

4/28/2014 DATE IN	SUSPENSE	MAM ENGINEER	5/1/2014 LOGGED IN	CTB TYPE	PMAM1412129563 APP NO.
----------------------	----------	-----------------	-----------------------	-------------	---------------------------

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]
[A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- [D] Other: Specify _____

- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] ☒ Working, Royalty or Overriding Royalty Interest Owners
[B] ☐ Offset Operators, Leaseholders or Surface Owner
[C] ☐ Application is One Which Requires Published Legal Notice
[D] ☐ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,
[F] ☒ Waivers are Attached

- [3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

- [4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Miriam Morales
Print or Type Name

Miriam Morales
Signature

Production Analyst
Title

4/21/14
Date

mmorales@yatespetroleum.com
e-mail Address

707
- CTB
- Yates Petroleum
25575
wells
- Sears BSR
#1H
30-015-41652
- Sears BSR
#2H
30-015-41583
- LULA BUC
30-015-41604
Pool
- Atoka Granite
yes
3250

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original
application to the Santa Fe
office with one copy to the
appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Yates Petroleum Corporation

OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210

APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☒ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. _____

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling

☐ Yes ☒ No

(A) POOL COMMINGLING

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.

(4) Measurement type: ☐ Metering ☐ Other (Specify)

(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code. Atoka;Glorietta-Yeso 3250

(2) Is all production from same source of supply? ☒ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No

(4) Measurement type: ☒ Metering ☐ Other (Specify)

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

(1) Is all production from same source of supply? ☐ Yes ☐ No

(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.

(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.

(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE

TITLE: Production Analyst

DATE:

4/21/14

TYPE OR PRINT NAME Miriam Morales

TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

DISTRICT I
1825 N. French Dr., Hobbs, NM 88240
Phone (575) 393-8181 Fax: (575) 393-0720

DISTRICT II
1301 W. Grand Avenue, Artesia, NM 88210
Phone (575) 748-1283 Fax: (575) 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) 476-3460 Fax: (505) 476-3482

RECEIVED State of New Mexico **RECEIVED**
Energy, Minerals and Natural Resources Department

SEP 25 2013 **OIL CONSERVATION DIVISION** SEP 25 2013
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

NMOC D ARTESIA

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-D15-41652	Pool Code 3250	Pool Name Atoka;Glorieta-Yeso
Property Code 46048	Property Name SEARS BSR	
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	
		Well Number 1H
		Elevation 3375'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	16	18 S	26 E		1650	SOUTH	330	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	17	18 S	26 E		2310	SOUTH	330	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160			

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

The diagram shows a grid of sections 16 and 17. A well location is marked with a point and dimensions: 1732' FSL & 330' FEL. A project area is outlined in section 17. Dimensions for the well location are 330' and 2310'.

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 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.

Travis Hahn 9/13/13
Signature Date

Travis Hahn
Printed Name

thahn@yatespetroleum.com
Email Address

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.

GARY L. JONES
Date Surveyed

GARY L. JONES
Signature & Seal of Professional Surveyor

GARY L. JONES
Certificate No.

BASIN SURVEYS 28986

PROPOSED BOTTOM HOLE LOCATION

Lot - N 32°44'49.26"
Long - W 104°24'41.47"
NMSPCE- N 635505.4
E 517299.2
(NAD-83)

SURFACE LOCATION

Lot - N 32°44'42.83"
Long - W 104°23'39.97"
NMSPCE- N 634851.81
E 522551.42
(NAD-83)

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6181 Fax: (575) 393-0720

DISTRICT II
1301 W. Grand Avenue, Artesia, NM 88210
Phone (505) 746-1283 Fax: (505) 746-9720

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) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised August 1, 2011

Submit one copy to appropriate
District Office

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-41583	Pool Code 3250	Pool Name ATOKA; GL-4850 Penasco Draw/Veso
Property Code 40048	Property Name SEARS "BSR"	Well Number 2H
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3388'

Surface Location

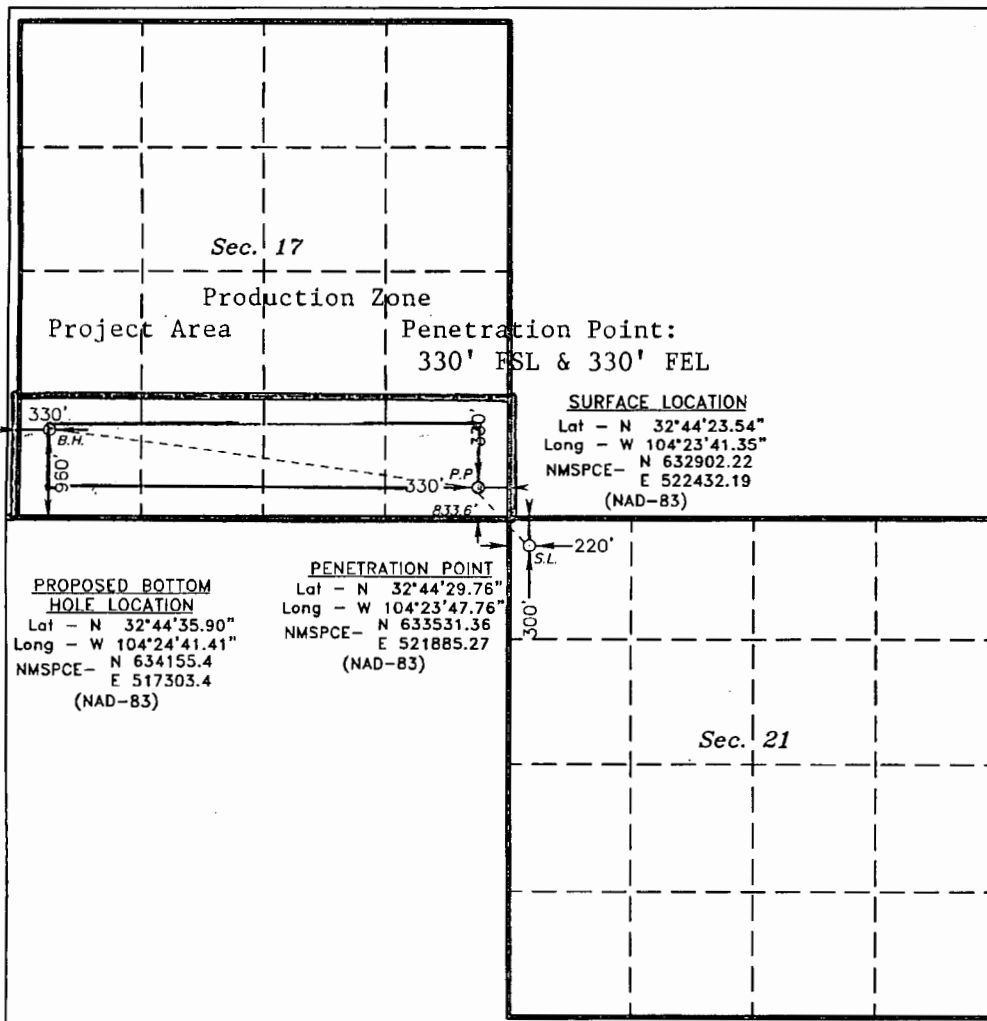
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	21	18 S	26 E		300	NORTH	220	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	17	18 S	26 E		960	SOUTH	330	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160			

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 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.

Travis Hahn 7/30/13
Signature Date

Travis Hahn
Printed Name
thahn@yatespetroleum.com
Email Address

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.

Date Surveyed
Signature
Professional Surveyor

July 29, 2013
July E. Jones
7977
Certificate No. July E. Jones 7977

BASIN SURVEYS 28987

DISTRICT I

1825 N. French Dr., Hobbs, NM 88240
Phone (505) 593-5151 Fax: (505) 593-0729

DISTRICT II

1301 W. Grand Avenue, Artesia, NM 88210
Phone (505) 748-1253 Fax: (505) 748-8720

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 470-5450 Fax: (505) 470-5450State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-41604	Pool Code 96830	Pool Name Artesia; Glorieta-Yeso
Property Code 40075	Property Name LOLA BUG	Well Number 1H
GRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3414'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn.	Feet from the	North/South line	Feet from the	East/West line	County
L	21	18 S	26 E		2040	SOUTH	230	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn.	Feet from the	North/South line	Feet from the	East/West line	County
L	20	18 S	26 E		2240	SOUTH	330	WEST	EDDY

Dedicated Acres 160	Joint or Infill	Consolidation Code	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

PROPOSED BOTTOM
HOLE LOCATION

Lat - N 32°43'58.01"
Long - W 104°24'41.66"
NMSPC - N 630123.94
E 517279.08
(NAD-83)

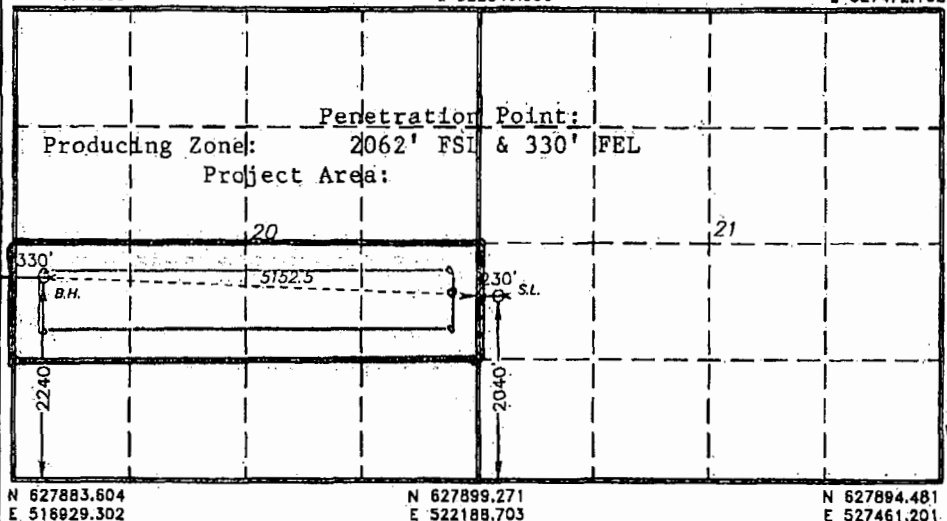
SURFACE LOCATION

Lat - N 32°43'54.21"
Long - W 104°23'41.38"
NMSPC - N 629938.55
E 522428.28
(NAD-83)

N 633194.988
E 516976.395

N 633151.029
E 522348.356

N 633208.607
E 527472.102



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 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.

Signature: Travis Hahn Date: 8/20/2013

Printed Name: Travis Hahn
Email Address: thahn@yatespetroleum.com

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.

Date Surveyed: 8/20/2013
Signature & Seal of Professional Surveyor

Certificate No. Gary L. Jones 7977

BASIN SURVEYS 29098



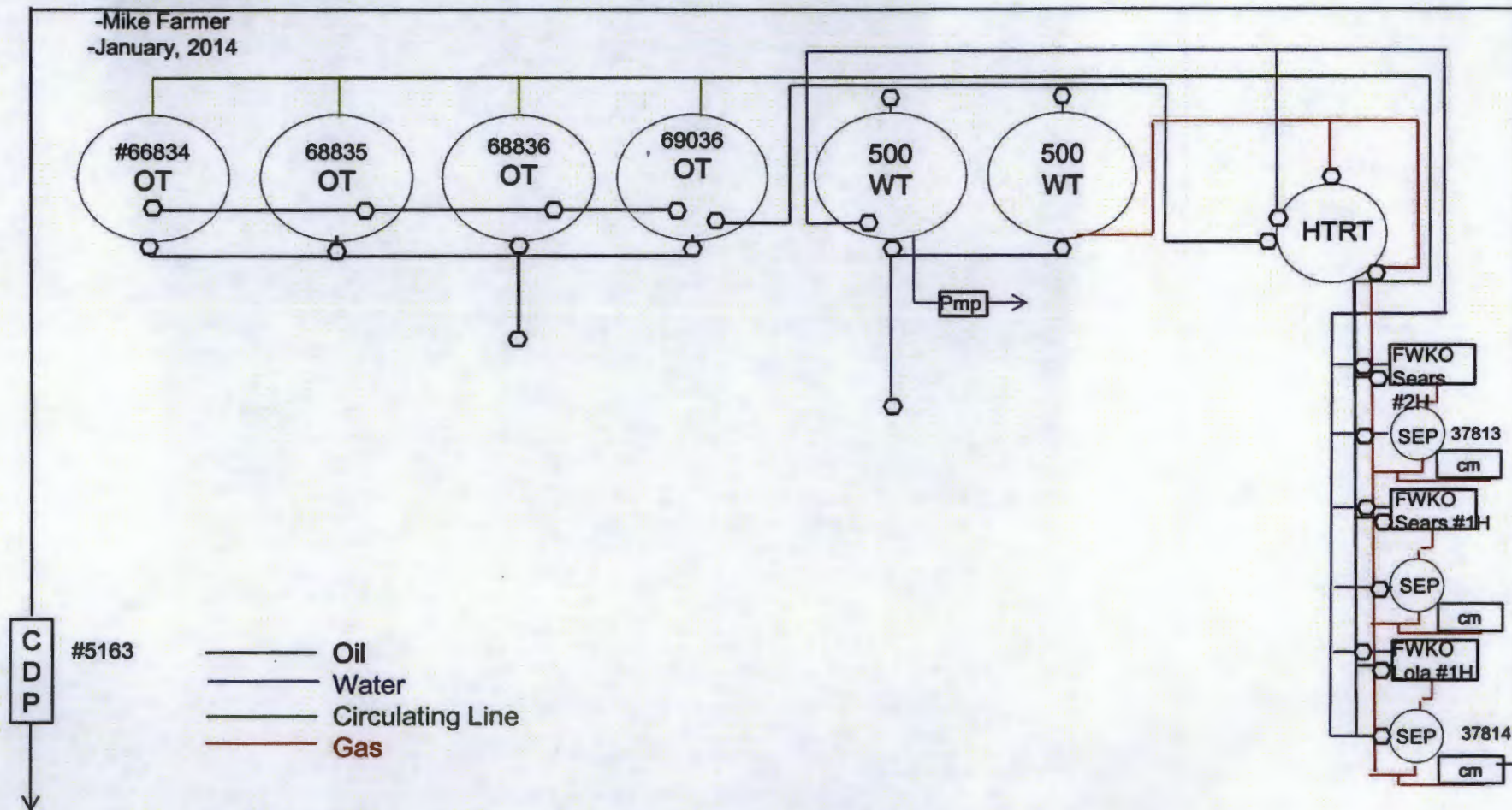
105 South 4th Street * Artesia, NM 88210
(575)-748-1471

SEARS BSR #2H

300' FNL & 220' FWL * Sec 21 - T18S R26E * Unit D
Eddy County, NM



-Mike Farmer
-January, 2014



This diagram is subject to the Yates Petroleum Corporation August 1983 Security Plan
which is on file at 105 South 4th Street, Artesia, NM

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

RE: Surface/Lease Commingle oil & gas
Sears BSR #1H, 2H & Lola BUG #1H
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface/Lease Commingle oil & gas on the following wells:

Sears BSR #1H (not yet drilled)
Atoka; Glorietta-Yeso
Sec. 16-T18S-R26E
API #30-015-41652
Fee
Eddy County, NM

Sears BSR #2H
Atoka; Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41583
Fee
Eddy County, NM

Lola BUG #1H
Artesia; Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41604
Fee
Eddy County, NM

The ownership is diversified.
The battery is located at the Sears BSR #2H.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Sears #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Sears #1H is 100 bbls, for the Sears #2H is 120 bbls and for the Lola is 50 bbls.

Gas Measurement

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings. The Agave's CDP #5163 is located at the Sears #2H.

Estimated daily gas production for the Sears #1H is 150 MCF, for the Sears #2H is 200 MCF and for the Lola #1H is 100 MCF.

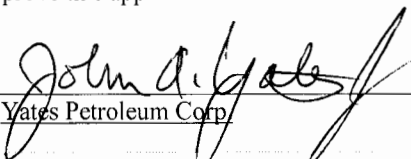
The purpose of the Surface/Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

If you have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales

I hereby approve this application


Company: Yates Petroleum Corp.

KATHY H. PORTER

DENNIS G. KINSEY

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

RE: Surface/Lease Commingle oil & gas
Sears BSR #1H, 2H & Lola BUG #1H
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface/Lease Commingle oil & gas on the following wells:

Sears BSR #1H (not yet drilled)
Atoka; Glorieta-Yeso
Sec. 16-T18S-R26E
API #30-015-41652
Fee
Eddy County, NM

Sears BSR #2H
Atoka; Glorieta-Yeso
Sec. 21-T18S-R26E
API #30-015-41583
Fee
Eddy County, NM

Lola BUG #1H
Artesia; Glorieta-Yeso
Sec. 21-T18S-R26E
API #30-015-41604
Fee
Eddy County, NM

The ownership is diversified.
The battery is located at the Sears BSR #2H.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Sears #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Sears #1H is 100 bbls, for the Sears #2H is 120 bbls and for the Lola is 50 bbls.

Gas Measurement

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings. The Agave's CDP #5163 is located at the Sears #2H.

Estimated daily gas production for the Sears #1H is 150 MCF, for the Sears #2H is 200 MCF and for the Lola #1H is 100 MCF.

The purpose of the Surface/Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

If you have any questions, please call me at (575) 748-4200 (direct line)

Sincerely,

Miriam Morales

I hereby approve this application

Company: Abo Petroleum Corp.

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

RE: Surface/Lease Commingle oil & gas
Sears BSR #1H, 2H & Lola BUG #1H
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface/Lease Commingle oil & gas on the following wells:

Sears BSR #1H (not yet drilled)
Atoka; Glorietta-Yeso
Sec. 16-T18S-R26E
API #30-015-41652
Fee
Eddy County, NM

Sears BSR #2H
Atoka; Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41583
Fee
Eddy County, NM

Lola BUG #1H
Artesia; Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41604
Fee
Eddy County, NM

The ownership is diversified.
The battery is located at the Sears BSR #2H.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Sears #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Sears #1H is 100 bbls, for the Sears #2H is 120 bbls and for the Lola is 50 bbls.

Gas Measurement

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings. The Agave's CDP #5163 is located at the Sears #2H.

Estimated daily gas production for the Sears #1H is 150 MCF, for the Sears #2H is 200 MCF and for the Lola #1H is 100 MCF.

The purpose of the Surface/Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

If you have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales

I hereby approve this application


Company: Myco Industries Inc

KATHY H. PORTER

DENNIS G. KINSEY

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

RE: Surface/Lease Commingle oil & gas
Sears BSR #1H, 2H & Lola BUG #1H
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface/Lease Commingle oil & gas on the following wells:

Sears BSR #1H (not yet drilled)
Atoka; Glorietta-Yeso
Sec. 16-T18S-R26E
API #30-015-41652
Fee
Eddy County, NM

Sears BSR #2H
Atoka; Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41583
Fee
Eddy County, NM

Lola BUG #1H
Artesia; Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41604
Fee
Eddy County, NM

The ownership is diversified.
The battery is located at the Sears BSR #2H.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Sears #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Sears #1H is 100 bbls, for the Sears #2H is 120 bbls and for the Lola is 50 bbls.

Gas Measurement

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings. The Agave's CDP #5163 is located at the Sears #2H.

Estimated daily gas production for the Sears #1H is 150 MCF, for the Sears #2H is 200 MCF and for the Lola #1H is 100 MCF.

The purpose of the Surface/Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

If you have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales

I hereby approve this application

Company: Yates Brothers

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

RE: Surface/Lease Commingle oil & gas
Sears BSR #1H, 2H & Lola BUG #1H
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface/Lease Commingle oil & gas on the following wells:

Sears BSR #1H (not yet drilled)
Atoka; Glorieta-Yeso
Sec. 16-T18S-R26E
API #30-015-41652
Fee
Eddy County, NM

Sears BSR #2H
Atoka; Glorieta-Yeso
Sec. 21-T18S-R26E
API #30-015-41583
Fee
Eddy County, NM

Lola BUG #1H
Artesia; Glorieta-Yeso
Sec. 21-T18S-R26E
API #30-015-41604
Fee
Eddy County, NM

The ownership is diversified.
The battery is located at the Sears BSR #2H.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Sears #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Sears #1H is 100 bbls, for the Sears #2H is 120 bbls and for the Lola is 50 bbls.

Gas Measurement

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings. The Agave's CDP #5163 is located at the Sears #2H.

Estimated daily gas production for the Sears #1H is 150 MCF, for the Sears #2H is 200 MCF and for the Lola #1H is 100 MCF.

The purpose of the Surface/Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

If you have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales

I hereby approve this application

Company: Sharbro Energy, LLC

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

April 21, 2014

RE: Surface/Lease Commingle oil & gas
Sears BSR #1H, 2H & Lola BUG #1H
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface/Lease Commingle oil & gas on the following wells:

Sears BSR #1H (not yet drilled)
Atoka; Glorietta-Yeso
Sec. 16-T18S-R26E
API #30-015-41652
Fee
Eddy County, NM

Sears BSR #2H
Atoka; Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41583
Fee
Eddy County, NM

Lola BUG #1H
Artesia; Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41604
Fee
Eddy County, NM

The ownership is diversified.
The battery is located at the Sears BSR #2H.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Sears #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Sears #1H is 100 bbls, for the Sears #2H is 120 bbls and for the Lola is 50 bbls.

Gas Measurement

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings. The Agave's CDP #5163 is located at the Sears #2H.

Estimated daily gas production for the Sears #1H is 150 MCF, for the Sears #2H is 200 MCF and for the Lola #1H is 100 MCF.

The purpose of the Surface/Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

Any objection must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division receives the application. Application will be sent in conjunction with notification to owners.

If you have any questions, please contact me at (575)748-4200 (direct line)

Sincerely,

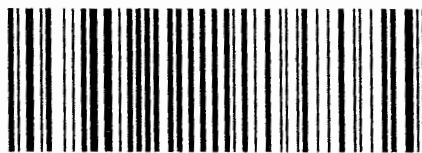
Miriam Morales
Production Analyst



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3638

7013 2630 0002 0640 3638

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Lola C. 4/2/14 M. Vandiver / 1002	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Postmark Here	
Sent To: MARY JO VANDIVER	
Street, Apt. 1 13500 N RANCHO VISTOSO BLVD	
or PO Box N APT #112	
City, State, Z TUCSON, AZ 85755	
PS Form 3800, August 2006 See Reverse for Instructions	

MARY JO VANDIVER
13500 N RANCHO VISTOSO BLVD
APT #112
TUCSON, AZ 85755

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

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 JO VANDIVER
13500 N RANCHO VISTOSO BLVD
APT #112
TUCSON, AZ 85755

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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7013 2630 0002 0640 3638

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3645

7013 2630 0002 0640 3645

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+	
SUSAN VANDIVER BRYANT 1021 LAKE RIDGE DRIVE RICHARDSON, TX 75081	
PS Form 3800, August 2003 See Reverse for Instructions	

SUSAN VANDIVER BRYANT
1021 LAKE RIDGE DRIVE
RICHARDSON, TX 75081

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

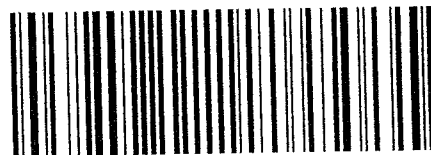
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>SUSAN VANDIVER BRYANT 1021 LAKE RIDGE DRIVE RICHARDSON, TX 75081</p> <p>2. Article Number (Transfer from s 7013 2630 0002 0640 3645)</p>		<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3652
7013 2630 0002 0640 3652

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 KAREN A VANDIVER P O BOX 478 ARTESIA, NM 88211	
PS Form 3800, August 2013 See Reverse for Instructions	

KAREN A VANDIVER
P O BOX 478
ARTESIA, NM 88211

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

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 X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: KAREN A VANDIVER P O BOX 478 ARTESIA, NM 88211		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from se 7013 2630 0002 0640 3652)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3669

7013 2630 0002 0640 3669

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	David R Vandiver 611 W Mahone Suite E Artesia, NM 88210
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ \$ \$ \$ \$
Postmark Here	
PS Form 3800, August 2013 See Reverse for Instructions	

DAVID R VANDIVER
611 W MAHONE SUITE E
ARTESIA, NM 88210

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

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 R VANDIVER
611 W MAHONE SUITE E
ARTESIA, NM 88210

2. Article Number
(Transfer from se

7013 2630 0002 0640 3669

PS Form 3811, July 2013

Domestic Return Receipt

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

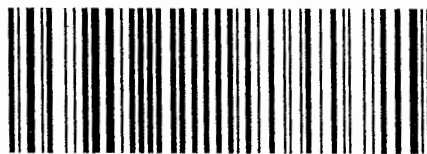
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3676

7013 2630 0002 0640 3676

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
<i>Sandra A Mccrory</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, Zip SANDRA A MCCRORY 2840 CAPER COURT GRAND JUNCTION, CO 81506	
PS Form 3800, August 2006 See Reverse for Instructions	

SANDRA A MCCRORY
2840 CAPER COURT
GRAND JUNCTION, CO 81506

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

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:

SANDRA A MCCRORY
2840 CAPER COURT
GRAND JUNCTION, CO 81506

2. Article Number
(Transfer from serv

7013 2630 0002 0640 3676

PS Form 3811, July 2013

Domestic Return Receipt

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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3683
7013 2630 0002 0640 3683

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP
PS Form 3800, August 2006

MERRIE C MCCRORY
2840 CAPER COURT
GRAND JUNCTION, CO 81506

See Reverse for Instructions

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

Postmark
Here

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

Cheryl A. [Signature]

MERRIE C MCCRORY
2840 CAPER COURT
GRAND JUNCTION, CO 8

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>MERRIE C MCCRORY 2840 CAPER COURT GRAND JUNCTION, CO 81506</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from se</p> <p>7013 2630 0002 0640 3683</p>	

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3690

7013 2630 0002 0640 3690

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>LOLO CTS World Market Inc</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	ELIZABETH ANN SEARS
Street, Apt. No. or PO Box No.	7741 E CAMINO BAVISPE
City, State, ZIP	TUCSON, AZ 85715
PS Form 3800, August 2006 See Reverse for Instructions	

ELIZABETH ANN SEARS
7741 E CAMINO BAVISPE
TUCSON, AZ 85715

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: ELIZABETH ANN SEARS 7741 E CAMINO BAVISPE TUCSON, AZ 85715	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from sender)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7013 2630 0002 0640 3690

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-015-41604
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lola BUG
8. Well Number 1H
9. OGRID Number 025575
10. Pool name or Wildcat Artesia; Glorieta-Yeso

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
Yates Petroleum Corporation

3. Address of Operator
105 S. Fourth Street Artesia, NM 88210

4. Well Location

Unit Letter L : 2040 feet from the S line and 230 feet from the W line
Section 21 Township 18S Range 26E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3414' GR

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Surface Lease Commingle ☒

OTHER: ☐

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.

Yates Petroleum respectfully requests administrative approval to Surface Lease Commingle oil and gas on the following wells:

Sears BSR #1H (not yet drilled)
Atoka;Glorietta-Yeso
Sec. 16-T18S-R26E
API #30-015-41652
Fee
Eddy County, NM

Sears BSR #2H
Atoka;Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41583
Fee
Eddy County, NM

Lola BUG #1H
Artesia;Glorietta-Yeso
Sec. 21-T18S-R26E
API #30-015-41604
Fee
Eddy County, NM

The battery is located at the Sears BSR #2H. Please see attached plats and site security diagram.
The ownership is diversified. All owners have been notified and copies of certified receipts and letters are attached.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Sears #2H. Total sales/production will be allocated back to each individual well using the metered (daily well test) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Sears #1H is 100 bbls, for the Sears #2H is 120 bbls and for the Lola #1H is 50 bbls.

Gas Measurement

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.
The Agave's CDP #5163 is located at the Sears #2H.

Estimated daily gas production for the Sears #1H is 150 MCF, for the Sears #2H is 200 MCF and for the Lola #1H is 100 MCF.

The purpose of the Surface Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

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

SIGNATURE Miriam Morales TITLE Production Analyst DATE 4/21/14
Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200
For State Use Only

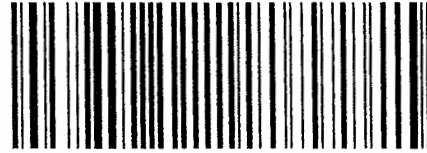
APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3706

7013 2630 0002 0640 3706

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only. No Insurance Coverage Provided.)</i>	
For delivery information, visit our website at www.usps.com .	
<i>412 San Pasquale SW</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: ALLEN M TONKIN & NANCY T CUTTER	
Street, Apt. No., AS TTEES OF NANCY P TONKIN TRUST	
or PO Box No. 412 SAN PASQUALE SW	
City, State, ZIP+4 ALBUQUERQUE, NM 87104	
PS Form 3800, August 2006 See Reverse for Instructions	

ALLEN M TONKIN & NANCY
AS TTEES OF NANCY P TONI
412 SAN PASQUALE SW
ALBUQUERQUE, NM 87104

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

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:

ALLEN M TONKIN & NANCY T CUTTER
AS TTEES OF NANCY P TONKIN TRUST
412 SAN PASQUALE SW
ALBUQUERQUE, NM 87104

2. Article Number
(Transfer from se

7013 2630 0002 0640 3706

PS Form 3811, July 2013

Domestic Return Receipt

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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 20px;">MCKAY OIL & GAS LLC PO BOX 14738 ALBUQUERQUE, NM 87191-4738</p>	<p>A. Signature</p> <p style="font-size: 1.5em; margin-top: 10px;">X</p> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from ser.)</p>	<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="font-size: 1.5em; margin-bottom: 10px;">7013 2630 0002 0640 3713</div> <div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2013 Domestic Return Receipt </div>	



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3720

7013 2630 0002 0640 3720

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: JOHN ERNEST HALL PO BOX 45 ANSONIA STATION 1990 BROADWAY NEW YORK, NY 10023-0045	
Street, Apt. No. or PO Box No. City, State, ZIP	
PS Form 3800, August 2006 See Reverse for Instructions	

JOHN ERNEST HALL
PO BOX 45
ANSONIA STATION 1990 B
NEW YORK, NY 10023-004

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT BOTTOM LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p>JOHN ERNEST HALL PO BOX 45 ANSONIA STATION 1990 BROADWAY NEW YORK, NY 10023-0045</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from sen</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

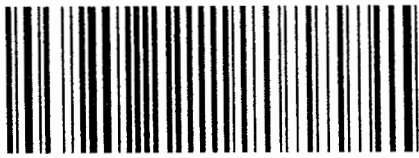
7013 2630 0002 0640 3720



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3737

7013 2630 0002 0640 3737

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
ALLEN M TONKIN JR TRUSTEE ALLEN M TONKIN JR REV TRUST 412 SAN PASQUALE SW ALBUQUERQUE, NM 87104	
PS Form 3800, January 2013 See Reverse for Instructions	

ALLEN M TONKIN JR TRUS
ALLEN M TONKIN JR REV T
412 SAN PASQUALE SW
ALBUQUERQUE, NM 8710

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

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:

ALLEN M TONKIN JR TRUSTEE
ALLEN M TONKIN JR REV TRUST
412 SAN PASQUALE SW
ALBUQUERQUE, NM 87104

2. Article Number
(Transfer from se

7013 2630 0002 0640 3737

PS Form 3811, July 2013

Domestic Return Receipt

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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3744

7013 2630 0002 0640 3744

U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
ARTESIA OIL & GAS LLC PO BOX 1768 ARTESIA, NM 88211-1768	
PS Form 3800, August 2008 See Reverse for Instructions	

ARTESIA OIL & GAS LLC
PO BOX 1768
ARTESIA, NM 88211-1768

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

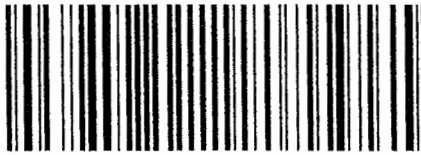
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: ARTESIA OIL & GAS LLC PO BOX 1768 ARTESIA, NM 88211-1768	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from sender)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7013 2630 0002 0640 3744	



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3751

7013 2630 0002 0640 3751

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 \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Certified Fee	
Postmark Here	
Sent To: Street, Apt. No., or PO Box No. City, State, ZIP+4 GEORGE B & HELEN HUMPHREYS PO BOX 1666 ARTESIA, NM 88211-1666 PS Form 3800, August 2006 See Reverse for Instructions	

GEORGE B & HELEN HUMPHREYS
PO BOX 1666
ARTESIA, NM 88211-1666

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>GEORGE B & HELEN HUMPHREYS PO BOX 1666 ARTESIA, NM 88211-1666</p> <p>2. Article Number (Transfer from se. 7013 2630 0002 0640 3751)</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3768

7013 2630 0002 0640 3768

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No. or PO Box No. 43445 30 TH ST W UNIT #3	
City, State, ZIP- LANCASTER, CA 93536-1323	
PS Form 3800, August 2013 See Reverse for Instructions	

VERA BROWN
43445 30TH ST W UNIT #3
LANCASTER, CA 93536-13

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

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:

VERA BROWN
43445 30TH ST W UNIT #3
LANCASTER, CA 93536-1323

2. Article Number
(Transfer from ser

7013 2630 0002 0640 3768

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

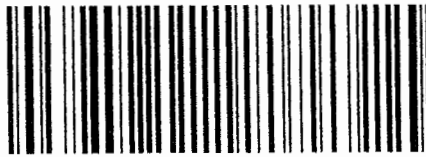
4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3775
7013 2630 0002 0640 3775

U.S. Postal Service	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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	\$
Postmark Here	
Signature: <i>Eric W Brown</i>	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
ERIC W BROWN 19718 ECHO BLUE DR PENN VALLEY, CA 95946	
PS Form 3800, August 2006 See Reverse for Instructions	

ERIC W BROWN
19718 ECHO BLUE DR
PENN VALLEY, CA 95946

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: ERIC W BROWN 19718 ECHO BLUE DR PENN VALLEY, CA 95946	
2. Article Number (Transfer from sender)	7013 2630 0002 0640 3775



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3782

7013 2630 0002 0640 3782

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	
CHRISTOPHER J BROWN PO BOX 621 ACTON, CA 93510	
PS Form 3800, August 2003 See Reverse for Instructions	

CHRISTOPHER J BROWN
PO BOX 621
ACTON, CA 93510

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:

CHRISTOPHER J BROWN
PO BOX 621
ACTON, CA 93510

2. Article Number
(Transfer from se)

7013 2630 0002 0640 3782

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
X
- 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

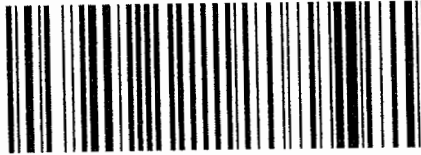
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3799

7013 2630 0002 0640 3799

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
<i>Maxine Lowry</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
Street, Apt. No., or PO Box No.	MAXINE LOWRY
City, State, ZIP+4	4515 MOCKINBIRD LANE BANNING, CA 92220-1107
PS Form 3800, August 2006 See Reverse for Instructions	

MAXINE LOWRY
4515 MOCKINBIRD LANE
BANNING, CA 92220-1107

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

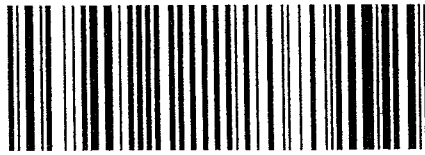
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MAXINE LOWRY 4515 MOCKINBIRD LANE BANNING, CA 92220-1107		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from sender)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

7013 2630 0002 0640 3799

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3812

7013 2630 0002 0640 3812

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT		(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com					
Sent to:		Postage			
Street, Apt. No., or PO Box No.		Certified Fee			
City, State, ZIP+4		Return Receipt Fee (Endorsement Required)			
SAN DIEGO, CA 92160		Restricted Delivery Fee (Endorsement Required)			
PS Form 3800, August 2006		Total Postage & Fees			
See Reverse for Instructions		\$			
EARLE A BROWN PO BOX 600332 SAN DIEGO, CA 92160		Postmark Here			

EARLE A BROWN
PO BOX 600332
SAN DIEGO, CA 92160

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

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:

EARLE A BROWN
PO BOX 600332
SAN DIEGO, CA 92160

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® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from sender)

7013 2630 0002 0640 3812

PS Form 3811, July 2013

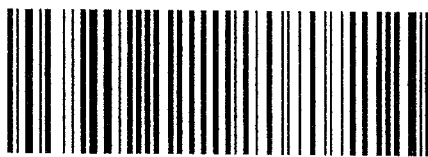
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3805

7013 2630 0002 0640 3805

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
C EARLE JOHNSON JR 25 CLAREMONT LANE SUFFERN, NY 10901	
PS Form 3800, August 2006 See Reverse for Instructions	

C EARLE JOHNSON JR
25 CLAREMONT LANE
SUFFERN, NY 10901

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>C EARLE JOHNSON JR 25 CLAREMONT LANE SUFFERN, NY 10901</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from sender)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7013 2630 0002 0640 3805

PS Form 3811, July 2013

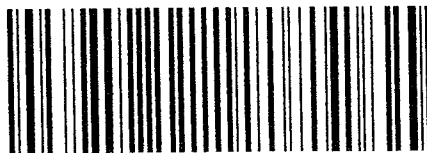
Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3829

7013 2630 0002 0640 3829

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>Mary Ellen Bailey</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
MARY ELLEN BAILEY 1503 INDEPENDENCE RD ROLLA, MO 65401	
PS Form 3800, August 2006 See Reverse for Instructions	

MARY ELLEN BAILEY
1503 INDEPENDENCE RD
ROLLA, MO 65401

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: MARY ELLEN BAILEY 1503 INDEPENDENCE RD ROLLA, MO 65401		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from ser. 7013 2630 0002 0640 3829)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

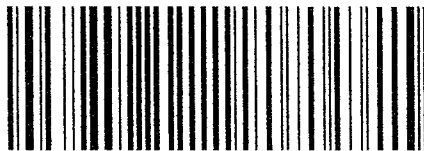
PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3836

7013 2630 0002 0640 3836

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to ETHA MAE YOUNG	
Street, Apt. No., or PO Box No. 9110 E 63RD ST APT 204	
City, State, ZIP+4 RAYTOWN, MO 64133-4891	
PS Form 3800, August 2006 See Reverse for Instructions	

ETHA MAE YOUNG
9110 E 63RD ST APT 204
RAYTOWN, MO 64133-4891

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

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:

ETHA MAE YOUNG
9110 E 63RD ST APT 204
RAYTOWN, MO 64133-4891

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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se

7013 2630 0002 0640 3836

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7013 2630 0002 0640 3843

7013 2630 0002 0640 3843

ADDRESS SERVICE REQUESTED

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	HARRISON SCHOOL DISTRICT #1, AR 110 SOUTH CHERRY HARRISON, AR 72601
PS Form 3800, August 2006 See Reverse for Instructions	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Postmark Here	

HARRISON SCHOOL DISTRICT
110 SOUTH CHERRY
HARRISON, AR 72601

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: HARRISON SCHOOL DISTRICT #1, AR 110 SOUTH CHERRY HARRISON, AR 72601		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from se		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7013 2630 0002 0640 3843

PS Form 3811, July 2013

Domestic Return Receipt



ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3850

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
1440 47B 412 McCall Blvd @ Ford	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To _____ Street, Apt. No., or PO Box No. City, State, ZIP+4	
FIRST UNITED METHODIST CHURCH OF HARRISON ARKANSAS 1100 W. POWER ST HARRISON, AR 72601	
Postmark Here	
PS Form 3800, August 2000	
See Reverse for Instructions	

FIRST UNITED METHODIST C
OF HARRISON ARKANSAS
1100 W BOWLER ST
HARRISON, AR 72601

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

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>						
<p>1. Article Addressed to:</p> <p style="text-align: center; padding: 20px 0;">FIRST UNITED METHODIST CHURCH OF HARRISON ARKANSAS 1100 W BOWER ST HARRISON, AR 72601</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">B. Received by (<i>Printed Name</i>)</td> <td style="width: 40%; padding: 5px;">C. Date of Delivery</td> </tr> </table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	B. Received by (<i>Printed Name</i>)	C. Date of Delivery				
B. Received by (<i>Printed Name</i>)	C. Date of Delivery						
<p>2. Article Number (Transfer from se. 7013 2630 0002 0640 3850)</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Priority Mail Express™</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Collect on Delivery</td> </tr> </table>	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery						
	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>						

PS Form 3811, July 2013

Domestic Return Receipt

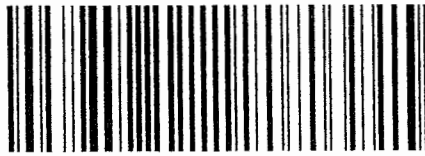
ill
eif
nti
eli
in
in
is
N
ear
on
ota
for
me
tu
tio
ut
"f
or
st
ne
av
us



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3867

7013 2630 0002 0640 3867

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: \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: RECTOR & VESTRY OF ST JOHN'S EPISCOPAL CHURCH OF HARRISON, AK Street, Apt. No., or PO Box No.: 707 W CENTRAL AVE City, State, ZIP+4: HARRISON, AK 99601	
PS Form 3800, April 2006 See Reverse for Instructions	

RECTOR & VESTRY OF ST JOHN'S
EPISCOPAL CHURCH OF HARRISON, AK
707 W CENTRAL AVE
HARRISON, AK 99601

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>RECTOR & VESTRY OF ST JOHN'S EPISCOPAL CHURCH OF HARRISON, AK 707 W CENTRAL AVE HARRISON, AK 99601</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number</p> <p>(Transfer from ser. 7013 2630 0002 0640 3867)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0641 0650

7013 2630 0002 0641 0650

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to Street, Apt. No., or PO Box No. 4591 PEEPLES RD City, State, ZIP+4 0AK RIDGE, NC 27310	
MARY JANE POHLMANN C/O ROBERT POHLMANN	
PS Form 3800, August 2007 See back of envelope for instructions	

MARY JANE POHLMANN
C/O ROBERT POHLMANN
4591 PEEPLES RD
OAK RIDGE, NC 27310

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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 X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: MARY JANE POHLMANN C/O ROBERT POHLMANN 4591 PEEPLES RD OAK RIDGE, NC 27310		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from s 7013 2630 0002 0641 0650		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0641 0667

7013 2630 0002 0641 0667

U.S. Postal Service™ RECEIPT (Domestic Mail Only) Insurance coverage provided.	
For delivery information, visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: BEVERLY JANE MILLER BRAINARD ADKISSON 16 MULLANEY RD GREENVILLE, TX 75401	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2013	

BEVERLY JANE MILLER LRA
ADKISSON
16 MULLANEY RD
GREENVILLE, TX 75401

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

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:

BEVERLY JANE MILLER BRAINARD
ADKISSON
16 MULLANEY RD
GREENVILLE, TX 75401

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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se)

7013 2630 0002 0641 0667

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0629

7013 2630 0002 0641 0629

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
1210 0703 41916141158811588	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	GEORGE REED BRAINARD
Street Apt. No., or PO Box No.	BANK OF OKLAHOMA AS AGENT
City, State, ZIP	PO BOX 1588 TULSA, OK 74101-1588
PS Form 3800, August 2002	

GEORGE REED BRAINARD
BANK OF OKLAHOMA AS AGENT
PO BOX 1588
TULSA, OK 74101-1588

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

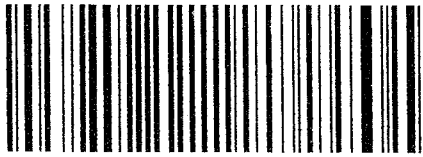
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>3. Print your name and address on the reverse so that we can return the card to you.</p> <p>4. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: GEORGE REED BRAINARD BANK OF OKLAHOMA AS AGENT PO BOX 1588 TULSA, OK 74101-1588		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from se)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7013 2630 0002 0641 0629			



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0636
7013 2630 0002 0641 0636

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com	
Postage \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Certified Fee	
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
BANK OF OKLAHOMA ATTN: JOHN S BRAINARD PO BOX 1588 TULSA, OK 74101-1588	
PS Form 3800, November 2009 See back for instructions	

BANK OF OKLAHOMA
ATTN: JOHN S BRAINARD
PO BOX 1588
TULSA, OK 74101-1588

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p>BANK OF OKLAHOMA ATTN: JOHN S BRAINARD PO BOX 1588 TULSA, OK 74101-1588</p>	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from : 7013 2630 0002 0641 0636)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0643

7013 2630 0002 0641 0643

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

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

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

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

GUY R BRAINARD JR TRUST
BANK OF OKLAHOMA TRUSTEE
PO BOX 1588
TULSA, OK 74101-1588

Postmark Here

7013 2630 0002 0641 0643

GUY R BRAINARD JR TRUST
BANK OF OKLAHOMA TRUSTEE
PO BOX 1588
TULSA, OK 74101-1588

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

GUY R BRAINARD JR TRUST
BANK OF OKLAHOMA TRUSTEE
PO BOX 1588
TULSA, OK 74101-1588

2. Article Number
(Transfer from SE 7013 2630 0002 0641 0643)

COMPLETE THIS SECTION ON DELIVERY

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

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

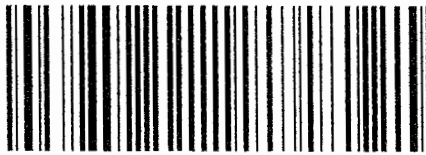
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0674

7013 2630 0002 0641 0674

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

John Shepherd Brainard

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

Postmark Here

Sent To: JOHN SHEPHERD BRAINARD
Street, Apt. No., or PO Box No.: BANK OF OKLAHOMA AS AGENT
PO BOX 1588
City, State, ZIP+4: TULSA, OK 74101-1588

PS Form 3800, August 2005 See Reverse for Instructions

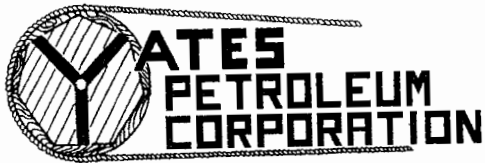
JOHN SHEPHERD BRAINARD
BANK OF OKLAHOMA AS AGENT
PO BOX 1588
TULSA, OK 74101-1588

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

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>JOHN SHEPHERD BRAINARD BANK OF OKLAHOMA AS AGENT PO BOX 1588 TULSA, OK 74101-1588</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from s) 7013 2630 0002 0641 0674</p>	

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0681
7013 2630 0002 0641 0681

Sent To
Street, Apt. No.,
or PO Box No. PO BOX 1621
City, State, ZIP+4 ALTO, NM 88312
PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark
Here

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

DANIEL BRAINARD KNORR
PO BOX 1621
ALTO, NM 88312

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

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 BRAINARD KNORR
PO BOX 1621
ALTO, NM 88312

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7013 2630 0002 0641 0681



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0698

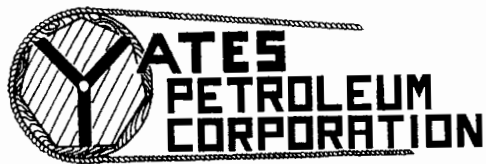
7013 2630 0002 0641 0698

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com	
10/10/07 11/12/14 Knorr@card	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: Street, Apt. No., or PO Box No. City, State, ZIP+4® JOHN ALLEN KNORR 2402 SIERRA VISTA ARTESIA, NM 88210	
PS Form 3800, August 2005 See Reverse for Instructions	

JOHN ALLEN KNORR
2402 SIERRA VISTA
ARTESIA, NM 88210

PLACE STICKER AT TOP OF ENVELOPE, POINTING TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: JOHN ALLEN KNORR 2402 SIERRA VISTA ARTESIA, NM 88210	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from sender) 7013 2630 0002 0641 0698	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0704

7013 2630 0002 0641 0704

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP
PS Form 3800, April 2006 See Reverse for Instructions

ROXANNE LOUISE KNORR YATES
4000 N MONTANA
ROSWELL, NM 88201

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

Postmark
Here

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

Roxanne Louise Knorr Yates

ROXANNE LOUISE KNORR Y
4000 N MONTANA
ROSWELL, NM 88201

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:

ROXANNE LOUISE KNORR YATES
4000 N MONTANA
ROSWELL, NM 88201

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7013 2630 0002 0641 0704

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

7013 2630 0002 0641 0711

7013 2630 0002 0641 0711

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4® ANDREA RUTH KNORR CROCKETT PO BOX 3295 TELLURIDE, CO 81435	
PS Form 3800, August 2006 See Reverse for Instructions	

Let's get it done. Charles Knorr, Esq.

ANDREA RUTH KNORR CRC
PO BOX 3295
TELLURIDE, CO 81435

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:

ANDREA RUTH KNORR CROCKETT
PO BOX 3295
TELLURIDE, CO 81435

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from ser)

7013 2630 0002 0641 0711

PS Form 3811, July 2013

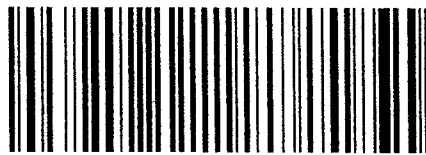
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0728

7013 2630 0002 0641 0728

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	Certified Fee
Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here	
Sent To	
Street, Apt. No. or PO Box No.	
City, State, ZIP	
PS Form 3800, July 2009 See Reverse for Instructions	

ALFRED FOY CURRY IV
1016 ALTA LOMA CIRCLE
SAN ANGELO, TX 76901

ALFRED FOY CURRY IV
1016 ALTA LOMA CIRCLE
SAN ANGELO, TX 76901

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:

ALFRED FOY CURRY IV
1016 ALTA LOMA CIRCLE
SAN ANGELO, TX 76901

2. Article Number
(Transfer from se

PS Form 3811, July 2013

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0002 0641 0728

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0735

7013 2630 0002 0641 0735

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Postmark Here	
Sent To Street, Apt. No. or PO Box No. City, State, Zip JEFFERSON MILNER LANGFORD PO BOX 2205 SANTA FE, NM 87501	
PS Form 3800, August 2006 See Reverse for Instructions	

JEFFERSON MILNER LANGFORD
PO BOX 22205
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:

JEFFERSON MILNER LANGFORD
PO BOX 22205
SANTA FE, NM 87501

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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7013 2630 0002 0641 0735
(Transfer from se)



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0742
7013 2630 0002 0641 0742

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

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

10075 1/24/14 Lou Ann Langford

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

Postmark Here

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4

LOU ANN LANGFORD
606 WINSFORD RD
BRYN MAWR, PA 19010

PS Form 3811, July 2013 See Reverse for Instructions

LOU ANN LANGFORD
606 WINSFORD RD
BRYN MAWR, PA 19010

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

LOU ANN LANGFORD
606 WINSFORD RD
BRYN MAWR, PA 19010

2. Article Number
(Transfer from se

7013 2630 0002 0641 0742

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0759

7013 2630 0002 0641 0759

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com .	
<i>Robert Glass Langford</i>	
Postage	\$
Certified Fee	
Return Receipt Fee	
Endorsement Required	
Restricted Delivery (Endorsement Required)	
Total Postage & Fees	\$
Postmark	
Sent To	
Street, Apt. No., or PO Box No.	
City, State ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

ROBERT GLASS LANGFORD
1173 ISIDORA TRAIL
LOCKHART, TX 78644

ROBERT GLASS LANGFORD
1173 ISIDORA TRAIL
LOCKHART, TX 78644

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AND MAIL.

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 GLASS LANGFORD
1173 ISIDORA TRAIL
LOCKHART, TX 78644

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from ser)

7013 2630 0002 0641 0759



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0766

7013 2630 0002 0641 0766

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Postage \$	Certified Mail Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 GAYLE GLASS ROCHE PO BOX 50248 AUSTIN, TX 78763	
PS Form 3800, April 2006 See Reverse for Instructions	

GAYLE GLASS ROCHE
PO BOX 50248
AUSTIN, TX 78763

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, BOLD AT BOTTOM LINE

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:

GAYLE GLASS ROCHE
PO BOX 50248
AUSTIN, TX 78763

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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from ser

7013 2630 0002 0641 0766

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0773

7013 2630 0002 0641 0773

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

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

Alison Curry

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To
Street Apt. No. or PO Box No.
City, State, ZIP+4

ALLISON CLAIRE CURRY SAUNDERS
PO BOX 50327
AUSTIN, TX 78763-0327

PS Form 3800, August 2006 See Reverse for Instructions

ALLISON CLAIRE CURRY SAL
PO BOX 50327
AUSTIN, TX 78763-0327

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:

ALLISON CLAIRE CURRY SAUNDERS
PO BOX 50327
AUSTIN, TX 78763-0327

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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from sender) 7013 2630 0002 0641 0773

PS Form 3811, July 2013

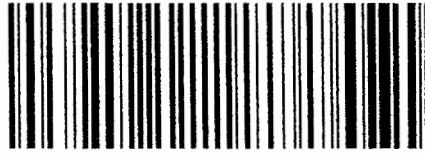
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0780
7013 2630 0002 0641 0780

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

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

Gayle Elizabeth Langford

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

Total Postage & Fees: \$

Postmark: *Big Fork MT*

Sent To: **GAYLE ELIZABETH LANGFORD**
PO BOX 2827
BIG FORK, MT 59911

Street, Apt., or PO Box No.:
City, State, ZIP+4: PS Form 3800, August 2006 See Reverse for Instructions

GAYLE ELIZABETH LANGFORD
PO BOX 2827
BIG FORK, MT 59911

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

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:

GAYLE ELIZABETH LANGFORD
PO BOX 2827
BIG FORK, MT 59911

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7013 2630 0002 0641 0780

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0641 0797

7013 2630 0002 0641 0797

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Postmark Here	
Sent To NANCY L KINCAID Street, Apt. No.: 2911 OCOTILLO CANYON DR or PO Box No. City, State, ZIP+4: CARLSBAD, NM 88220	
PS Form 3800, August 2006 See Reverse for Instructions	

NANCY L KINCAID
2911 OCOTILLO CANYON
CARLSBAD, NM 88220

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>NANCY L KINCAID 2911 OCOTILLO CANYON DR CARLSBAD, NM 88220</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from serv. 7013 2630 0002 0641 0797)</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p>	
<p>PS Form 3811, July 2013</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 0803

7013 2630 0002 0641 0803

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006
Use Reverse for Instructions

JAMES R SWOPE
1832 MOUNTAIN LAUREL
KERRVILLE, TX 78028-3843

Total Postage & Fees
\$

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

Postmark
Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only) Insurance Coverage Provided
For delivery information, visit our Website at www.usps.com

James R Swope

JAMES R SWOPE
1832 MOUNTAIN LAUREL
KERRVILLE, TX 78028-3843

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

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:

JAMES R SWOPE
1832 MOUNTAIN LAUREL
KERRVILLE, TX 78028-3843

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from sender)

7013 2630 0002 0641 0803

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7013 2630 0002 0641 2265

7013 2630 0002 0641 2265

ADDRESS SERVICE REQUESTED

Sent To
Street, Apt. No.
or PO Box No. 1428 NW 168TH STREET
City, State, ZIP EDMOND, OK 73012-6873
PS Form 3800, August 2001 See Reverse for Instructions

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

Postmark
Here

For delivery information visit our website at www.usps.com
Margaret Raburn Trust

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

MARGARET RABURN TRU
1428 NW 168TH STREET
EDMOND, OK 73012-6873

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:

MARGARET RABURN TRUST
1428 NW 168TH STREET
EDMOND, OK 73012-6873

2. Article Number
(Transfer from si

7013 2630 0002 0641 2265

PS Form 3811, July 2013

Domestic Return Receipt

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®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5014

7013 2630 0002 0640 5014

U.S. Postal Service™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees \$	
Sent To THELMA MAY SCHAFER FIRST AMERICAN BANK ATTN: CHERYL BARTLETT PO DRAWER AA ARTESIA, NM 88210	
Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, A	

THELMA MAY SCHAFER
FIRST AMERICAN BANK
ATTN: CHERYL BARTLETT
PO DRAWER AA
ARTESIA, NM 88210

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

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:

THELMA MAY SCHAFER
FIRST AMERICAN BANK
ATTN: CHERYL BARTLETT
PO DRAWER AA
ARTESIA, NM 88210

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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

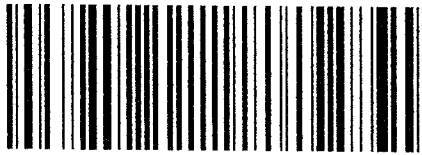
2. Article Number
(Transfer from sender)

7013 2630 0002 0640 5014

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7013 2630 0002 0640 5021

7013 2630 0002 0640 5021

ADDRESS SERVICE REQUESTED

Sent To
Street Apt. No.
or PO Box No.
City, State, Zip
PS Form 3800, August 2000 See Reverse for Instructions

CAUHAPE PROPERTIES PARTNERSHIP
5299 RIO PENASCO RD
MAYHILL, NM 88339

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

Postmark
Here

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

CAUHAPE PROPERTIES PARTN
5299 RIO PENASCO RD
MAYHILL, NM 88339

OF THIS RETURN ADDRESS, FOLD AT DOTTED LINE

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:

CAUHAPE PROPERTIES PARTNERSHIP
5299 RIO PENASCO RD
MAYHILL, NM 88339

2. Article Number
(Transfer from sender)

7013 2630 0002 0640 5021

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

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

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

3. Service Type
☒ Certified Mail®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☐ Return Receipt for Merchandise
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7013 2630 0002 0640 5038

7013 2630 0002 0640 5038

ADDRESS SERVICE REQUESTED

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com .	
Postage: <i>John Doe World's Best Dad</i>	
Certified Fee:	
Return Receipt Fee: (Endorsement Required)	
Restricted Delivery Fee: (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to:	
Street, Apt., Box, or PO Box No.	STERLING MARC CARTER
City, State, ZIP+4	PO BOX 97
	WINSTON, NM 87943
PS Form 3800, April 2006 See Reverse for Instructions	

STERLING MARC CARTER
PO BOX 97
WINSTON, NM 87943

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

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:

STERLING MARC CARTER
PO BOX 97
WINSTON, NM 87943

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

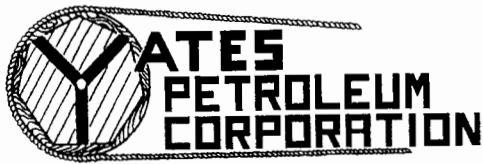
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from s)

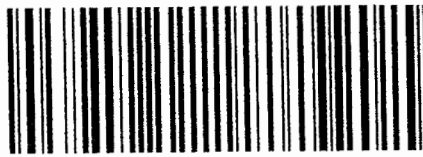
7013 2630 0002 0640 5038



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5045
7013 2630 0002 0640 5045

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
<i>Kenna Carter Scott</i>	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Post Office	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

KENNA CARTER SCOTT
3341 SEQUOIA AVE
ALAMOGORDO, NM 88310

PLACE STAMP OR METAL POSTAGE METER HERE. CANCEL HERE TO RETURN TO THE POST OFFICE.

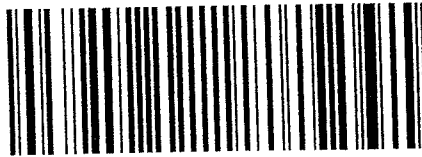
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: KENNA CARTER SCOTT 3341 SEQUOIA AVE ALAMOGORDO, NM 88310	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from se 7013 2630 0002 0640 5045	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5052
7013 2630 0002 0640 5052

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
MICHAEL CARTER
2106 WILLS WAY DR
GRANDBURY, TX 76049-5788
PS Form 3800, August 2005 See Reverse for Instructions

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

Postmark
Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
Lafayette, La. 70001

MICHAEL CARTER
2106 WILLS WAY DR
GRANDBURY, TX 76049-5788

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

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:

MICHAEL CARTER
2106 WILLS WAY DR
GRANDBURY, TX 76049-5788

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from se)

7013 2630 0002 0640 5052

PS Form 3811, July 2013

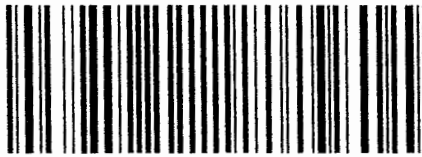
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5069
7013 2630 0002 0640 5069

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

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

Postage \$

Certified Mail Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Postmark Here

Sent To: RALPH SCHAFER
Street, Apt. No., or PO Box No.: PO BOX 111
City, State, ZIP+4: EL DORADO, TX 76936

PS Form 3800, July 2006 See Reverse for Instructions

RALPH SCHAFER
PO BOX 111
EL DORADO, TX 76936

PLACE STICKER ON ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS AT DOTTED LINE

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:

RALPH SCHAFER
PO BOX 111
EL DORADO, TX 76936

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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7013 2630 0002 0640 5069

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7013 2630 0002 0640 5076
7013 2630 0002 0640 5076

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

For delivery info, visit our website at www.usps.com

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

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006 See Reverse for Instructions

PATTY SCHAFER
1606 E BULLOCK
ARTESIA, NM 88210

Postmark Here

Patty Schaffer

PATTY SCHAFER
1606 E BULLOCK
ARTESIA, NM 88210

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

2. Article Number (Transfer from ser) 7013 2630 0002 0640 5076

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received for (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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

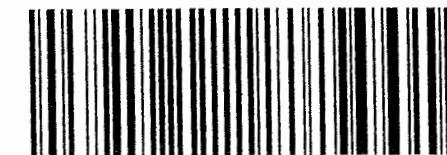
PATTY SCHAFER
1606 E BULLOCK
ARTESIA, NM 88210

PS Form 3811, July 2013 Domestic Return Receipt

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5083

7013 2630 0002 0640 5083

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only - No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Certified Mail Postage \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Sent to: Street, Apt., No., or PO Box No. City, State, ZIP+4	
JACK SCOTT MCDONALD 1110 COLLEGE AVE SNYDER, TX 79549	
PS Form 3800, April 2006 See Reverse for Instructions	

JACK SCOTT MCDONALD
1110 COLLEGE AVE
SNYDER, TX 79549

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:

JACK SCOTT MCDONALD
1110 COLLEGE AVE
SNYDER, TX 79549

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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se)

7013 2630 0002 0640 5083

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
 ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5090

7013 2630 0002 0640 5090

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only - Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Certified Mail Postage \$ _____ Return Receipt Fee (Endorsement Required) \$ _____ Restricted Delivery Fee (Endorsement Required) \$ _____ Total Postage & Fees \$ _____	Signature: <i>Cydney McDonald</i> Date: <i>7/19/13</i>
Sent to: Street, Apt. No., or PO Box No. 2111 PAISANO RD City, St. ZIP+4 AUSTIN, TX 78746	PS Form 3811, AUG 2006 See Reverse for Instructions

CYDNEY MCDONALD ME
 2111 PAISANO RD
 AUSTIN, TX 78746

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:

CYDNEY MCDONALD MEDFORD
 2111 PAISANO RD
 AUSTIN, TX 78746

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® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
 (Transfer from sender)

7013 2630 0002 0640 5090

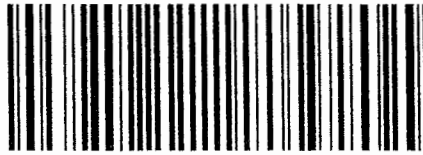
PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5106

7013 2630 0002 0640 5106

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4
JAN ALICE HERRSTROM
810 FOREST OAKS CIR
WOODWAY, TX 76712-2235

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

Postmark
Here

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

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

JAN ALICE HERRSTROM
810 FOREST OAKS CIR
WOODWAY, TX 76712-2235

PLACE STICKER ON BACK OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. COLD AT DOTTED LINE

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:

JAN ALICE HERRSTROM
810 FOREST OAKS CIR
WOODWAY, TX 76712-2235

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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

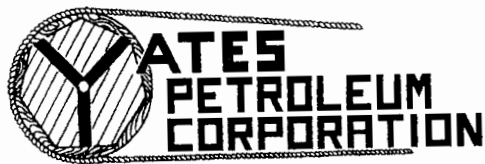
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s)

7013 2630 0002 0640 5106

PS Form 3811, July 2013

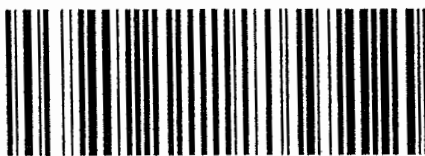
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5113

7013 2630 0002 0640 5113

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

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

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

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, April 2006 See Reverse for Instructions

GEORGE SCOTT CRANFORD
2009 HUBBARD CT
VILLA RICA, GA 30180

George Scott Cranford

GEORGE SCOTT CRANFORD
2009 HUBBARD CT
VILLA RICA, GA 30180

PLACE STICKER AT TOP OF MAILPIECE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: GEORGE SCOTT CRANFORD 2009 HUBBARD CT VILLA RICA, GA 30180	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from s)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

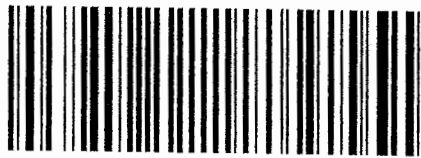
7013 2630 0002 0640 5113



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5120

7013 2630 0002 0640 5120

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
10/05/05 4/10/06 11/1/06 11/1/06	
Sent to	Postage \$
Street, Apt. No., or PO Box No.	Certified Fee
City, State, ZIP+4	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsement Required)
	Total Postage & Fee \$
Postmark Here	
PS Form 3811, August 2003	

TWIN OAKS PETROLEUM LLC
313 SUNSET RD
COLUMBUS, GA 31904

TWIN OAKS PETROLEUM LLC
313 SUNSET RD
COLUMBUS, GA 31904

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:

TWIN OAKS PETROLEUM LLC
313 SUNSET RD
COLUMBUS, GA 31904

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se.)

7013 2630 0002 0640 5120

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5137

7013 2630 0002 0640 5137

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

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

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

Sent To: RAY HALL BECK
3509 DOMINION RIDGE
SAN ANGELO, TX 76904-8147

Postmark Here

PS Form 3800, August 2007 See Reverse for Restrictions

RAY HALL BECK
3509 DOMINION RIDGE
SAN ANGELO, TX 76904-8147

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

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, on the front if space permits.

1. Article Addressed to:

RAY HALL BECK
3509 DOMINION RIDGE
SAN ANGELO, TX 76904-8147

2. Article Number

(Transfer from serv.

7013 2630 0002 0640 5137

PS Form 3811, July 2013

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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

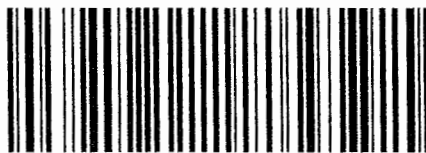
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5144

7013 2630 0002 0640 5144

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

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

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

Postmark Here

Sent To:
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:
WILLIAM J MCCA
PO BOX 376
ARTESIA, NM 88211-0376

PS Form 3800, July 2013 See Reverse for Instructions

WILLIAM J MCCA
PO BOX 376
ARTESIA, NM 88211-0376

PLACE STAMP HERE
OF THE RETURN TO THE RIGHT
FOLD AT DOTTED LINE

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 J MCCA
PO BOX 376
ARTESIA, NM 88211-0376

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

1. 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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se

7013 2630 0002 0640 5144

PS Form 3811, July 2013

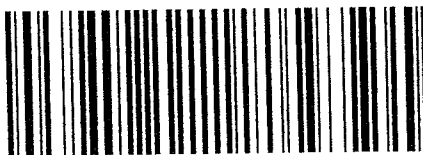
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5168
7013 2630 0002 0640 5168

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at usps.com	
Postage \$ <u>42.14</u>	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
PS Form 3800, July 2006 See Reverse for Instructions	
Sent to: Street, Apt. No., or PO Box No., City, State, ZIP+4® OCOTILLO PRODUCTION LLC 1705 WASHINGTON AVE ARTESIA, NM 88210-1650	

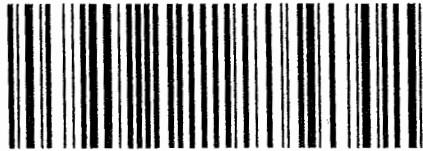
OCOTILLO PRODUCTION
1705 WASHINGTON AVE
ARTESIA, NM 88210-165

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD HERE TO RETURN LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>X</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>4. Delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to: OCOTILLO PRODUCTION LLC 1705 WASHINGTON AVE ARTESIA, NM 88210-1650</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from SE) <u>7013 2630 0002 0640 5168</u></p>			

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7013 2630 0002 0640 5175

7013 2630 0002 0640 5175

ADDRESS SERVICE REQUESTED

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4® VAN WINKLE FAMILY LLC 9191 YELLOWSTONE ROAD LONGMONT, CO 80503	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees
Postmark Here	Signature <i>[Signature]</i>

VAN WINKLE FAMILY LLC
9191 YELLOWSTONE ROAD
LONGMONT, CO 80503

PLACE STICKER ABOVE
OF THE RETURN ADDRESS

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:

VAN WINKLE FAMILY LLC
9191 YELLOWSTONE ROAD
LONGMONT, CO 80503

2. Article Number
(Transfer from s)

7013 2630 0002 0640 5175

PS Form 3811, July 2013

Domestic Return Receipt

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®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

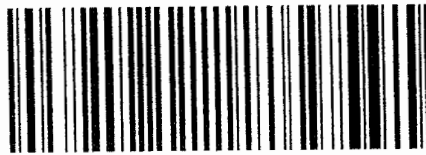
☐ Yes

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5182
7013 2630 0002 0640 5182

U.S. Postal Service	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our Website at www.usps.com	
<i>7013 2630 0002 0640 5182</i>	
Postage	\$
Certification Fee	
Return Receipt Fee (Endorsement required)	
Restricted Delivery Fee (Endorsement required)	
Total Postage & Fees	
Postmark Here	
Sent To:	
Street, Apt. No., or PO Box No.	
City, State, ZIP+	
DAVID HARPER 43-1 WEST FUNK ROAD LAKE ARTHUR, NM 88253	
PS Form 3800, August 2006 See Reverse for Instructions	

DAVID HARPER
43-1 WEST FUNK ROAD
LAKE ARTHUR, NM 88253

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT THIS POINT

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 HARPER
43-1 WEST FUNK ROAD
LAKE ARTHUR, NM 88253

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® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from si

7013 2630 0002 0640 5182

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5250

7013 2630 0002 0640 5250

U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit www.usps.com	
Total Postage & Fee \$	
Postmark Here	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Sent To: OXY Y-1 COMPANY P O BOX 841803 DALLAS, TX 75284-1803	
PS Form 3811, August 2003 See Reverse for Instructions	

OXY Y-1 COMPANY
P O BOX 841803
DALLAS, TX 75284-1803

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>† Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p> <p>1. Article Addressed to: OXY Y-1 Company PO Box 841803 Dallas, TX 75284-1803</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from sender) 7013 2630 0002 0640 5250</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5199

7013 2630 0002 0640 5199

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

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

John Harper

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

Postmark Here

Sent To: **JUANLL HARPER**
Street, Apt. No. or PO Box No. **1207 W CENTRE AVE**
City, State, ZIP+4® **ARTESIA, NM 88210**

PS Form 3811, August 2013 See Reverse for Instructions

JUANLL HARPER
1207 W CENTRE AVE
ARTESIA, NM 88210

DO NOT WRITE IN THESE SPACES
OR IN THE ADDRESS, FOLD AT DOTTED LINE

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 envelope if space permits.

1. Article Addressed to:

JUANLL HARPER
1207 W CENTRE AVE
ARTESIA, NM 88210

2. Article Number
(Transfer from se.)

7013 2630 0002 0640 5199

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Receiver (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
- ☐ Priority Mail Express™
- ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

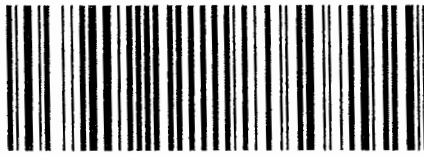
☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 5205
7013 2630 0002 0640 5205

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

For delivery info, visit our website at www.usps.com

Postage \$

Cert. Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Postmark Here

Sent To:
Street, Apt. No., or PO Box No.
City, State, ZIP+4
JAMI HARL
2485 E 54TH ST
TULSA, OK 74105-7201

PS Form 3800, August 2006 See reverse for instructions

JAMI HARL
2485 E 54TH ST
TULSA, OK 74105-7201

PLACE STICKER HERE TO RETURN TO THE RIGHT OF THE RETURN ADDRESS

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:

JAMI HARL
2485 E 54TH ST
TULSA, OK 74105-7201

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
- X
- 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® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from sender) 7013 2630 0002 0640 5205

PS Form 3811, July 2013

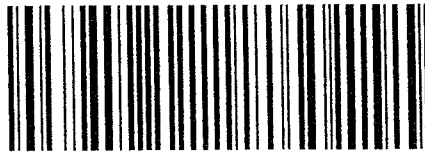
Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5212
7013 2630 0002 0640 5212

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

For delivery information, visit usps.com or call 1-800-ASK-USPS.

Signature: *James Carson*

Postage \$

Certified Fee

Return Receipt Fee (Endorsement required)

Restricted Delivery Fee (Endorsement required)

Total Postage & Fees

Postmark Here

Sent to: JAMES CARSON
PO BOX 1761
LOWELL, AR 72745-1761

PS Form 3811, August 2005 See Reverse for Instructions

JAMES CARSON
PO BOX 1761
LOWELL, AR 72745-1761

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:

JAMES CARSON
PO BOX 1761
LOWELL, AR 72745-1761

2. Article Number
(Transfer from se

PS Form 3811, July 2013

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®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0002 0640 5212

Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

7013 2630 0002 0640 5229
7013 2630 0002 0640 5229

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

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

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

Postmark Here

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4®
PS Form 3811, August 2003 See Reverse for Instructions

VALERIE ANN MAHFOOD
3014 BARRYWOOD
WICHITA FALLS, TX 76309

VALERIE ANN MAHFOOD
3014 BARRYWOOD
WICHITA FALLS, TX 76309

PLACE STICKER ON BACK OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS AT DOTTED LINE

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:

VALERIE ANN MAHFOOD
3014 BARRYWOOD
WICHITA FALLS, TX 76309

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
X
- 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from se) 7013 2630 0002 0640 5229

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7013 2630 0002 0640 5236
7013 2630 0002 0640 5236

ADDRESS SERVICE REQUESTED

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit www.usps.com	
Postage \$	Return Receipt Fee (Endorsement Required)
Certified Fee	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here	
Sent To: Street, Apt. No., or P.O. Box No., City, State, Zip	
JOHN W GATES LLC 706 W GRAND AVE ARTESIA, NM 88210-1935	

JOHN W GATES LLC
706 W GRAND AVE
ARTESIA, NM 88210-1935

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:

JOHN W GATES LLC
706 W GRAND AVE
ARTESIA, NM 88210-1935

2. Article Number
(Transfer from S)

7013 2630 0002 0640 5236

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® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 5243

7013 2630 0002 0640 5243

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail only; No Insurance Coverage Provided)	
For delivery info, visit www.usps.com	
Postage	\$
Certification Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, Zip YATES INDUSTRIES LLC PO BOX 1091 ARTESIA, NM 88211-1091 PS Form 3811, July 2013 See reverse for instructions	

YATES INDUSTRIES LLC
PO BOX 1091
ARTESIA, NM 88211-1091

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:

YATES INDUSTRIES LLC
PO BOX 1091
ARTESIA, NM 88211-1091

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from se.)

7013 2630 0002 0640 5243

PS Form 3811, July 2013

Domestic Return Receipt

MPSD821

Inquire/Update Production History

5/09/14
08:08:56

Property 049793 002 SEARS BSR #2H
Production Date Range 00 0000 to 05 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Dys	Reg	-----Oil-----	-----Gas-----	-Water-			
T	Mo/Year		Name	Cpl	Prd		Produced	Sold	Produced	Sold	Prod	
┐	3	2014	SEARS	BSR	#2H	S01	31	3436	2886	6463	6463	27447
┐	2	2014	SEARS	BSR	#2H	S01	12	371		946	946	12635

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

MPSD821

Inquire/Update Production History

5/09/14
08:09:07

Property 036879 001 LOLA BUG #1H
Production Date Range 00 0000 to 05 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Dys	Reg	-----Oil-----	-----Gas-----	-Water-		
T	Mo/Year		Name	Cpl	Prd		Produced	Sold	Produced	Sold	Prod
└	3	2014	LOLA BUG #1H	S01	27		356	270	777	777	19454

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

McMillan, Michael, EMNRD

From: Miriam Morales <MMorales@yatespetroleum.com>
Sent: Friday, May 09, 2014 8:21 AM
To: McMillan, Michael, EMNRD
Subject: RE: Sears wells Eddy Co
Attachments: MX-5110N_20140509_074705.pdf

This is what we have. The Sears #1 is not producing yet.

From: McMillan, Michael, EMNRD [<mailto:Michael.McMillan@state.nm.us>]
Sent: Thursday, May 08, 2014 3:59 PM
To: Miriam Morales
Subject: Sears wells Eddy Co

Ms. Morales:

Can you provide me the last 6 months the cum production for the Sears surface commingle application in Eddy County New Mexico?

Thank You

Michael A. McMillan

Engineering and Geological Services Bureau, Oil Conservation Division
1220 South St. Francis Dr., Santa Fe NM 87505
O: 505.476.3448 F. 505.476.3462

This message may contain confidential information and is intended for the named recipient only. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission. If verification is required please request a hard-copy version.
