

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

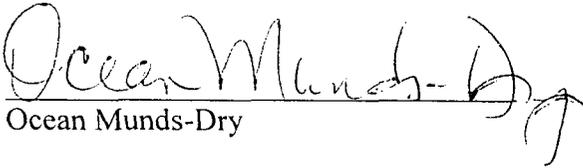
APPLICATION OF WILLIAM PRODUCTION COMPANY, LLC FOR APPROVAL OF AN EXCEPTION TO THE PROVISIONS OF RULE 19.15.16, OR IN THE ALTERNATIVE, A SPECIAL RULE FOR THE ROSA UNIT, THAT AUTHORIZES THE USE OF THE POINT WHERE THE DIRECTIONAL WELLBORE PENETRATES THE TOP OF THE PRODUCING INTERVAL WITHIN THE POOL AS THE PENETRATION POINT FOR THE DIRECTIONAL WELLS IN THE ROSA UNIT AREA, SAN JUAN AND RIO ARriba COUNTIES, NEW MEXICO.

CASE NO. 14290

AFFIDAVIT

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

Ocean Munds-Dry, attorney in fact and authorized representative of WILLIAMS PRODUCTION COMPANY, 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.

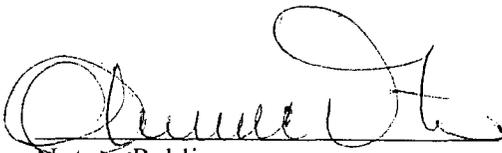

Ocean Munds-Dry

SUBSCRIBED AND SWORN to before me this 14TH day of October 2009 by Ocean Munds-Dry.

My Commission Expires:

3-10-12

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 14290 Exhibit No. 5
Submitted by:
WILLIAMS PRODUCTION COMPANY, LLC.
Hearing Date: October 15, 2009


Notary Public

**OFFICIAL SEAL**
Olivia Ita
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 3-10-12



William F. Carr
wcarr@hollandhart.com

February 17, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Williams Production Company, LLC for approval of an exception to the provisions of Rule 19.15.16, or in the alternative, a special rule for the Rosa Unit, that authorizes the use of the point where the directional wellbore penetrates the top of the producing interval within the pool as the penetration point for the directional wells in the Rosa Unit Area, San Juan and Rio Arriba Counties, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Williams Production Company, LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an exception to the provisions of rule 19.15.16 to authorize the penetration point for directional wells in the Rosa Unit to be the point where the directional wellbore penetrates the top of the producing interval within the pool from which it is intended to produce, San Juan and Rio Arriba Counties, New Mexico.

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 19.15.4.13 to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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,


William F. Carr

Attorney for Williams Production Company

EXHIBIT A

APPLICATION OF WILLIAMS PRODUCTION COMPANY, LLC FOR APPROVAL OF AN EXCEPTION TO THE PROVISIONS OF RULE 19.15.16, OR IN THE ALTERNATIVE, A SPECIAL RULE FOR THE ROSA UNIT, THAT AUTHORIZES THE USE OF THE POINT WHERE THE DIRECTIONAL WELLBORE PENETRATES THE TOP OF THE PRODUCING INTERVAL WITHIN THE POOL AS THE PENETRATION POINT FOR THE DIRECTIONAL WELLS IN THE ROSA UNIT AREA, SAN JUAN AND RIO ARRIBA COUNTIES, NEW MEXICO.

NOTIFICATION LIST

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

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

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Denver, CO 80217-5810

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L.E. Carbaugh P. M. Hardw
245 Commerce Green Blvd., Suite 280
Sugar Land, TX 77478

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

Carl Dellinger
3605 Britt Street, NE
Albuquerque, NM 87111

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

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

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

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

Accord DU LAC Partnership LP
P.O. Box 676370
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New Mexico State Land Office
PO Box 1148
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12 W Ranch Trail
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Chino Hills, CA 91709

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Henrietta Schultz, Trustee
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XTO Energy, Inc.
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Fort Worth, TX 76102-6298

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317 Sidney Baker South #400
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Forest Oil Corporation
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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

