

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-045-34749

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Westland Park

8. Well Number
1

9. OGRID Number
14634

10. Pool name or Wildcat
Basin FC/Kutz PC

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Merrion Oil & Gas Corporation

3. Address of Operator
610 Reilly Ave Farmington, NM 87401

4. Well Location

Unit Letter C : 1269 feet from the North line and 1183 feet from the West line

Section 18 Township 29N Range 13W NMPM County San Juan

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5224

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☒

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐ RCVD OCT 28 '10
OIL CONS. DIV.

OTHER: ☐ DIST. 3 ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

It is intended to commingle the subject well in the Kutz West Pictured Cliffs (Pool Code 79680) and the Basin Fruitland Coal (Pool Code 71629). The production will be commingled according to Oil Conservation Division Order Number R-11363. Commingling will not reduce the value of the production. The New Mexico State Land Office has been notified in writing of this application.

Notification of the intent to commingle the subject well was sent to all interest owners via certified mail on 8/11/2010. No objections were received.

Spud Date:

Rig Release Date:

DHC # 3493 AZ

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Philana Thompson TITLE Regulatory Compliance Specialist DATE 10/26/2010

Type or print name Philana Thompson E-mail address: pthompson@merrion.bz PHONE: 505-324-5336
For State Use Only

APPROVED BY: Chris L. TITLE Deputy Oil & Gas Inspector, District #3 DATE DEC 21 2010

Conditions of Approval (if any):

NSL
6257
NSP
1944

District I

1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico

Form C-102
Permit 117062

Energy, Minerals and Natural Resources

Oil Conservation Division

1220 S. St Francis Dr.

Santa Fe, NM 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number	2. Pool Code 71629	3. Pool Name BASIN FRUITLAND COAL (GAS)
4. Property Code 37223	5. Property Name WESTLAND PARK	6. Well No. 001
7. OGRID No. 14634	8. Operator Name MERRION OIL & GAS CORP	9. Elevation 5224

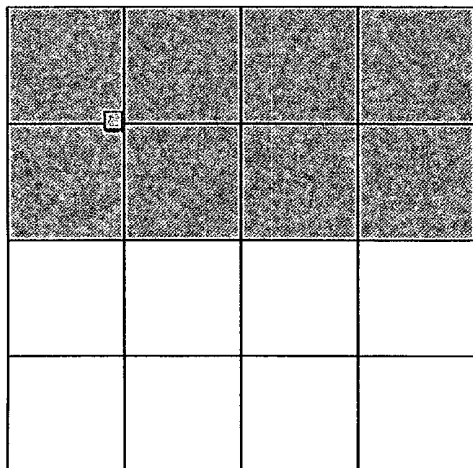
10. Surface Location

UL - Lot C	Section 18	Township 29N	Range 13W	Lot Idn	Feet From 1269	N/S Line N	Feet From 1183	E/W Line W	County SAN JUAN
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11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
12. Dedicated Acres 250.15	13. Joint or Infill	14. Consolidation Code	15. Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By:

Title:

Date:

Regulatory Compl. Spec
8/5/10

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Surveyed By: Gerald Huddleston

Date of Survey: 5/8/2008

Certificate Number: 6844

District I

1625 N. French Dr., Hobbs, NM 88240
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District II

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District III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-102
Permit 117062

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number	2. Pool Code 79680	3. Pool Name KUTZ PICTURED CLIFFS, WEST (GAS)
4. Property Code 37223	5. Property Name WESTLAND PARK	6. Well No. 001
7. OGRID No. 14634	8. Operator Name MERRION OIL & GAS CORP	9. Elevation 5224

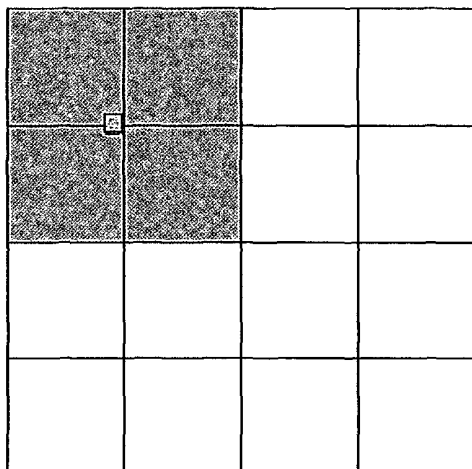
10. Surface Location

UL - Lot C	Section 18	Township 29N	Range 13W	Lot Idn	Feet From 1269	N/S Line N	Feet From 1183	E/W Line W	County SAN JUAN
---------------	---------------	-----------------	--------------	---------	-------------------	---------------	-------------------	---------------	--------------------

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
12. Dedicated Acres 90.15	13. Joint or Infill	14. Consolidation Code	15. Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

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E-Signed By:

Title:

Date:

Phelan Thompson
Regulatory Compl. Spec
8/5/10

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Surveyed By: Gerald Huddleston

Date of Survey: 5/8/2008

Certificate Number: 6844

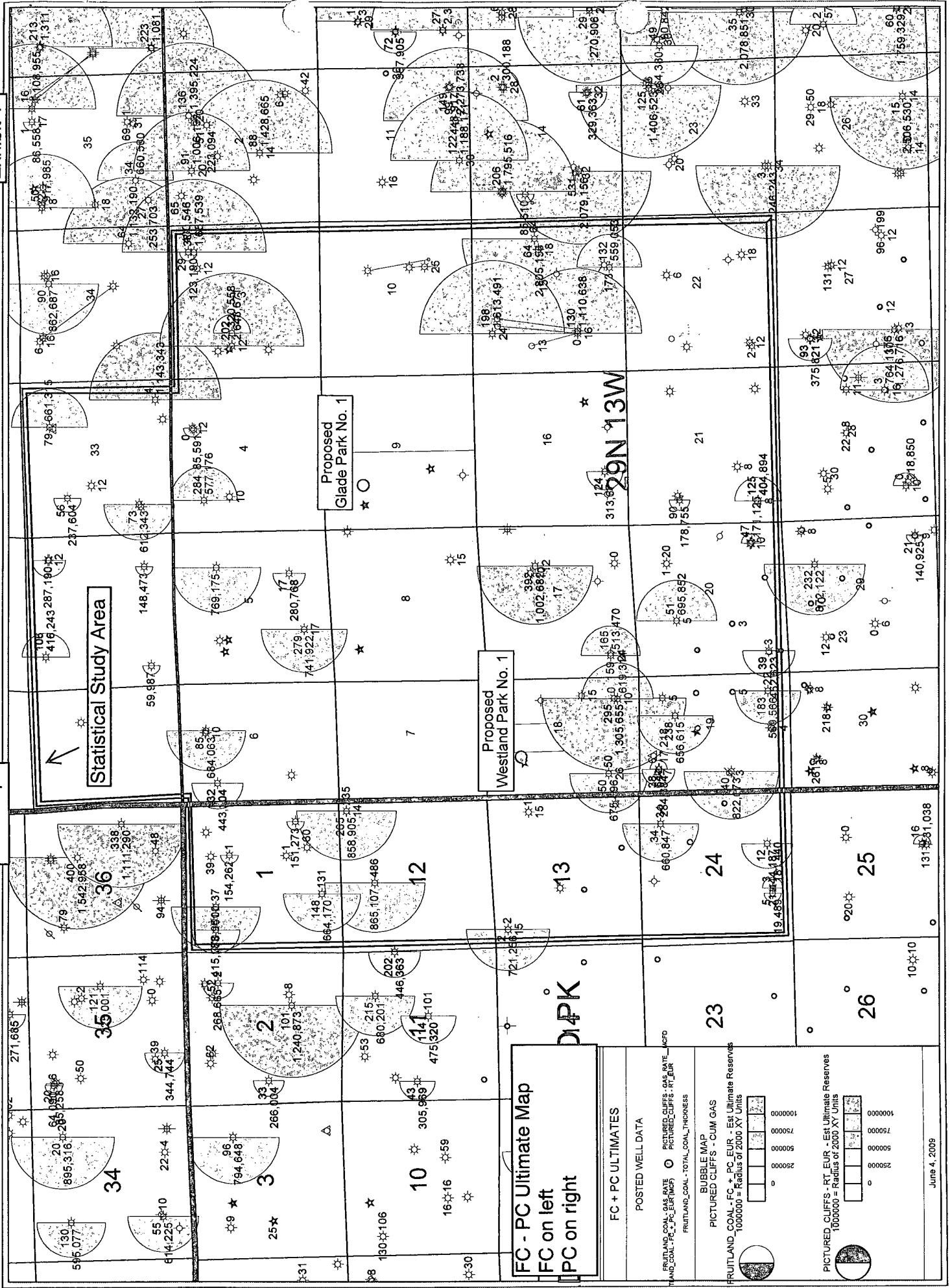
Production Allocation Methodology
Commingling of Basin Fruitland Coal Pool
And West Kutz Pictured Cliffs Pool
Westland Park 1
N/2 Section 18, T29N, R16W
San Juan County, New Mexico

It is recommended that production be allocated between the Basin Fruitland Coal Pool and the West Kutz Pictured Cliffs Pool for the subject well based on the performance of nearby offset wells. Exhibit 1 is an Estimate Ultimate Recovery (EUR) map of a 23 section study area surrounding the subject lands. Pictured Cliffs (PC) EUR's are represented by semi-circles on the right, and Fruitland Coal EUR's are represented by semi-circles on the left of each well symbol. As can be seen from the map, while EUR's in the area vary for both formations, in general, the PC and the Fruitland Coal are statistically similar in their performance.

Type curves were made of all the currently producing wells in the 23 section study area. The Fruitland Coal type curve is shown in Figure 2 while the PC type curve is shown in Figure 3. Again, except for a slight dewatering period for the Fruitland Coal, the performance of the two zones is relatively similar. Based on the type curve, an "average" Fruitland Coal completion in the area is estimated to have an ultimate recovery of 657 MMCF and 61.4 MBbls of water, while an "average" PC completion is projected to have an ultimate recovery of 859 MMCF and 88.6 MBbls of water.

Because of the difficulty in obtaining accurate production tests during the dewatering period on the coal, and because of the inaccuracy of using these tests for allocation over the life of a well, it is recommended that production be split between the Fruitland Coal and the PC based on the "average" ultimates from the type curves. On that basis, the following allocation is recommended:

<u>Formation</u>	<u>Gas Allocation</u>	<u>Water Allocation</u>
Fruitland Coal	43.3%	40.1%
Pictured Cliffs	56.7%	59.9%



Date: 2/6/2010
Time: 10:02 AM

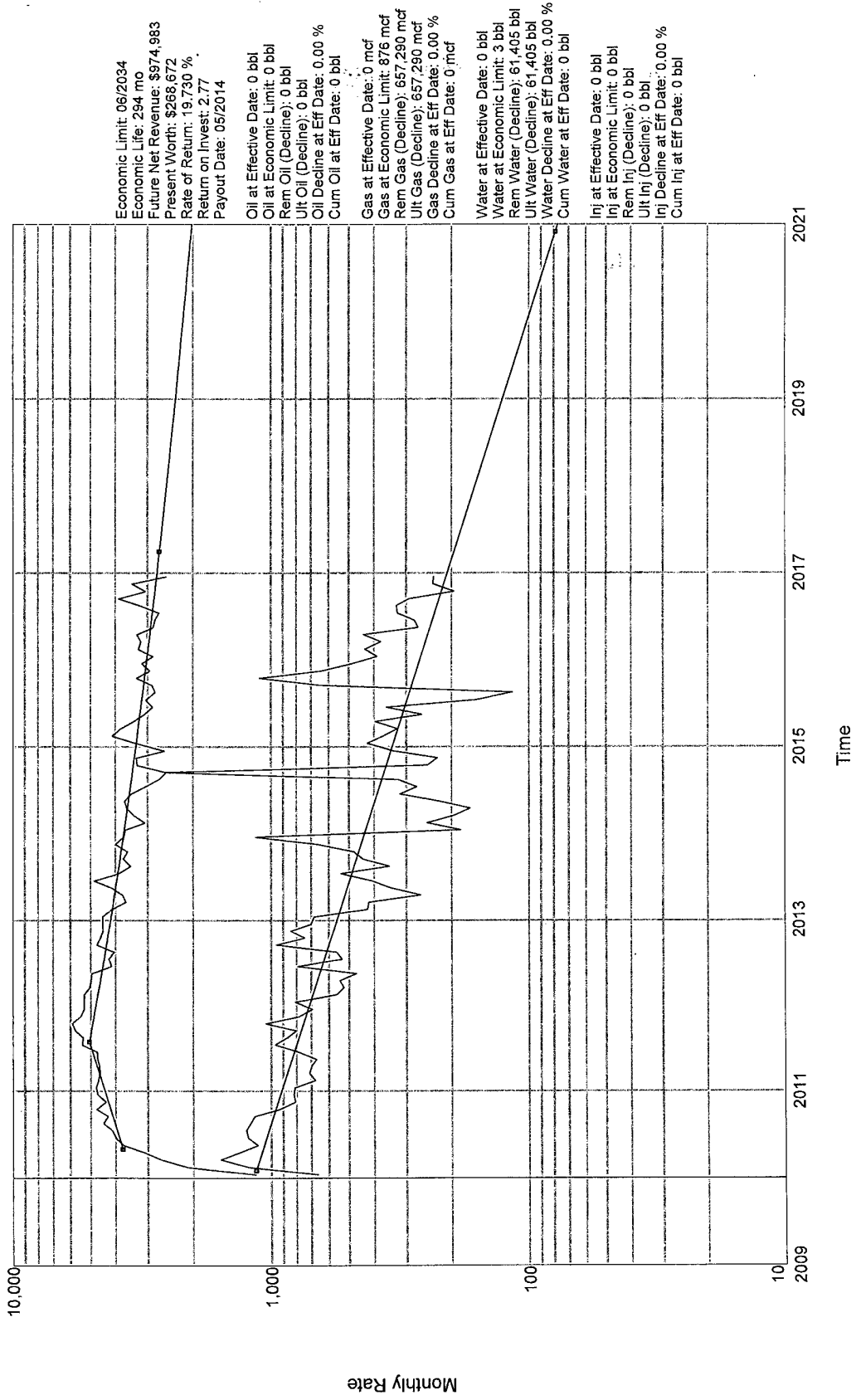
Fruitland Coal Type Curve

Rate/Time Graph

Lease Name: Fruitland Coal Type Curve - 43 wells ()
County, ST: ,
Location: 0-0-0

Operator:
Field Name:

Fruitland Coal Type Curve - 43 wells -



Date: 2/6/2010
Time: 10:01 AM

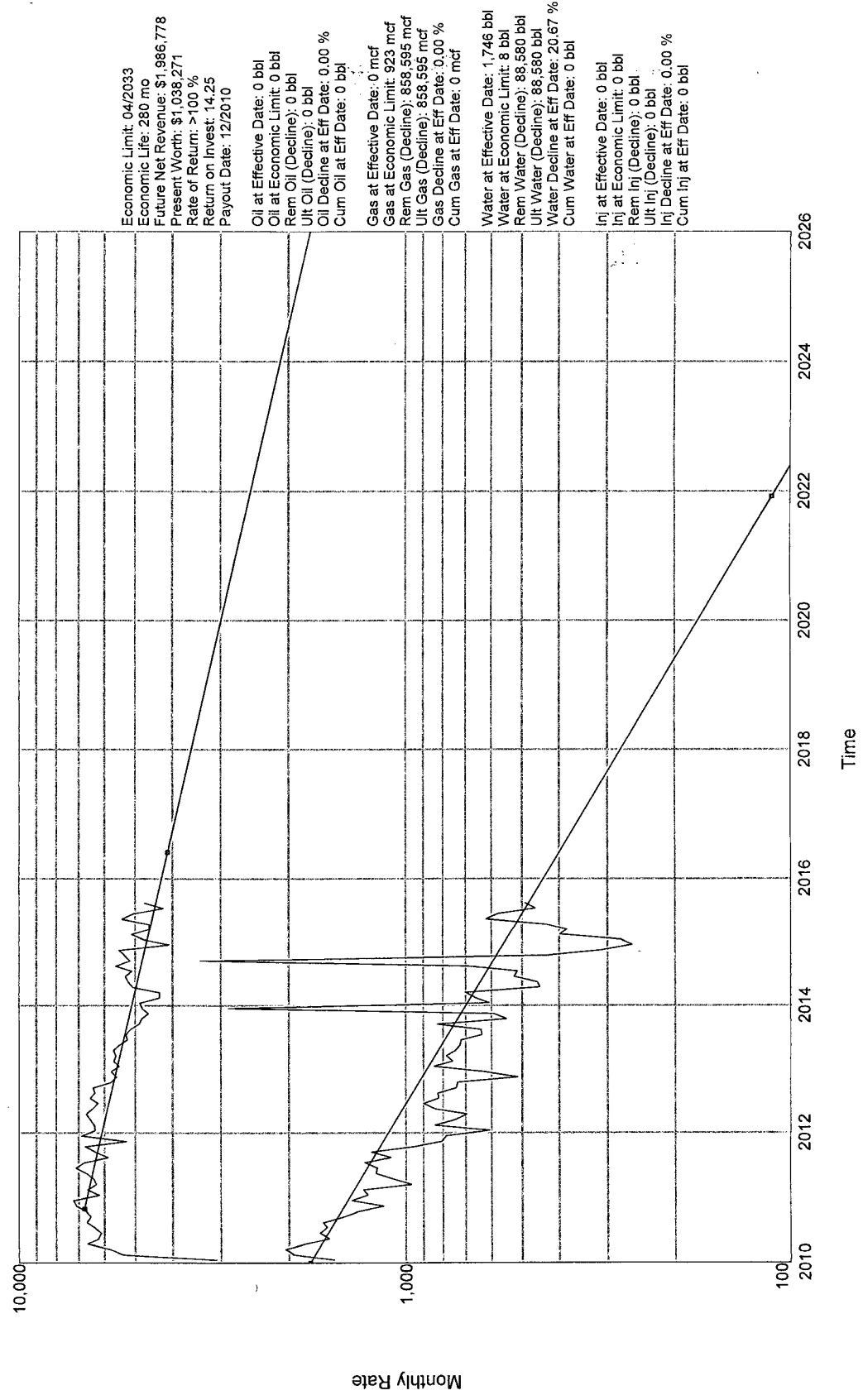
Pictured Cliffs Type Curve

Operator:
Field Name:

Rate/Time Graph

Lease Name: Pictured Cliffs Recent Type Curve ()
County, ST: ,
Location: 0-0-0

Pictured Cliffs Recent Type Curve -



Domestic Return Receipt forms with sections for Sender, Complete This Section, and Complete This Section on Delivery. Includes fields for Article Number, Service Type, and various checkboxes for delivery options and return receipts. Includes a circular postmark from Farmington, NM.

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Mathew Zersen
309 La Belle Ave
Farmington, NM 87401

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

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 Ramos
2712 La Puente St
Farmington, NM 87401

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

Article Number
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7009 0960 0000 0185 0126

S Form 3811, February 2004 Domestic Return Receipt

Article Number
(Transfer from service label)
7009 0960 0000 0185 0126

PS Form 3811, February 2004 Domestic Return Receipt

Article Number
(Transfer from service label)
7009 0960 0000 0185 0065

PS Form 3811, February 2004 Domestic Return Receipt

Article Number
(Transfer from service label)
7009 0960 0000 0185 0065

PS Form 3811, February 2004 Domestic Return Receipt

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

Article Addressed to:

Achille Vitali
708 La Puente St
Farmington, NM 87401

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

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 Crow
301 La Cuesta
Farmington, NM 87401

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

Article Number
(Transfer from service label)
7009 0960 0000 0185 0034

S Form 3811, February 2004 Domestic Return Receipt

Article Number
(Transfer from service label)
7009 0960 0000 0185 0034

PS Form 3811, February 2004 Domestic Return Receipt

Article Number
(Transfer from service label)
7009 0960 0000 0185 0348

PS Form 3811, February 2004 Domestic Return Receipt

Article Number
(Transfer from service label)
7009 0960 0000 0185 0348

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.

Article Addressed to:

Navajo Shopping Center
P O Box 77
Gamerco, NM 87317

Article Number
(Transfer from service label)

7009 0960 0000 0185 0287

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☒ Certified Mail ☐ 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.

Article Addressed to:

Lechuga Transporation
2501 W Main
Farmington, NM 87401

Article Number
(Transfer from service label)

7009 0960 0000 0185 0362

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Anthony Espinosa
2802 La Puente St
Farmington, NM 87401

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Isaac Sing-Chearn Lim
1432 Oak Vista Way
Pleasanton, CA 94566

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

Article Number
(Transfer from service label)

7009 0960 0000 0185 0072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Article Number
(Transfer from service label)

7009 0960 0000 0185 0317

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Michael C & Janilee Bitsue
303 La Crosse Ave
Farmington, NM 87401

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

Article Number 7009 0960 0000 0185 0225
(Transfer from service label)
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.

Article Addressed to:

Pauline Potter
306 La Belle Ave
Farmington, NM 87401

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

Article Number 7009 0960 0000 0185 0041
(Transfer from service label)
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.

Article Addressed to:

ones Hewey
705 La Salle St
Farmington, NM 87401

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

Article Number 7009 0960 0000 0185 1611
(Transfer from service label)
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.

Article Addressed to:

Alfredo & Reyna Martinez
2710 La Salle St
Farmington, NM 87401

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

Article Number 7009 0960 0000 0185 1574
(Transfer from service label)
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.

Article Addressed to:

Jonathon & Ivy Durfee
305 La Belle Ave
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

John Haxton
303 La Belle Ave
Farmington, NM 87401

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

Article Number
(Transfer from service label) 7009 0960 0000 0185 0140
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.

Article Addressed to:

Dugan Productions
Attn John Roe
29 E Murray Dr
Farmington NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by: (Printed Name) *Crystal Ochoa* C. Date of Delivery *8-27-2000*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:

BAC Home Loans
400 Countrywide Way SV 35
Simi Valley, CA 93068

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

Article Number
(Transfer from service label) 7009 0960 0000 0185 0478
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:

John Haxton
303 La Belle Ave
Farmington, NM 87401

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

Article Number
(Transfer from service label) 7009 0960 0000 0185 0157
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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:

BAC Home Loans
400 Countrywide Way SV 35
Simi Valley, CA 93068

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

Article Number
(Transfer from service label) 7009 0960 0000 0185 0096
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Carol Cooper 308 La Cuesta Ave Farmington, NM 87401 Article Number (Transfer from service label) 7009 0960 0000 0185 0171 Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Carol Cooper</i> B. Received by (Printed Name) <i>Carol Cooper</i> C. Date of Delivery <i>Aug 13 2004</i> D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: 3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Carol Cooper</i> B. Received by (Printed Name) <i>Carol Cooper</i> C. Date of Delivery <i>Aug 13 2004</i> D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: 3. Service Type ☒ Certified Mail ☐ Registered ☐ 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. Article Addressed to: Northern Properties I LLC Attn Wendy's 1515 N. Academy Blvd, #400 Colorado Springs, CO 80909 Article Number (Transfer from service label) 7009 0960 0000 0185 0249 Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Wendy's</i> B. Received by (Printed Name) <i>Wendy's</i> C. Date of Delivery <i>8-13-04</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Wendy's</i> B. Received by (Printed Name) <i>Wendy's</i> C. Date of Delivery <i>8-13-04</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 3. Service Type ☒ Certified Mail ☐ Registered ☐ 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. Article Addressed to: Joseph Garcia 308 La Crosse Ave Farmington, NM 87401 Article Number (Transfer from service label) 7009 0960 0000 0185 0114 Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Joseph Garcia</i> B. Received by (Printed Name) <i>Joseph Garcia</i> C. Date of Delivery <i>8-17-04</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Joseph Garcia</i> B. Received by (Printed Name) <i>Joseph Garcia</i> C. Date of Delivery <i>8-17-04</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 3. Service Type ☒ Certified Mail ☐ Registered ☐ 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. Article Addressed to: VM Department of Transportation 120 Cerrillos Road Santa Fe, NM 87504 Article Number (Transfer from service label) 7009 0960 0000 0185 0263 Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>VM Department of Transportation</i> B. Received by (Printed Name) <i>VM Department of Transportation</i> C. Date of Delivery <i>Aug 17 2004</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>VM Department of Transportation</i> B. Received by (Printed Name) <i>VM Department of Transportation</i> C. Date of Delivery <i>Aug 17 2004</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 3. Service Type ☒ Certified Mail ☐ Registered ☐ 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.

Article Addressed to:

Steve & Wendy Gardenhire
2704 La Salle St
Farmington, NM 87401

Article Number
(Transfer from service label)
7009 0960 0000 0185 1598

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Wendy Gardenhire

C. Date of Delivery
AUG 13 2010

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

Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

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

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.

Article Addressed to:

Bonnie Frazer
1923 Glade Rd
Farmington, NM 87401

Article Number
(Transfer from service label)
7009 0960 0000 0185 0256

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Bonnie Frazer

C. Date of Delivery
AUG 13 2010

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

Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

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

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.

Article Addressed to:

Mary Mae Goodding Trust
2311 W. Apache
Farmington, NM 87401

Article Number
(Transfer from service label)
7009 0960 0000 0185 0331

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Mary Mae Goodding

C. Date of Delivery
AUG 13 2010

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

Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

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

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.

Article Addressed to:

Carroll Schnabel
308 La Belle Ave
Farmington, NM 87401

Article Number
(Transfer from service label)
7009 0960 0000 0185 0058

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Carroll Schnabel

C. Date of Delivery
AUG 13 2010

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

Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

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

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.

Article Addressed to:

Leroy Riley
2403 Riverside
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) [Signature] C. Date of Delivery

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

Article Number
(Transfer from service label) 7009 0960 0000 0185 0270

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.

Article Addressed to:

Norman & Martha Faver Rev Trust
1028 West Main St
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) [Signature] C. Date of Delivery

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

Article Number
(Transfer from service label) 7009 0960 0000 0185 0379

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.

Article Addressed to:

Anthony Marinaro
306 La Cuesta Ave
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) [Signature] C. Date of Delivery

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

Article Number
(Transfer from service label) 7009 0960 0000 0185 0164

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

T C & Sharon Shaffer
2401 Ridgeview Dr
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) [Signature] C. Date of Delivery

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

Article Number
(Transfer from service label) 7009 0960 0000 0185 0386

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION

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.

Article Addressed to:

Thriftway of NM, Inc.
501 Airport Blvd.
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

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

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

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Carl Mitchell
309 La Crosse Ave
Farmington, NM 87401

2. Article Number (Transfer from service label) **7009 0960 0000 0185 0201**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

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

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

COMPLETE THIS SECTION

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.

Article Addressed to:

Gary C. Mitchell
302 La Crosse Ave
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

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

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

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

BS Enterprises
101 E. Main St
Farmington, NM 87401

2. Article Number (Transfer from service label) **7009 0960 0000 0185 0300**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

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

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

COMPLETE THIS SECTION

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.

Article Addressed to:

Thriftway of NM, Inc.
501 Airport Blvd.
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

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

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

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Thriftway of NM, Inc.
501 Airport Blvd.
Farmington, NM 87401

2. Article Number (Transfer from service label) **7009 0960 0000 0185 0201**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

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

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

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 Strange
301 La Crosse Ave
Farmington, NM 87401

2. Article Number

(Transfer from service label)

7009 0960 0000 0185 0393

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

- ☒ Certified Mail ☐ 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
AAR Aaron Austin
810 Houston St.
Fort Worth, TX 76102-6298

2. Article Number

(Transfer from service label)

7009 0960 0000 0185 0485

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

MERRION OIL & GAS CORP
 610 REILLY AVENUE
 FARMINGTON, NM 87401

CERTIFIED MAIL



7009 0960 0000 0185 0218

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 ☐ No

7009 0960 0000 0185 0218

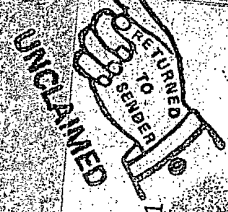
Domestic Return Receipt 102595-02-M-1540

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:

Charles Sherman
 307 La Crosse Ave
 Farmington, NM 87401



2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Charles Sherman
 307 La Crosse Ave
 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:

Christine Maestas
2802 La Salle St
Farmington, NM 87401



2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent

B. Received by: (Printed Name) ☒ Addressee

C. Date of Delivery

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

7009 0960 0000 0185 1536

102595-02/M/1540

Domestic Return Receipt

CERTIFIED MAIL



7009 0960 0000 0185 1536



Christine Maestas
2802 La Salle St
Farmington, NM 87401

MERRION OIL & GAS CORP
610 REILLY AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL



7009 0960 0000 0185 1567

SENDER: COMPLETE THIS SECTION		COMPLETE THIS 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.		A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to: Richard Lanzi 2712 La Salle St. Farmington, NM 87401		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:	
2. Article Number (Transfer from serv/ps label) 7009 0960 0000 0185 1567		3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☒ Return Receipt for Merchandise ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No	

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004



Richard Lanzi
2712 La Salle St
Farmington, NM 87401

MEHRION OIL & GAS CORP.
610 REILLY AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL™



7009 0960 0000 0185 0232

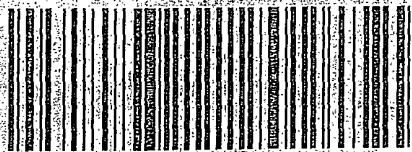
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Print your name and address on the reverse so that we can return the card to you. ☐ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Humberto Frias 2904 La Puente St. Farmington, NM 87401		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) PS Form 3811, February 2004		7009 0960 0000 0185 0232 Domestic Return Receipt 102595-02-M-1540	

UNCLAIMED

Humberto Frias
2904 La Puente St.
Farmington, NM
87401

MERRION OIL & GAS CORP.
610 REILLY AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL



7009 0960 0000 0185 0133

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery

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

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

7009 0960 0000 0185 0133

Domestic Return Receipt PS Form 3811, February 2004 02595-02-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:

Peter Kakos
307 La Belle Ave
Farmington, NM 87401

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

UNDELIVERED
Peter Kakos
307 La Belle Ave
Farmington, NM 87401

KATHERINE LA RUE
2708 LA SALLE AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL™



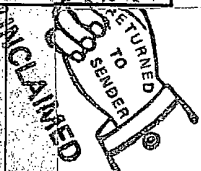
7009 0960 0000 0185 1581

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 ☐ 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.



Katherine La Rue
2708 La Salle St
Farmington, NM 87401

7009 0960 0000 0185 1581

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

Katherine La Rue
2708 La Salle St
Farmington, NM 87401

MERRION OIL & GAS CORP.
610 REILLY AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL



7009 0960 0000 0185 1550

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

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

7009 0960 0000 0185 1550

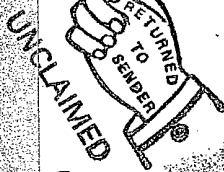
102595-02-M-1540

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:

Scott & Tammi Stimson
2714 La Salle St
Farmington, NM 87401



2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

Scott & Tammi Stimson
2714 La Salle St
Farmington, NM 87401

MERRILL & CAS CORP
610 HILL AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL



7009 0960 0000 0185 1604

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 ☐ Express Mail ☐ Certified Mail ☒ Return Receipt for Merchandise
☐ Registered ☐ 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:

William Woodall Jr
2703 La Salle St
Farmington, NM 87401

UNCLAIMED
RETURNED TO SENDER

2. Article Number
(Transfer from service label)

7009 0960 0000 0185 1604

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M*1540

William Woodall Jr
2703 La Salle St
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:

Wesley Lattin
301 La Belle Ave
Farmington, NM 87401



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 ☐ No

2. Article Number (Transfer from service label) 7009 0960 0000 0185 0089

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

301 LA BELLE AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL

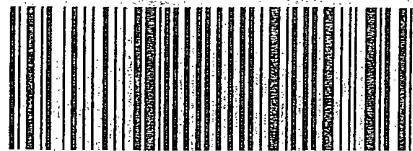


7009 0960 0000 0185 0089

UNCLAIMED
Wesley Lattin
301 La Belle Ave
Farmington, NM 87401

MERRION OIL & GAS CORP
610 REILLY AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL



7009 0960 0000 0185 0188

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

7009 0960 0000 0185 0188

102595-02-M-1540

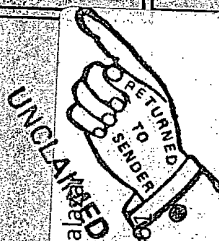
Domestic Return Receipt

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:

Nazario & Lucinda Salazar
310 La Cuesta Ave
Farmington, NM 87401



2. Article Number

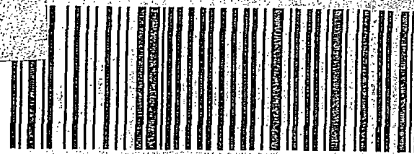
(Transfer from service label)

PS Form 3811, February 2004

UNCLAIMED

Nazario & Lucinda Salazar
310 La Cuesta Ave
Farmington, NM 87401

CERTIFIED MAIL™



7009 0960 0000 0185 0195

ME

2900 LA PUERTA AVENUE
FARMINGTON, NM 87401

Handwritten initials: JCM

UNCLAIMED
Jon Jacobson
2900 La Puerta St
Farmington, NM 87401

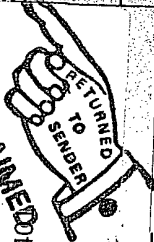
SENDER: COMPLETE THIS SECTION

- 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:

Jon Jacobson
2900 La Puerta St
Farmington, NM 87401

UNCLAIMED



2. Article Number
(Transfer from service label)

7009 0960 0000 0185 0195

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

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

MERRION OIL & GAS CORP.
610 REILLY AVENUE
FARMINGTON, NM 87401

CERTIFIED MAIL



7009 0960 0000 0185 1543

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

7009 0960 0000 0185 1543

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:

T K Webster
PO Box 5981
Farmington, NM 87401

UNCLAIMED



2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

T K Webster
PO Box 5981
Farmington, NM 87401