

December 20, 2010

VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

State of New Mexico State Land Office  
310 Old Santa Fe Trail  
P. O. Box 1148  
Santa Fe, NM 87504

RE: Agave Energy Company Application

This letter is to advise you that Agave Energy Company ("Agave") filed the enclosed application on December 20, 2010 with the New Mexico Oil Conservation Division ("NMOCD" or "the Division"). The application requests authority to inject acid gas and carbon dioxide (CO<sub>2</sub>) into Agave's existing Metropolis Disposal #1 Well (API No. 30-015-31905). The well is located approximately 8 miles southwest of Artesia, New Mexico, between the Rio Peñasco and Four Mile Draw. More specifically, it is located 1,650 feet from the West line and 1,650 feet from the South line of Section 36, Township 18 South, Range 25 East, in Eddy County, roughly one mile south of Agave's Dagger Draw Processing Plant.

Agave proposes to recomplete and modify the Metropolis Disposal #1 Well in a manner that will ensure safe injection. The proposed injection would be into the basal Devonian, the Fusselman and the Montoya Formations through an injection interval from 9,930 to 10,500 feet. Agave proposes a maximum injection pressure of 3,300 psi and a maximum daily injection rate of 205 barrels. The recompleted well will serve as the disposal well for acid gas currently being flared at the Dagger Draw Processing Plant.

*This application has been set for hearing before a Division Examiner at 8:15 am on Thursday, January 20, 2011 in Porter Hall at the NMOCD's Santa Fe office 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 Agave's 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 application at a later date.*

*A party appearing at the hearing is required by the Division's rules to file a Pre-Hearing Statement with the NMOCD's Santa Fe office no later than January 13, 2011. This statement must be served on counsel for Agave and on all other parties and should include: your name and the name of your attorney, if any; a concise statement of the case; the names of all witnesses you will call to testify at the hearing; the approximate time you will need to present your case; and an identification of any procedural matters that need to be resolved prior to the hearing.*

OCD Case No. 14601

**AGAVE ENERGY**  
**Exhibit # 4**

State of New Mexico State Land Office

December 20, 2010

Page 2

If you have any questions concerning this application, you may contact Mr. Alberto Gutiérrez at (505) 842-8000 at Geolex, Inc. 500 Marquette Avenue NW, Suite 1350, Albuquerque, New Mexico 87102 or Agave's counsel, Mr. Thomas Hnasko, at (505) 982-4554 at Hinkle, Hensley, Shanor & Martin, L.L.P., 218 Montezuma, Santa Fe, NM 87504.

Sincerely,  
Geolex, Inc.



Alberto A. Gutiérrez, C.P.G.  
President  
Consultant to Agave Energy Company

Enclosure

AAG/lh

**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:

Chase Oil Corp.  
PO Box 1767  
Artesia NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *Donald*
- B. Received by (Printed Name): *DONALD*
- C. Date of Delivery: *DEC 22 2010*

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

If YES, enter delivery address below:

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

2. Article Number (Transfer from service label): 7008 1300 0001 2837 7232

PS Form 3811, February 2004

102595-02-M-1540

Domestic Return Receipt

**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:

DMD LLC  
PO Box 300  
Artesia NM 88211

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *Andree*
- B. Received by (Printed Name): *ANDREE*
- C. Date of Delivery: *DEC 22 2010*

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

If YES, enter delivery address below:

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

2. Article Number (Transfer from service label): 7007 2680 0002 7514 5622

PS Form 3811, February 2004

102595-02-M-1540

Domestic Return Receipt

**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:

US Bureau of Land Mgt  
Carlsbad Field Office  
620 East Greene St  
Carlsbad NM 88220-6292

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *[Signature]*
- B. Received by (Printed Name): *[Signature]*
- C. Date of Delivery: *12/22*

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

If YES, enter delivery address below:

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

2. Article Number (Transfer from service label): 7007 2680 0002 7514 5969

PS Form 3811, February 2004

102595-02-M-1540

Domestic Return Receipt

**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:

State of NM Land Office  
310 Old Santa Fe Trail  
PO Box 1148  
Santa Fe NM 87504

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *[Signature]*
- B. Received by (Printed Name): *[Signature]*
- C. Date of Delivery: *DEC 22 2010*

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

If YES, enter delivery address below:

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

2. Article Number (Transfer from service label): 7007 2680 0002 7514 5631

PS Form 3811, February 2004

102595-02-M-1540

Domestic Return Receipt

**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:

Alco Petroleum Corp.  
105 South 4th St  
Artesia NM 88210

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7007 2680 0002 7514 5639

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature: *Charania*
- Received by (Printed Name):
- Agent:
- Addressed:
- 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

**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:

Pitch Energy Corp.  
105 So. 4th St  
Artesia NM 88210

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7007 2680 0002 7514 5761

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature: *Charania*
- Received by (Printed Name):
- Agent:
- Addressed:
- 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

**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:

Ronald Metcalf  
South Valley Rd  
PO Box 374  
Palmer Lake Co 80133

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7007 2680 0002 7514 5747

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature: *Charania*
- Received by (Printed Name):
- Agent:
- Addressed:
- 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

**COMPLETE THIS SECTION ON DELIVERY**

- Signature: *Charania*
- Received by (Printed Name):
- Agent:
- Addressed:
- 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

**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:  
 Ernestina Maria Baeza  
 314 N. 14th St.  
 Acton, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

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

DEC 28 2004

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

2. Article Number  
 (Transfer from service label) 7007 2680 0002 7514 5662  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Christine Baeza  
 314 N. 14th St.  
 Acton, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

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

DEC 28 2004

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

2. Article Number  
 (Transfer from service label) 7007 2680 0002 7514 5945  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Rosalinda Delish Baeza  
 314 N. 14th St.  
 Acton, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

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

DEC 28 2004

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

2. Article Number  
 (Transfer from service label) 7007 2680 0002 7514 5938  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

RESTRICTED DELIVERY SECTION

- Print your name and address on the reverse so that we can return the card to you, or on the front if space permits.
- Article Addressed to:

Myco Industries, Inc  
 105 South 4th St  
 Artesia Nm 88210

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

7007 2680 0002 7514 5846  
 Domestic Return Receipt

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

Myco Ind Inc  
 105 S 4th  
 Artesia Nm 88201

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Signature below attached  
 Agent Addressed

B. Received by (Printed Name)  
 Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes

Signature  
 Signature below attached  
 Agent Addressed

B. Received by (Printed Name)  
 Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

**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:  
 Jim & Sandra Hartzel  
 P.O. Box 507  
 Troy, MT 59933

2. Article Number (Transfer from service label): 7007 2680 0002 7514 5754  
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Jim Hartzel*  
 B. Received by (Printed Name): JIM HARTZEL  
 C. Date of Delivery: 1/31/04  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:  
 Glenn & Fuller  
 18495 Starbender Drive  
 Newcastle City, CA 95959

2. Article Number (Transfer from service label): 7007 2680 0002 7514 5686  
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Glenn & Fuller*  
 B. Received by (Printed Name): GLENN FULLER  
 C. Date of Delivery: 12-29-10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:  
 Blanche Wideman  
 Industry Consulting Group Inc  
 P.O. Box 810490  
 Dallas TX 75381

2. Article Number (Transfer from service label): 7007 2680 0002 7514 5686  
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Richard Deemy*  
 B. Received by (Printed Name): RICHARD DEEMY  
 C. Date of Delivery: 1/31/04  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:  
 Spiller Family Trust  
 Homes E of Wilkes Settlement  
 30315 Santa Fe Street  
 Hemet, GA 92343

2. Article Number (Transfer from service label): 7007 2680 0002 7514 5907  
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Richard Deemy*  
 B. Received by (Printed Name): RICHARD DEEMY  
 C. Date of Delivery: 1/31/04  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:  
 Blanche Wideman  
 Industry Consulting Group Inc  
 P.O. Box 810490  
 Dallas TX 75381

2. Article Number (Transfer from service label): 7007 2680 0002 7514 5686  
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Richard Deemy*  
 B. Received by (Printed Name): RICHARD DEEMY  
 C. Date of Delivery: 1/31/04  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Woodward Trust  
Doris Dale Woodward  
4748 Elder Avenue  
Seal Beach CA 90740

2. Article Number

(Transfer from service label) 7007 2680 0002 7514 5648

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature  Agent
- Received by (Printed Name)  Addressee
- 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:

H.D. Larson  
Greeta Edgington  
1715-20th St  
Gering NE 69341

2. Article Number

(Transfer from service label) 7007 2680 0002 7514 5730

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature  Agent
- Received by (Printed Name)  Addressee
- 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:

Dwight Lee Cindy McDeimid  
11177 Captains Cove Drive  
Soddy-Daisy TN 37379

2. Article Number

(Transfer from service label) 7007 2680 0002 7514 5778

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature  Agent
- Received by (Printed Name)  Addressee
- 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:

Marbob Energy Corp.  
PO Box 227  
Artesia NM 88211

2. Article Number

(Transfer from service label) 7007 2680 0002 7514 5815

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature  Agent
- Received by (Printed Name)  Addressee
- 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:  
 Thomas & Wanda Wilson  
 David & Diana Wilson  
 235 North Lake Rd.  
 Artesia NM 88210

2. Article Number  
 (Transfer from service label) 7007 2680 0002 7514 5655

PS Form 3811, February 2004 Domestic Return Receipt

**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:  
 David Wilson  
 235 North Lake Rd.  
 Artesia NM 88210

2. Article Number  
 (Transfer from service label) 7007 2680 0002 7514 5952

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Wanda Wilson*

B. Received by (Printed Name)  
 Wanda Wilson

C. Date of Delivery  
 12-22-10

D. Is delivery address different from item 17?  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

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 B.E. Spencer Trust  
 1st National Bank  
 P.O. Drawer AA  
 Artesia NM 88211

2. Article Number  
 (Transfer from service label) 7007 2680 0002 7514 5792

PS Form 3811, February 2004 Domestic Return Receipt

**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:  
 Shamba Oil Company, Ltd  
 P.O. Box 840  
 Artesia NM 88211

2. Article Number  
 (Transfer from service label) 7007 2680 0002 7514 5679

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Philip Lawson*

B. Received by (Printed Name)  
 Phil P Lawson

C. Date of Delivery  
 12-22-10

D. Is delivery address different from item 17?  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

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Colby Hamilton*

B. Received by (Printed Name)  
 Colby Hamilton

C. Date of Delivery  
 12-22-2010

D. Is delivery address different from item 17?  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

102595-02-M-1540