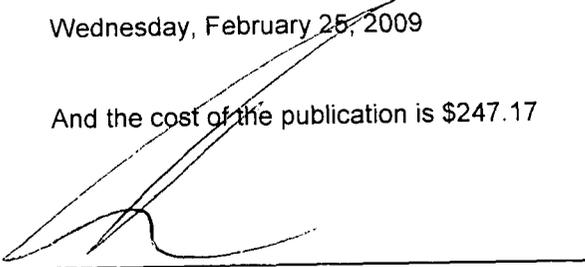
Ad No. 61248

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 \$247.17



ON 3/1/09 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 : 14290

Application of Williams Production Company, LLC for approval of an exception to the provisions of Rule 19.15.16, or in the alternative, a special rule for the Rosa Unit, that authorizes the use of the point where the directional wellbore penetrates the top of the producing interval within the pool as the penetration point for the directional wells in the Rosa Unit Area, San Juan and Rio Arriba Counties, New Mexico. Applicant seeks the approval of an exception to the provisions of rule 19.15.16 to authorize the penetration point for directional wells in the Rosa Unit to be the point where the directional wellbore penetrates the top of the producing interval within the pool from which it is intended to produce, San Juan and Rio Arriba Counties, New Mexico. The Rosa Unit Area is comprised of the following lands located in San Juan and Rio Arriba, Counties, New Mexico:

- TOWNSHIP 31 NORTH, RANGE 4 WEST, NMPM**
Sections 1 through 31: All
- TOWNSHIP 31 NORTH, RANGE 5 WEST, NMPM**
Sections 3 through 36: All
- TOWNSHIP 31 NORTH, RANGE 6 WEST, NMPM**
Sections 1 through 5: All
Sections 8-17: All
Sections 21 through 26: All
- TOWNSHIP 32 NORTH, RANGE 6 WEST, NMPM**
Sections 32 through 36: All

The requested authorization will permit the access of more of the producing formation with the directional/horizontal portion of the wellbore resulting in more efficient production of these reserves thereby preventing waste and protecting correlative rights. This area is located approximately 9 miles southeast of Arboles, New Mexico.

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. 61248 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 26th 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 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 18, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-859-1779 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.

er's Bill

time at 84.00

times at _____

Affidavit 5.00

Subtotal 89.00

Tax 6.90

Total 95.90

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: 14290

Application of Williams Production Company, LLC for approval of an exception to the provisions of Rule 19.15.16, or in the alternative, a special rule for the Rosa Unit, that authorizes the use of the point where the directional wellbore penetrates the top of the producing interval within the pool as the penetration point for the directional wells in the Rosa Unit Area, San Juan and Rio Arriba Counties, New Mexico. Applicant seeks the approval of an exception to the provisions of rule 19.15.16 to authorize the penetration point for directional wells in the Rosa Unit to be the point where the directional wellbore penetrates the top of the producing interval within the pool from which it is intended to produce. San Juan and Rio Arriba Counties, New Mexico. The Rosa Unit Area is comprised of the following lands located in San Juan and Rio Arriba Counties, New Mexico:

TOWNSHIP 31 NORTH

RANGE 4 WEST NMPM

Sections 1 through 31: All

TOWNSHIP 31 NORTH

RANGE 5 WEST NMPM

Sections 3 through 36: All

TOWNSHIP 31 NORTH

RANGE 6 WEST NMPM

Sections 1 through 5: All

Sections 8-17: All

Sections 21 through 26: All

TOWNSHIP 32 NORTH

RANGE 6 WEST NMPM

Sections 32 through 36: All

The requested authorization will permit the access of more of the producing formation with the directional/horizontal portion of the wellbore resulting in more efficient production of these reserves thereby preventing waste and protecting correlative rights. This area is located approximately 9 miles southeast of Arboles, New Mexico.

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. Feamire, P.E., Director
(Published February 26, 2009).

ed at Rio Grande SUN

[Signature]

7006 0100 0005 0627 2569

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

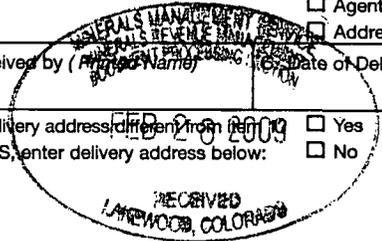
Minerals Management Service
P.O. Box 5810
Denver, CO 80217-5810

2. Article Number
(Transfer from service label) **7006 0100 0005 0627 2576**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X
B. Received by (Print Name) **MINERALS MANAGEMENT SERVICE** 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

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2583

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)	
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 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

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 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

CHICAGO SERVICES
JOAN TALMACIU
MAR 02 2004
JPMORGAN CHASE

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 www.usps.com

Postage	\$ 2.09
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: OOJ1
P.O. Box 21868
Tulsa, OK 74121

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 Company
Attention: OOJ1
P.O. Box 21868
Tulsa, OK 74121

2. Article Number (Transfer from service label) 7006 0100 0005 0627 2590

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 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

CHICAGO, OKLA
FEB 27 2004
USPS

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 www.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

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:

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

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 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 2613

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

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

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

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**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Heckman* Agent Addressee

B. Received by (Printed Name) **Darci Heckman** C. Date of Delivery **2/27/04**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 0627 2620

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

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:

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

2. Article Number
(Transfer from service label) **7006 0100 0005 0627 2620**

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 2644

U.S. Postal Service™
CERTIFIED MAIL™
(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

Ben R. Howard
11490 Audelia Road
Dallas, TX 75243

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**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Ben R. Howard* Agent Addressee

B. Received by (Printed Name) **Ben R. Howard** C. Date of Delivery **2-26**

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 2651

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

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 *[Signature]* Agent Addressee

B. Received by (Printed Name) T. HENDERSON C. Date of Delivery 03/02/09

D. Is delivery address different from item 1? Yes 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 2651

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

7006 0100 0005 0627 2668

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

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 *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 2-25-09

D. Is delivery address different from item 1? Yes 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 2668

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

7006 0100 0005 0627 2675

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)	
Total Postage & Fees	\$ 6.92

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

Postmark Here

of Instructions

7006 0100 0005 0627 2682

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

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

Chamisa Land Co.
P.O. Box 30281 - Uptown Station
Albuquerque, NM 87102

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)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Chamisa Land Co.* Agent Addressee
- B. Received by (Printed Name) *William S. Lee*
- C. Date of Delivery *3/25/07*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

7006 0100 0005 0627 2682

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2699

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

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	\$ 2.92

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)

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 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2705

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

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

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

2. Article Number
(Transfer from service label)

- 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 2705

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

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

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

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™ 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)	
Total Postage & Fees	\$ 6.92

Avelinda Mascarenas
5 CR 6067 NBU 1005
Farmington, NM 87401

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

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Avelinda Mascarenas Addressee

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

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 2743

7006 0100 0005 0627 4044

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

SENDER: COMPLETE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. **COMPLETE THIS SECTION ON DELIVERY**

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

- 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.

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:

1. Article Addressed to:

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

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**

102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt

0100 0005 0627 2750

U.S. Postal Service™
CERTIFIED MAIL™ REG
(Domestic Mail Only, No Insurance Coverage)

SENDER: COMPLETE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. **COMPLETE THIS SECTION ON DELIVERY**

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

- 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.

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:

1. Article Addressed to:

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

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**

102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt

7006 0100 0005 0627 2767

U.S. Postal Service™
CERTIFIED MAIL™ REG
(Domestic Mail Only, No Insurance Coverage)

SENDER: COMPLETE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. **COMPLETE THIS SECTION ON DELIVERY**

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

- 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.

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:

1. Article Addressed to:

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

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**

102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt

7006 0100 0005 0627 3962

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)	
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
 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-1540

7006 0100 0005 0627 2796

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

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

OFFICIAL USE

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

Postmark Here

Returned

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 2796**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Lori Aguirre 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

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2804

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)	
Total Postage & Fees	\$ 6.92

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

SENDER: C
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:

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

THIS SECTION ON DELIVERY

A. Signature
 Sherry Gidd Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
2/29

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

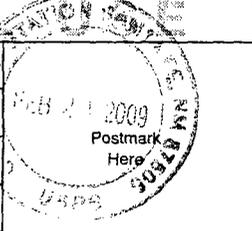
2. Article Number (Transfer from service label) 7006 0100 0005 0627 2804

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)	
Total Postage & Fees	\$ 6.92



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

Returned

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)	
Total Postage & Fees	\$ 6.92

Consuela Mascarenas Gooch
1001 Tucker
Farmington, NM 87401

SENDER: C
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:

Consuela Mascarenas Gooch
1001 Tucker
Farmington, NM 87401

THIS SECTION ON DELIVERY

A. Signature
 Connie Gooch Agent Addressee

B. Received by (Printed Name) *Consuela Gooch* C. Date of Delivery *2-25-09*

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 2729

7006 0100 0005 0627 2729

7006 0100 0005 0627 2736

U.S. Postal Service
CERTIFIED MAIL™ REC
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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

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

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

7006 0100 0005 0627 2835

U.S. Postal Service
CERTIFIED MAIL™ REC
(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

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
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

7006 0100 0005 0627 2842

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

OFFICIAL USE

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

Debbie Moran
 3819 Latma Drive
 Houston, TX 77025-4120

for instructions

Returned

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

OFFICIAL USE

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] 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

7006 0100 0005 0627 2866

U.S. Postal Service™
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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

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

SENDER COMPLETE THIS SECTION
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
SECTION ON DELIVERY

- 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

A. Signature
 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 No
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 2866

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

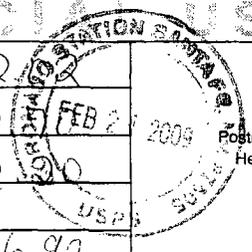
7006 0100 0005 0627 2873

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)	
Total Postage & Fees	\$ 6.92

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



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

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

Florence Vallejos
PO Box 702
Ignacio, CO 8113

SENDER COMPLETE THIS SECTION
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
SECTION ON DELIVERY

- 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

A. Signature
 Elvira Enriquez Agent Addressee

B. Received by (Printed Name)
Elvira Enriquez

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
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 2880

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2880

7006 0100 0005 0627 2897

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

Fred E. Turner LLC
One Energy Square, Ste 81
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
One Energy Square, Ste 852
4925 Greenville Ave.
Dallas, TX 75206-4079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sherry Gibbs 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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 2897

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2903

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

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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RHA 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X (Herb) Good Agent Addressee

B. Received by (Printed Name)
C. Date of Delivery
Mary Good 2/25/09

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 2828

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2828

7006 0100 0005 0627 2927

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL

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

1. Article Addressed to:
 J Glenn Turner Jr
 2 Turtle Creek Bend, Suite
 3838 Oak Lawn
 Dallas, TX 75219

SENDER'S COPY (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

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.

A. Signature: *J Glenn Turner Jr* Agent Addressee

B. Received by (Printed Name): *J Glenn Turner Jr* C. Date of Delivery: *2-20-04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0627 2927**

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

7006 0100 0005 0627 2934

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

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

OFFICIAL

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

1. Article Addressed to:
 James Lopez
 2837 Pinnacle
 Colorado Springs, CO 80910

SENDER'S COPY (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

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.

A. Signature: *James Lopez* Agent Addressee

B. Received by (Printed Name): *James Lopez* C. Date of Delivery: *2-20-04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0627 2934**

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

7006 0100 0005 0627 2941

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

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

OFFICIAL

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

1. Article Addressed to:
 Jerry Tiras & Ethel Tiras
 Tenants In Common
 3388 Sage Rd # 1502
 Houston, TX 77056

SENDER'S COPY (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

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.

A. Signature: *Jerry Tiras* Agent Addressee

B. Received by (Printed Name): *Jerry Tiras* C. Date of Delivery: *2-20-04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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 2958

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

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

SECTION ON DELIVERY

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)	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
 Agent
 Addressee

B. Received by (Printed Name) *Bill Bull*
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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2958

7006 0100 0005 0627 2965

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

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

SECTION ON DELIVERY

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)	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
 Agent
 Addressee

B. Received by (Printed Name) *Beverly Selland*
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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2965

7006 0100 0005 0627 2972

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

PS Form 3811, February 2004 **CERTIFIED MAIL™ F**
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

Domestic Return Receipt **COMPLETE THIS SECTION ON DELIVERY** 102595-02-M-1540

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)	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
 Agent
 Addressee

B. Received by (Printed Name) *Jose L Candelaria*
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)

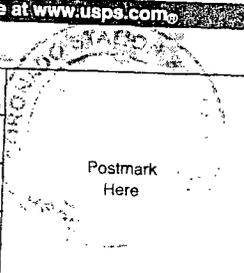
7006 0100 0005 0627 2972

7006 0100 0005 0627 2969

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)	
Total Postage & Fees	6.92



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

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

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

THIS SECTION ON DELIVERY

A. Signature Agent
 Kenneth H Barber Addressee

B. Received by (Printed Name) *K. BARBER* 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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 2996

PS Form 3811, February 2004

Domestic Return Receipt

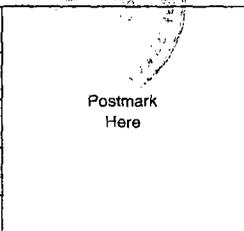
595-02-M-1540

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

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



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

CERTIFIED MAIL™

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:
 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**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) *Timberley* C. Date of Delivery *03/09*

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 3023

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

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

CERTIFIED MAIL™

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:
 Jerry J Andrew
 408 Longwoods Ln
 Houston, TX 77024

2. Article Number
 (Transfer from service label) **7006 0100 0005 0627 3023**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) *R. Ayala* 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 3030

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

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

CERTIFIED MAIL™

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

2. Article Number
 (Transfer from service label) **7006 0100 0005 0627 3030**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) *John A 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

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

7006 0100 0005 0627 3047

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) 6.92

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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 3047

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3054

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) 6.92

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

- 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

A. Signature
X 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™ 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) 6.92

Total Postage & Fees \$ 6.92
Kellie M Kross
C/O David J Sorenson
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 Sorenson
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
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 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 3061

7006 0100 0005 0627 3076

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

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

OFFICIAL USE

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

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

PS 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

OFFICIAL USE

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

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

PS Instructions

7006 0100 0005 0627 3009

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

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

OFFICIAL USE

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

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

PS Instructions

Returned

7006 0100 0005 0627 3108

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

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.

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Manuel Lopez Addressee

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

2. Article Number
(Transfer from service label) 7006 0100 0005 0627 3108

PS Form 3800, June 2002

7006 0100 0005 0627 3115

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

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

OFFICIAL USE

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
Sire or P 475 S New Hampshire Ave
City Los Angeles, CA 90020
PS Instructions

7006 0100 0005 0627 3122

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

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.

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Welsh Addressee

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

2. Article Number
(Transfer from service label) 7006 0100 0005 0627 3122

Matthew N Sorenson
PO Box 1453
Roswell, NM 88202-1

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 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
 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

102595-02-M-1540

7006 0100 0005 0627 3146

U.S. Postal Service
CERTIFIED MAIL™ REC

(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 \$ 6.92
 To: Osprey Resources Inc
 PO Box 56449
 Houston, TX 77256-
 Send
 Street or P.O. Box
 City

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 www.usps.com

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

Total \$ 6.92
 To: Paul Jay Lewis
 309 W 43rd St Ste 10
 Sioux Falls, SD 57105-6805
 Send
 Street or P.O. Box
 City

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

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Nancy P Tonkin* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Tonkin Cutter 2/25/09

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Osprey Resources* Agent Addressee

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

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 *Paul Jay Lewis* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Paul Jay Lewis 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 3160

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)	
Total Postage & Fees	\$ 6.92

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

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

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

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) C. Date of Delivery **FEB 26 2004**

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

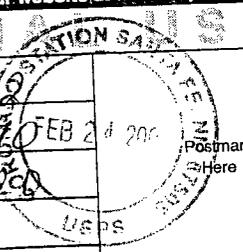
7006 0100 0005 0627 3184

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	3.17
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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



or Instructions

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)	
Total Postage & Fees	\$ 6.92

Marcia Berger
C/O Petroleum Asset Mgn
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Marcia Berger

B. Received by (Printed Name) M. TA-DAUER PORT 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 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)	
Total Postage & Fees	\$ 6.92

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 Agent Addressee
MARY FRANCES TURNER

B. Received by (Printed Name) MARY FRANCES TURNER C. Date of Delivery FEB 27 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

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)	
Total Postage & Fees	\$ 6.92

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 Agent Addressee
B. Jones

B. Received by (Printed Name) B. Jones C. Date of Delivery 2-26-09

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 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)	
Total Postage & Fees	\$ 6.92

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
2/25/09

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

7006 0100 0005 0627 3221

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

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

7006 0100 0005 0627 3238

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

Paul Lopez
2828 B 4/10 Rd
Grand Junction, CO 8150

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Paul Lopez* Agent Addressee

B. Received by (Printed Name)
Paul Lopez

C. Date of Delivery
FEB 26 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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 3238

7006 0100 0005 0627 3245

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

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

For delivery information visit our website

- 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.

A. Signature
x David McWilliams Agent Addressee

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

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

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

1. Article Addressed to:

Peggy Mascarenas McWilliams
PO Box 427
Flora Vista, NM 87415

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

2. Article Number (Transfer from service label) **7006 0100 0005 0627 3245**

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

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

For delivery information visit our website

- 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.

A. Signature
x P J Cooper Agent Addressee

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

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

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

1. Article Addressed to:

PJC LP
1409 S Sunset
Roswell, NM 88201

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

2. Article Number (Transfer from service label) **7006 0100 0005 0627 3252**

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

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

For delivery information visit our website

- 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.

A. Signature
x Nancy Kobel 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

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

1. Article Addressed to:

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

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

2. Article Number (Transfer from service label) **7006 0100 0005 0627 3269**

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

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

7006 0100 0005 0627 3283

U.S. Postal Service™
CERTIFIED MAIL™ REC
(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)	
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**

ACTION ON DELIVERY

A. Signature
 X
 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
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 3290

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)	
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**

ACTION ON DELIVERY

A. Signature
 X *Boal Scher*
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Boal Scher 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 3306

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

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

A. Signature
X Walt Lundell Agent Addressee

B. Received by (Printed Name)
Walt Lundell

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 3306

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

7006 0100 0005 0627 3313

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

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

A. Signature
X Susan Rogers Eveland Agent Addressee

B. Received by (Printed Name)
Susan B. Howe

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™ 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

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

A. Signature
X Rose Mascarenas Carter Agent Addressee

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 Provided)

ER: COMPLETE

CERTIFIED MAIL™

DELIVERY

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

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.

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

A. Signature Cheryl Sommer Agent Addressee

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

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

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

1. Article Addressed to:

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

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 3337

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3344

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)	
Total Postage & Fees	\$ 6.92

Postmark Here

Stricker Petroleum Corp
Dover, DE 19901

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

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

Tab Riley Smith
PO Box 2267
Bellaire, TX 77402

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®
OFFICIAL USE

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

for instructions

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
OFFICIAL USE

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

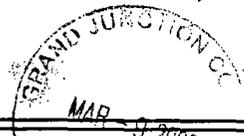
A. Signature Agent Addressee
Richard Lopez

B. Received by (Printed Name) *Richard Lopez* 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 3368

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-T54C

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
OFFICIAL USE

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 Agent Addressee
M. Weber

B. Received by (Printed Name) *M. Weber* C. Date of Delivery *3/20/09*

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 3375

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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

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

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

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

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**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

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) **Rose Atencio** 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

7006 0100 0005 0627 3412

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

- 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

A. Signature
 X *K.A. Fabela Balle* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 2/28/09

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 3412

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

7006 0100 0005 0627 3429

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)	
Total Postage & Fees	\$ 6.92

- 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

A. Signature
 X *Walter J Melendres* Agent Addressee

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

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 3429

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

7006 0100 0005 0627 3436

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)	
Total Postage & Fees	\$ 6.92

1. Article Addressed to:
 Patrick Nacol
 611 Druid Rd E Ste 711
 Clearwater, FL 33756-3931

Postmark Here

For Instructions

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

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

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Tom Mascarenas Addressee

B. Received by (Printed Name) Agent
Tom Mascarenas Addressee

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

2. Article Number (Transfer from service label) 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

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:
 Tony S Lopez
 PO Box 371154
 Denver, CO 80237

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Joanna Ramirez Addressee

B. Received by (Printed Name) Agent
Joanna Ramirez Addressee

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

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

7006 0100 0005 0627 3467

7006 0100 0005 0627 3474

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

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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 3474

COMPLETE THIS SECTION ON DELIVERY

A. Signature
David H. Prewitt Agent Addressee

B. Received by (Printed Name)
David H. Prewitt

C. Date of Delivery
3-4-09

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 4051

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

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: 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:

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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 4051

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Walter R. Gould Agent Addressee

B. Received by (Printed Name)
WALTER R. GOULD

C. Date of Delivery
MAR - 2

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

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for 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 3498

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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 3498

COMPLETE THIS SECTION ON DELIVERY

A. Signature
William Poleson Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery
2/26/09

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-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) 7006 0100 0005 0627 3504

COMPLETE THIS SECTION ON DELIVERY

A. Signature M. Muller Agent Addressee
 B. Received by (Printed Name) M. Muller
 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 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) 7006 0100 0005 0627 3511

COMPLETE THIS SECTION ON DELIVERY

A. Signature M. Donato Agent Addressee
 B. Received by (Printed Name) M. DONATO
 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) 7006 0100 0005 0627 3528

COMPLETE THIS SECTION ON DELIVERY

A. Signature Henry Gumz Agent Addressee
 B. Received by (Printed Name) HENRY GUMZ
 C. Date of Delivery 10-3-03

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 3535

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

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

Gifford H. Nigh & Marg
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)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *R. Nigh*

B. Received by (Printed Name) Agent Addressee
R. Nigh

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 3535

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

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 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)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Robert Mascarenas*

B. Received by (Printed Name) Agent Addressee
Robert 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

7006 0100 0005 0627 3634

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

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

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)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Trini Lopez Montoya*

B. Received by (Printed Name) Agent Addressee
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

7006 0100 0005 0627 3559

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

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**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
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? 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 3573

U.S. Postal Service
CERTIFIED MAIL™ REC
(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

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
Cheryl Good Agent Addressee

B. Received by (Printed Name) *Cheryl Good* 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 3580

U.S. Postal Service
CERTIFIED MAIL™ REC
(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

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**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
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? 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 3597

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

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
X *Jerry Kleimor* 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

7006 0100 0005 0627 3597

(Transfer from service label)

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

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
X *Swaffee* Agent Addressee

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

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
X *Claude I Hobson* Agent Addressee

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

2. Article Number

7006 0100 0005 0627 3610

(Transfer from service label)

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

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

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

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

See reverse for 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

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

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™ 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)	
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:

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

Robert E. Oade
9665 Southern Belle
Brookville, FL 34613

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Robert E. Oade* 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 3641

7006 0100 0005 0627 3658

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

For delivery information visit our website

OFFICIAL

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 PENDING** 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 3863

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

For delivery information visit our website

OFFICIAL

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, 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent Addressee

B. Received by (Printed Name) **RECEIVED** 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 3672

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

For delivery information visit our website

OFFICIAL

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

A. Signature **X** Agent Addressee

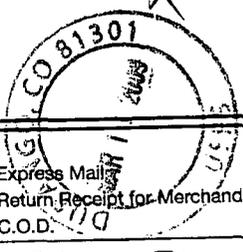
B. Received by (Printed Name) **E. Thw... J. Axtell** C. Date of Delivery

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 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

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)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Elesida Enriquez
 Agent
 Addressee

B. Received by (Printed Name)
Elesida Enriquez

C. Date of Delivery
3/10/09

D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 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 3689

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

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-

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:

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

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Lee A. Lopez
 Agent
 Addressee

B. Received by (Printed Name)
Lee A. Lopez

C. Date of Delivery
3/10/09

D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 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 3696

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

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

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™ REC
(Domestic Mail Only; No Insurance Co

For delivery information visit our website at

OFFICIAL

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Cheryl Good* Agent Addressee

B. Received by (Printed Name) *Cheryl Good* C. Date of Delivery *2/25/04*

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

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

2. Article Number 7006 0100 0005 0627 3726
(Transfer from service label)

7006 0100 0005 0627 3771

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

For delivery information visit our website

OFFICIAL

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Cheryl Good* Agent Addressee

B. Received by (Printed Name) *Cheryl Good* C. Date of Delivery *2/25/04*

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

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

2. Article Number 7006 0100 0005 0627 3771
(Transfer from service label)

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

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.
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 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 3740

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

Schultz Management, Ltd.
500 N. Akard, Suite 294
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:

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

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

2. Article Number (Transfer from service label)

7006 0100 0005 0627 3757

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 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 3825

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

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

7006 0100 0005 0627 3788

U.S. Postal Service™
CERTIFIED MAIL™ REC
(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

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 Agent Addressee
D. Robert Cooper

B. Received by (Printed Name) *D. Robert Cooper* 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 3795

U.S. Postal Service™
CERTIFIED MAIL™ REC
(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

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 Agent Addressee
David A. Proewitt

B. Received by (Printed Name) *David A. Proewitt* C. Date of Delivery **3-4-09**

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 2774

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Elesida Enriquez

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 3801

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

For delivery information visit our website

OFFICIAL

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 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 3801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

John Larson

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
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes
- No

ONE SERVICE ONLY

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3818

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

For delivery information visit our website

OFFICIAL

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

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

(Transfer from service label)

7006 0100 0005 0627 3818

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

John Larson

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes
- No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3832

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

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

4. Restricted Delivery? (Extra Fee)

- Yes
- No

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3832

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

For delivery information visit our website

OFFICIAL

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

7006 0100 0005 0627 3849

U.S. Postal Service™
CERTIFIED MAIL™
(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

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)

7006 0100 0005 0627 3849

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sherry Gibbs* 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

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 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

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 *Julia Humm* 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

7006 0100 0005 0627 3655

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

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

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

3. Service Type
 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 3655

U.S. Postal Service™
CERTIFIED MAIL™
(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

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

RECEIVED

FEB 26 2008

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 www.usps.com

OFFICIAL

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

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
R. Estes

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

7006 0100 0005 0627 3887

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

OFFICIAL

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

Form 3811, February 2004

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 #40
 Kerrville, TX 78028

2. Article Number
 (Transfer from service label) **7006 0100 0005 0627 3887**

Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
Bill Bull

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

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 www.usps.com

OFFICIAL

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 76113-2546

PS Form 3811, February 2004

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**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes 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 4013

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

SENDER: *CONF*

CERTIFIED MAIL™

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

Forest Oil Corporation
Attn: Ken McPhee
707 17th Street
Denver, CO 80202

- 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 17th Street
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY
A. Signature *J MANISCAIC* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *3/2/19*

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 4013

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3917

U.S. Postal Service™
CERTIFIED MAIL™ REG
(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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *ELAY PUDR* 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 3917

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3764

U.S. Postal Service™
CERTIFIED MAIL™ REG
(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 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

A. Signature *[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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 3764

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL BUSINESS

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

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

OFFICIAL BUSINESS

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: 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:

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

RECIPIENT'S SIGNATURE AND ADDRESS HERE
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
B. Williams 2-27-08

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 3948

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

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

OFFICIAL BUSINESS

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:

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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 3948

RECIPIENT'S SIGNATURE AND ADDRESS HERE
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Minerals Management Service 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3955

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

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

OFFICIAL

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

7006 0100 0005 0627 4037

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

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

OFFICIAL

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