite A  
 Farmington, NM 87041

## 2. Article Number

(Transfer from service label)

7006 0100 0005 0627 4037

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

X *[Signature]*☐ Agent☐ Addressee

## B. Received by (Printed Name)

[Signature]

## 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☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes