

PTGW
25575

ABOVE THIS LINE FOR DIVISION USE ONLY

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



Yates

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 _____

D-34-185-26E

Eddy

2012 JAN 12 P 2:31

RECEIVED OGD

[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

1/12/12
 Date

mmorales@yatespetroleum.com
 e-mail Address

CTB-639

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. 30-015-39301
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 Waldrip JY
8. Well Number 3H
9. OGRID Number 025575
10. Pool name or Wildcat Atoka;Glorieta/Yeso ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3380' GR

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 4th Street Artesia, NM 88210

4. Well Location
 Unit Letter D : 180 feet from the N line and 960 feet from the W line
 Section 34 Township 18S Range 26E NMPM County Eddy

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: Surface/Lease Commingle Oil Only <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 Corporation respectfully requests administrative approval to Surface/lease commingle oil only on the following wells:

Waldrip JY #1 ✓ Atoka;Glorieta/Yeso Sec. 34-T18S-R26E API# 30-015-22755 Eddy County, New Mexico	Waldrip JY #2 ✓ Atoka;Glorieta/Yeso Sec. 34-T18S-R26E API# 30-015-24940 Eddy County, New Mexico	Waldrip JY #3H ✓ Atoka;Glorieta/Yeso Sec. 34-T18S-R26E API# 30-015-39301 Eddy County, New Mexico
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The battery is located at the Waldrip JY #1. Please see attached site security diagram.

Ownership between the #1 and #2 wells are identical; however, the #3H will have diversified ownership. All notifications to owners are attached.

Oil Measurement

The Waldrip JY #3H shall be equipped with a continuous metering separator for oil production allocation prior to oil commingled for sales. Due to marginal well production periodic well tests will be performed on the #1 and #2 wells for allocation.

The average production for Waldrip JY #1 is 1 bbl of oil per day, for the Waldrip JY #2 is 5 bbls per day and the estimated production for the Waldrip JY #3 is 56 bbls per day.

The purpose of Surface/Lease commingle of oil production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing battery on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten life of the well. All this time Yates is unable to obtain oil contracts for some of the new facilities. Existing batteries will need to be utilized as much as possible to ensure transportation and sales of oil production for new 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 11/01/12

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-1471

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

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, Gloriaeta-4-250-3250
(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: Miriam Morales TITLE: Production Analyst DATE: 11/01/12
TYPE OR PRINT NAME Miriam Morales TELEPHONE NO.: (575) 748-1471
E-MAIL ADDRESS: mmorales@yatespetroleum.com

WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-100
Supersedes O-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

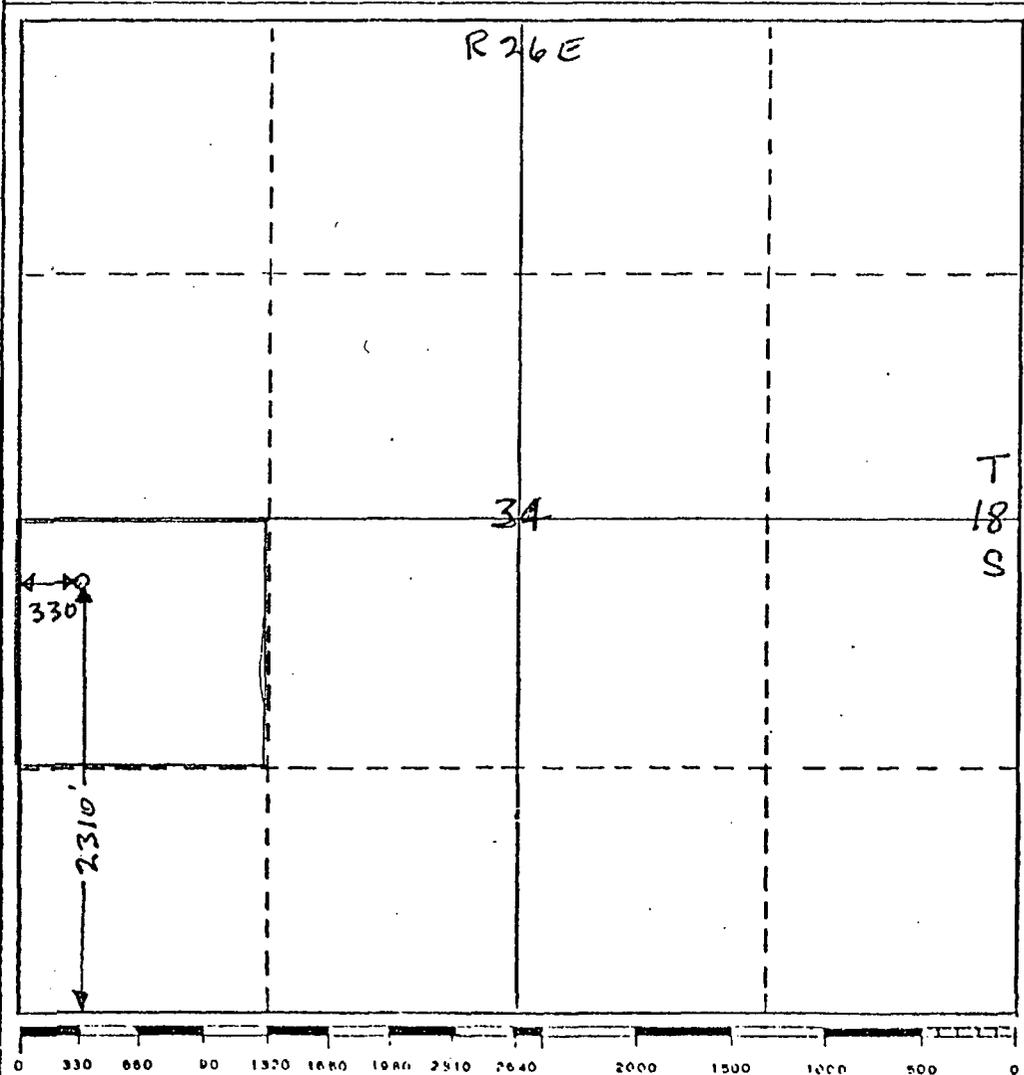
Operator YATES PETROLEUM CORP		Lease WALDRIP JY			Well No. 1
Unit Letter L	Section 34	Township 18-S	Range 26-E	County EDDY	
Actual Footage Location of Well: 2310 feet from the South line and 330 feet from the West line					
Ground Level Elev. 3358	Producing Formation Yeso, S.A.	Pool Und. ATOKA Yeso		Dedicated Acreage 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Eddie M. Mahood
Name
EDDIE M. MAHOOD

Position
ENGINEER

Company
YATES PETROLEUM CORP

Date
12-5-78

I hereby certify 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 correct for the cost of my knowledge and survey.

Date Surveyed _____

Registered Professional Engineer and/or Land Surveyor
Dan R. Reddy

Certificate No.
NM PE&LS #5412

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

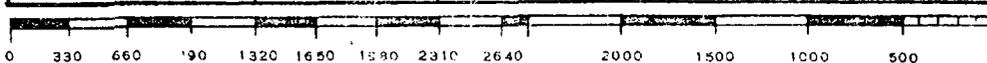
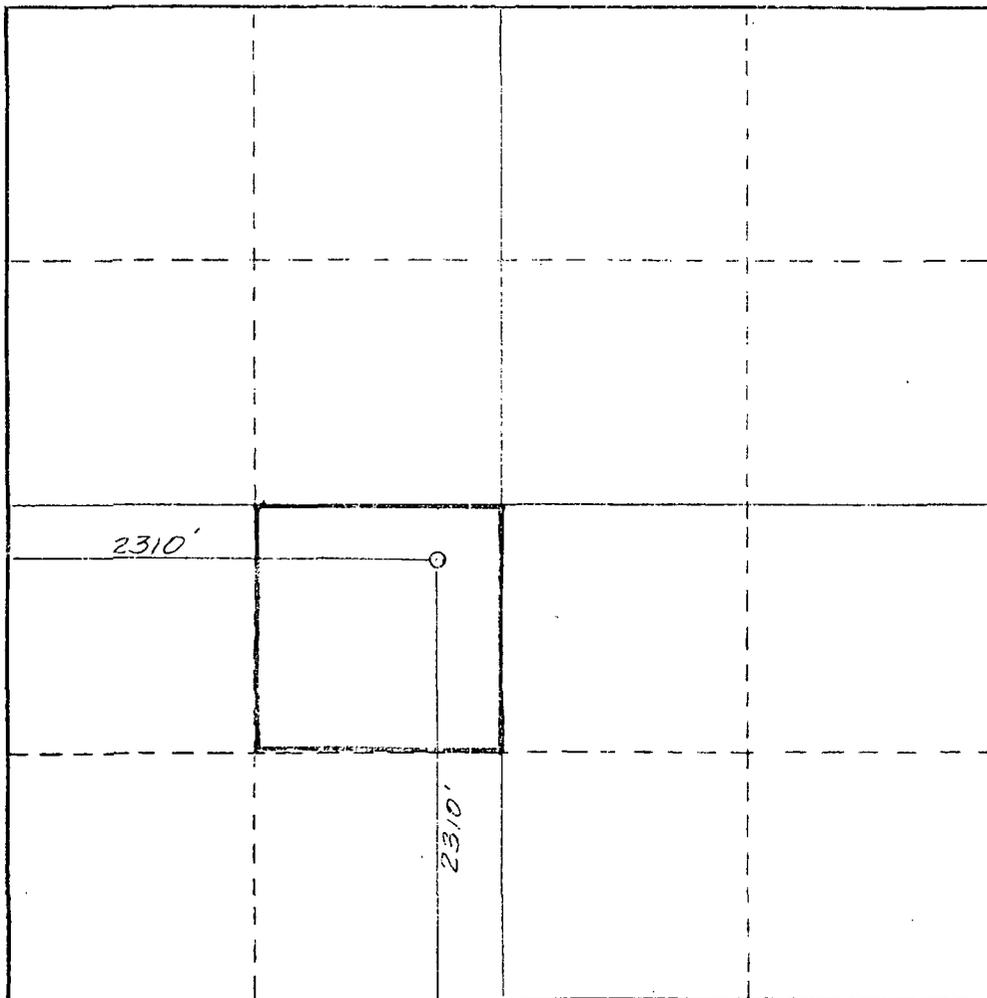
Operator YATES PETROLEUM CORPORATION		Lease Waldrip JY			Well No. 2
Unit Letter K	Section 34	Township 18 South	Range 26 East	County Eddy	
Actual Footage Location of Well: 2310 feet from the South line and 2310 feet from the West line.					
Ground Level Elev. 3349.	Producing Formation Yeso		Pool Atoka/Glorieta/Yeso		Dedicated Acreage 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Cy Cowan

Name
Cy Cowan
Position
Regulatory Agent
Company
Yates Petroleum Corp.

Date
7/20/84

DAN R. REDDY
NEW MEXICO
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 knowledge and belief.
REGISTERED PROFESSIONAL

Date Surveyed
July 14, 1984
Registered Professional Engineer and/or Land Surveyor

Dan R. Reddy

Certificate No.
NM PE&LS #5412

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone:(575) 393-6161 Fax:(575) 393-0720
District II
 811 S. First St., 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) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources

Form C-102
 August 1, 2011
 Permit 155670

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-015-39301	2. Pool Code 3250	3. Pool Name ATOKA;GLORIETA-YESO
4. Property Code 12870	5. Property Name WALDRIP JY	6. Well No. 003H
7. OGRID No. 25575	8. Operator Name YATES PETROLEUM CORPORATION	9. Elevation 3380

10. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
D	34	18S	26E		180	N	960	W	EDDY

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
M	34	18S	26E	M	330	S	960	W	EDDY

12. Dedicated Acres 160.00	13. Joint or Infill	14. Consolidation Code	15. Order No.
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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

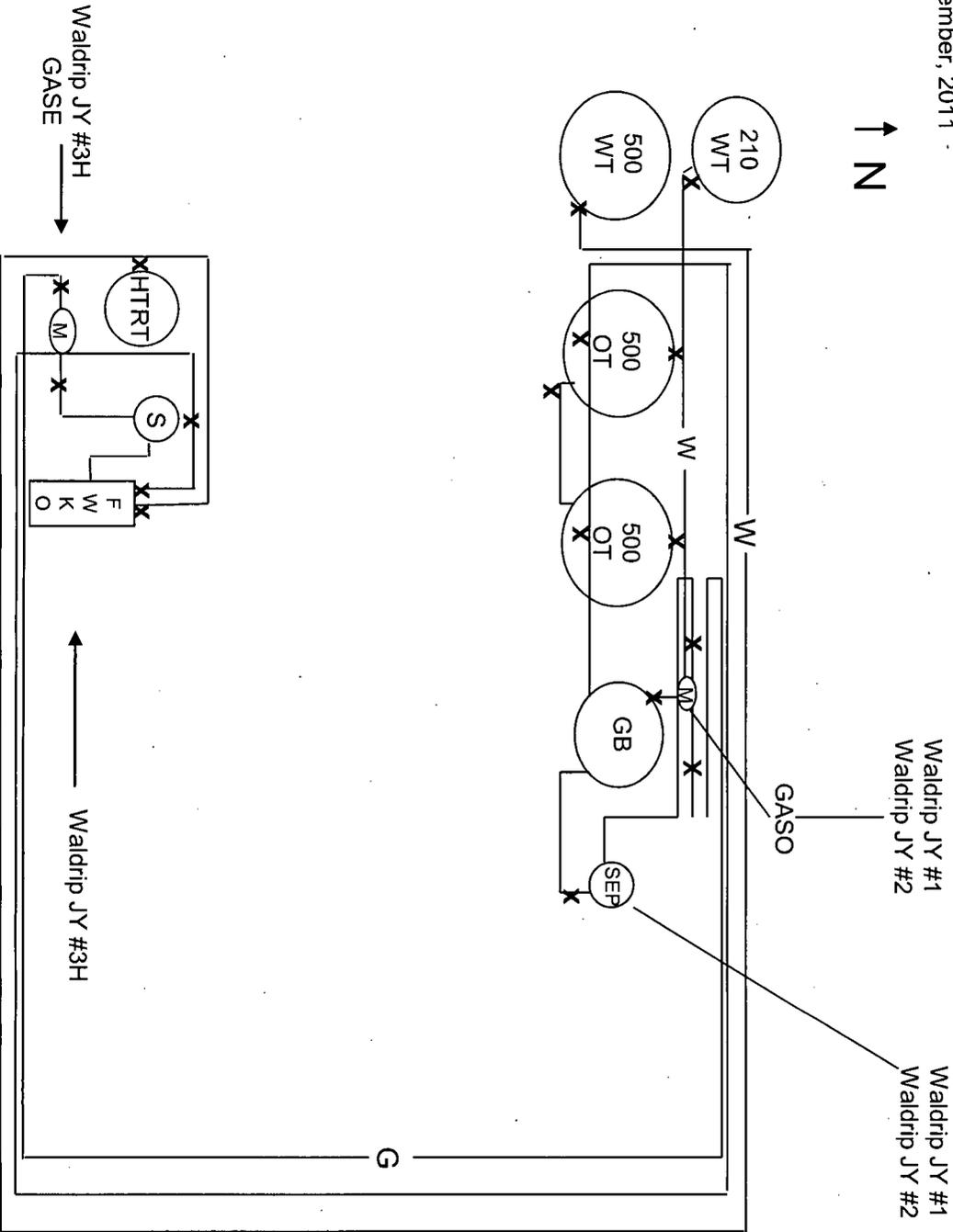
<table border="1"> <tr> <td align="center">D</td> <td align="center">C</td> <td align="center">B</td> <td align="center">A</td> </tr> <tr> <td align="center">E</td> <td align="center">F</td> <td align="center">G</td> <td align="center">H</td> </tr> <tr> <td align="center">L</td> <td align="center">K</td> <td align="center">J</td> <td align="center">I</td> </tr> <tr> <td align="center">M</td> <td align="center">N</td> <td align="center">O</td> <td align="center">P</td> </tr> </table>				D	C	B	A	E	F	G	H	L	K	J	I	M	N	O	P	<p>OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p>E-Signed By: Monti Sanders Title: Date: 8/9/2011</p>			
D	C	B	A																				
E	F	G	H																				
L	K	J	I																				
M	N	O	P																				
<p>SURVEYOR CERTIFICATION</p> <p><i>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.</i></p> <p>Surveyed By: Gary Jones Date of Survey: 7/18/2011 Certificate Number: 7977</p>																							



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

WALDRIP JY BATTERY
1980' FNL & 1980' FWL * Sec 34 - T18S - R26E * Unit L
Eddy County, NM

-Chance Sexton
September, 2011



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

SCOTT M. YATES
VICE PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

January 6, 2012

Re: Surface/ lease commingle oil only
Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a Surface/lease commingle oil only on the following wells:

Waldrip JY #1
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-22755
Eddy County, New Mexico

Waldrip JY #2
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-24940
Eddy County, New Mexico

WaldripJY #3H
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-39301
Eddy County, New Mexico

The battery is located at the Waldrip JY #1. Please see attached site security diagram.

Ownership between the #1 and #2 wells are identical; however, the #3 will have diversified ownership.

Oil Measurement

The Waldrip JY #3H shall be equipped with a continuous metering separator for oil production allocation prior to oil commingled for sales. Due to marginal well production periodic well tests will be performed on the #1 and #2 wells for allocation.

The average production for Waldrip JY #1 is 1 bbl. of oil per day, for the Waldrip JY #2 is 5 bbls. per day and the estimated production for the Waldrip JY #3H is 56 bbls. per day.

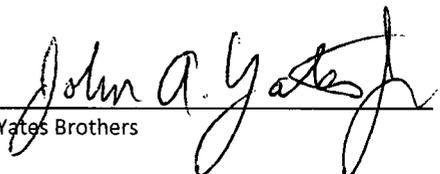
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If you should have any questions, please call me at (575) 748- 4200(direct line)

Sincerely, o

Miriam Morales
Production Analyst

I hereby approve this application


Yates Brothers

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

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Sec. 34-T18S-R26E

API# 30-015-22755

Eddy County, New Mexico

Waldrip JY #2

Atoka; Glorieta/ Yeso

Sec. 34-T18S-R26E

API# 30-015-24940

Eddy County, New Mexico

WaldripJY #3H

Atoka; Glorieta/ Yeso

Sec. 34-T18S-R26E

API# 30-015-39301

Eddy County, New Mexico

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Miriam Morales
Production Analyst

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MYCO Industries, INC.

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1912-1985

FRANK W. YATES
1936-1986

S. P. YATES
1914-2008



105 SOUTH FOURTH STREET
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Eddy County, New Mexico

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Sec. 34-T18S-R26E
API# 30-015-24940
Eddy County, New Mexico

Waldrip JY #3H
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
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Eddy County New, Mexico

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Yates Petroleum Corporation is notifying you of a Surface/lease commingle oil only on the following wells:

Waldrip JY #1 Atoka; Glorieta/ Yeso Sec. 34-T18S-R26E API# 30-015-22755 Eddy County, New Mexico	Waldrip JY #2 Atoka; Glorieta/ Yeso Sec. 34-T18S-R26E API# 30-015-24940 Eddy County, New Mexico	WaldripJY #3H Atoka; Glorieta/ Yeso Sec. 34-T18S-R26E API# 30-015-39301 Eddy County, New Mexico
---	---	---

The battery is located at the Waldrip JY #1. Please see attached site security diagram.

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Oil Measurement

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The average production for Waldrip JY #1 is 1 bbl. of oil per day, for the Waldrip JY #2 is 5 bbls. per day and the estimated production for the Waldrip JY #3H is 56 bbls. per day.

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

Sincerely,


Miriam Morales
Production Analyst

I hereby approve this application


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
SCOTT M. YATES
VICE PRESIDENT
JAMES S. BROWN
CHIEF OPERATING OFFICER
JOHN D. PERINI
CHIEF FINANCIAL OFFICER
JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

January 6, 2012

Re: Surface/ lease commingle oil only
Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

Dear Interest Owner,

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Miriam Morales
Production Analyst

I hereby approve this application

John A. Yates

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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1912-1985
FRANK W. YATES
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S. P. YATES
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January 6, 2012

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Eddy County New, Mexico

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Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application

Trust O, U/W/O Peggy A Yates, Deceased

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985
FRANK W. YATES
1936-1986
S.P. YATES
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January 6, 2012

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Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

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Miriam Morales
Production Analyst

I hereby approve this application

Los Chicos

MARTIN YATES, III
1912-1985
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January 6, 2012

Re: Surface/ lease commingle oil only
Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

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Miriam Morales
Production Analyst

I hereby approve this application

Yates Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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1912-1985

FRANK W. YATES
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S.P. YATES
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CHIEF FINANCIAL OFFICER
JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

January 9, 2012

Re: Surface/ lease commingle oil only
Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

Dear Interest Owner,

Yates Petroleum Corporation is requesting approval from the Oil Conservation Division to Surface/lease commingle oil only on the following wells:

Waldrip JY #1 ✓
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-22755
Eddy County, New Mexico

Waldrip JY #2 ✓
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-24940
Eddy County, New Mexico

Waldrip JY #3H ✓
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-39301
Eddy County, New Mexico

2012 JAN 12 11:23 AM
RECEIVED 0000

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

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

Sincerely,

Miriam Morales
Production Analyst

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8846
7010 2780 0002 8287 8846

PS Form 3800, August 2005
See Reverse for Instructions

Sent to: **BMR Properties, LLC**
Street, Apt. No., or PO Box No.: **P.O. Box 255**
City, State, ZIP+4: **Roswell, NM 88202-0255**

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

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ERTIES, LLC
5
NM 88202-0255

Certified Mail P

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminds

- Certified Mail is 7
- NO INSURANCE
- For an additional delivery, To obtain Receipt, (PS Form fee, Endorsement required, a duplicate return required.
- For an additional addressee's authentication, The
- If a postmark on the receipt is not needed

IMPORTANT: Save
PS Form 3800, August

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
BMR PROPERTIES, LLC
PO BOX 255
ROS WELL, NM 88202-0255

2. Article Number: 7010 2780 0002 8287 8846
(Transfer from se Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-1540)

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

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

5. A. Signature: _____
 Addressee
 Agent
 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:

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
BMR PROPERTIES, LLC
PO BOX 255
ROS WELL, NM 88202-0255

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(Transfer from se Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-1540)

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 Certified Mail
 Express Mail
 Registered
 Insured Mail
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 Return Receipt for Merchandise
 Restricted Delivery? (Extra Fee) Yes No

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



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 8853
7010 2780 0002 8287 8853

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4[®]

*CBR OIL PROPERTIES, LLC
P.O. Box 1518
Roswell, NM 88202*

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 \$

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*Delivered with Receipt to Addressee
Primary Prod.*

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(Domestic Mail Only. No Insurance. Coverage Provided)

PROPERTIES, LLC
518
NM 88202

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:

CBR OIL PROPERTIES, LLC
PO BOX 1518
ROSWELL, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 8853

Mail receipt of delivery reminder Mail message MAILING SERVICE please use additional PS Form 3811 for return information. Add postage and mark on post not necessary. **F. Save** August

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YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 8860

7010 2780 0002 8287 8860

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2016. See Reverse for Instructions.

City, State, ZIP+4[®]
Fort Worth TX 76199-0084

Street, Apt. No.,
or PO Box No.
10 Box 99084

Send To
JP Morgan Chase Bank

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Postage \$

Certified Fee

Postmark Here

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

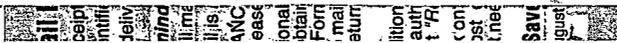
Walter S. Frazier
Marianne Frazier

U.S. Postal Service
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JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
WILLIAM L. MASSEY, III
PO BOX 99084
FORT WORTH, TX 76199-0084

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 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>JP MORGAN CHASE BANK, N.A. MARY WHITE BOYKIN TRUST D F/B/O WILLIAM L. MASSEY, III PO BOX 99084 FORT WORTH, TX 76199-0084</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from s)</p> <p>7010 2780 0002 8287 8860</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



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YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 8877

7010 2780 0002 8287 8877

Sent To
Street, Apt. No.,
or PO Box No. *JP Morgan Chase Bank*
City, State, ZIP+4® *PO Box 99084*
Fort Worth, TX 76199-0084

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

Postmark Here

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CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
CHARLOTTE E. MASSEY BOYD
PO BOX 99084
FORT WORTH, TX 76199-0084

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

1. Article Addressed to:

JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
F/B/O CHARLOTTE E. MASSEY BOYD
PO BOX 99084
FORT WORTH, TX 76199-0084

2. Article Number
(Transfer from s)

7010 2780 0002 8287 8877

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

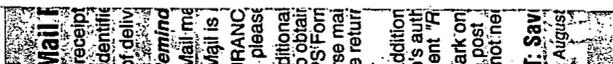
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

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7010 2780 0002 8287 8891

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

00057 Riffle Rd. Ft. Worth TX 76101/2
Chicago, Ill.

Sent to: JP Morgan Chase Bank
Street Apt. No. or PO Box No.: PO Box 99084
City, State, Zip+4: Fort Worth TX 76199-0084
PS Form 3811, August 2006 See reverse for instructions

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

Postmark Here

JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
F/B/O ZACHARIAH W. PAUL
PO BOX 99084
FORT WORTH, TX 76199-0084

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 <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>JP MORGAN CHASE BANK, N.A. MARY WHITE BOYKIN TRUST D F/B/O ZACHARIAH W. PAUL PO BOX 99084 FORT WORTH, TX 76199-0084</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from s)</p> <p>7010 2780 0002 8287 8891</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Mail P... receipt... identify... of delive... reminder... Mail, ma... IRANCE... please... obtain... PS Form... e return... additions... 's auth... lent "Re... mark on... post... not mee... T. Save... August...

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 8907
7010 2780 0002 8287 8907

Sent to
Street, Apt. No.,
or PO Box No. **Harvey Property Trust**
City, State, ZIP+4® **PO Box 12730**
El Paso, TX 79913-0730
PS Form 3811, February 2004 See Reverse for Instructions

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

Postmark Here
Hinson E. pod.

For delivery information visit our website at www.usps.com
U.S. Postal Service
CERTIFIED MAIL RECEIPT
W. H. Hinson E. pod.
Domestic Mail Only. No Insurance Coverage Provided.

HARVEY PROPERTY TRUST
PO BOX 12730
EL PASO, TX 79913-0730

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:

THE HARVEY PROPERTY TRUST
PO BOX 12730
EL PASO, TX 79913-0730

2. Article Number (Transfer from s) **7010 2780 0002 8287 8907**

COMPLETE THIS SECTION ON DELIVERY

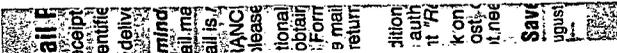
A. Signature Agent
X Addressee

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

4. Restricted Delivery? (Extra Fee) Yes





YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8914

7010 2780 0002 8287 8914

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: <i>Pamela L. Kerlin</i> Street, Apt. No., or PO Box No.: <i>4024 El Macero Dr.</i> City, State, ZIP+4: <i>Davis CA 95618-4302</i>	Postage: \$ Certified Fee: Return Receipt Fee (Endorsement Required): Restricted Delivery Fee (Endorsement Required): Total Postage & Fees: \$
PS Form 3811, August 2000 See Reverse for Instructions	Postmark Here: <i>Union City</i>

A. R. KERLIN
MACERO DR.
CA 95618-4302

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. 		A. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: _____	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> PAMELA R. KERLIN 4024 EL MACERO DR. DAVIS, CA 95618-4302 </div>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
2. Article Number: _____ (Transfer from serial number)		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7010 2780 0002 8287 8914		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Mail receipt, identify, do not deliv...
 Remind...
 Mail is...
 SURANC...
 es, pleas...
 additional...
 to obtain...
 (PS Form...
 dorse mail...
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 iment "R...
 mark on...
 he post...
 is not nee...
 NT: Save...
 00, August



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8938

7010 2780 0002 8287 8938

Sent to
Street, Apt. No.
or PO Box No. **MORRIS E. SCHERTZ**
City, State, ZIP+4 **PO BOX 2588**
ROSWELL NM 88202-2588

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

For delivery information visit our website at www.usps.com
USPS
MORRIS E. SCHERTZ
PO BOX 2588
ROSWELL NM 88202-2588
Postmark Here
Winnon @ 10/17

MORRIS E. SCHERTZ
PO BOX 2588
ROSWELL, NM 88202-2588

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

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:

MORRIS E. SCHERTZ
PO BOX 2588
ROSWELL, NM 88202-2588

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) **7010 2780 0002 8287 8938**

Mail P receipt certify if deliver intended mail is RANC please obtain SF Form use mail e return addition's auth ent 'Fe ark on 'post not nee T. Save August



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8945
7010 2780 0002 8287 8945

Sent to
Street, Apt. No.,
or PO Box No. *Brian C. Wright*
City, State, ZIP+4 *6305 American Ct.*
Nashville TN 37209
PS Form 3800, August 2006 See Reverse for Instructions

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

Postage \$
Certified Fee
Postmark Here

For delivery information visit our website at www.usps.com
US Postal Service
CERTIFIED MAIL
RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
Wright Brian C. 2/11/04

C. WRIGHT
AMERICAN COURT
NASHVILLE, TN 37209

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:

BRIAN C. WRIGHT
6305 AMERICAN COURT
NASHVILLE, TN 37209

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) **7010 2780 0002 8287 8945**



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8952
7010 2780 0002 8287 8952

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
<small>For delivery information visit our website at www.usps.com</small>	
WORLDWIDE MAIL EXPRESS	
Certified Fee Postage \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	Postmark Here
Sent to Bruce Wright Street, Apt. No. or PO Box No. PO Box 2643 City, State, ZIP+4 Eugene OR 97402	
<small>PS Form 3800, August 2005 See Package Instructions</small>	

BRUCE WRIGHT
PO BOX 2643
EUGENE, OR 97402

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:
**BRUCE WRIGHT
PO BOX 2643
EUGENE, OR 97402**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent Addressee

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

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

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

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

2. Article Number (Transfer from s) **7010 2780 0002 8287 8952**



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8969

7010 2780 0002 8287 8969

Sent To
Street Apt. No. or PO Box No. Debra L. Clark
City, State, Zip+4 1421 South Ave. G, Place
PORTALES, NM 88130

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

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

DEBRA LOUISE CLARK
1421 SOUTH AVE. G PLACE
PORTALES, NM 88130

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:
DEBRA LOUISE CLARK
1421 SOUTH AVE. G PLACE
PORTALES, NM 88130

2. Article Number (Transfer from s...)
7010 2780 0002 8287 8969

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes





YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8976
7010 2780 0002 8287 8976

US Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only, No Insurance Coverage Provided)</small>	
<small>For delivery information visit our website at www.usps.com</small>	
Postage \$	Certified Fee Return Receipt Fee <small>(Endorsement Required)</small> Restricted Delivery Fee <small>(Endorsement Required)</small> Total Postage & Fees \$
Postmark Here	
Sent To JP Morgan Chase Bank	
Street, Apt. No. or PO Box No. PO Box 99084 City, State, ZIP+4 [®] Fort Worth TX 76199-0084	
<small>PS Form 3810, August 2005</small>	<small>See Reverse for Instructions</small>

JP MORGAN CHASE BANK, N.A.
WHITE BOYKIN
WILLIAM MASSEY, JR., TRUST B
PO BOX 99084
FORT WORTH, TX 76199-0084

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. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: JP MORGAN CHASE BANK, N.A. MARY WHITE BOYKIN WILLIAM MASSEY, JR., TRUST B PO BOX 99084 FORT WORTH, TX 76199-0084		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number <small>(Transfer from sender's copy)</small> 7010 2780 0002 8287 8976		D. Is delivery address different from item 1? If YES, enter delivery address below:	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

102595-02-M-1540

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 8990
7010 2780 0002 8287 8990

Sent To
 Street, Apt. No. or PO Box No. **TYREE G. MINTON**
 City, State, ZIP+4 **PO BOX 2649**
Ranchos de Taos NM 87557
 PS Form 3800, August 2003 See Reverse for Instructions

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

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 Fee
 Postage \$
 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage & Fees \$
 Postmark Here
 W. Minton
 11/19/04

TYREE G. MINTON
PO BOX 2649
RANCHOS DE TAOS, NM 87557

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:
 TYREE G. MINTON
 PO BOX 2649
 RANCHOS DE TAOS, NM 87557

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 No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) **7010 2780 0002 8287 8990**



CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 9003
7010 2780 0002 8287 9003

ADDRESS SERVICE REQUESTED

Sent To
 Street, Apt. No.,
 or PO Box No. 1104 E Pryor St.
 City, State, ZIP+4 ATHENS AL 35611-2162

PS Form 3800, August 2008 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

W. RUTH PARIS
11/17

W. RUTH PARIS
E PRYOR ST.
ATHENS, AL 35611-2162

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:

HELEN RUTH PARIS
1104 E PRYOR ST.
ATHENS, AL 35611-2162

2. Article Number (Transfer from s)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7010 2780 0002 8287 9003

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9010
7010 2780 0002 8287 9010

Sent To Elizabeth A. Savoie
Street, Apt. No. or PO Box No. 437 W. 9th St.
City, State, Zip+4 Grafton ND 58237
PS Form 3811, February 2004 See Instructions for Restrictions

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
W. Ann Savoie
1/10/17

TH ANN SAVOIE
TH ST.
N, ND 58237

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:
ELIZABETH ANN SAVOIE
437 W 9TH ST.
GRAFTON, ND 58237

2. Article Number:
(Transfer from s) 7010 2780 0002 8287 9010

COMPLETE THIS SECTION ON DELIVERY

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

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

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

4. Restricted Delivery? (Extra Fee) Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9027
7010 2780 0002 8287 9027

Sent To *Shriners Hospitals for Children*
Street Apt. No. or PO Box No. *PO Box 226220*
City, State, Zip+4 *Dallas TX 75222-6220*
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

Wanda Sipes / Myra Beverly / MS / E / 10/13 / Minnow @ post.

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

OSPITALS FOR CHILDREN
NORTHERN TRUST CO.
270
75222-6270

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:
**SHRINERS HOSPITALS FOR CHILDREN
WITH THE NORTHERN TRUST CO.
PO BOX 226270
DALLAS, TX 75222-6270**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) **7010 2780 0002 8287 9027**

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 9034

7010 2780 0002 8287 9034

ADDRESS SERVICE REQUESTED

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

For delivery information visit our website at www.usps.com
Carmel, CA
DDE
ARRIBA WAY
CA 93923

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

DDE
ARRIBA WAY
CA 93923

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:

REX SHUDDE
27105 ARRIBA WAY
CARMEL, CA 93923

2. Article Number
(Transfer from s

7010 2780 0002 8287 9034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 9041
7010 2780 0002 8287 9041

ADDRESS SERVICE REQUESTED

Sent To
Street, Apt. No.
or PO Box No. Wells Fargo bank oil/gas
City, State, ZIP+4 PO BOX 5383
Denver CO 80217

PS Form 3800, August 2003 See reverse for instructions

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

Postmark Here

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

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

WELLS FARGO BANK N.A. OIL/GAS
ALLIE M. LEE TRUST
PO BOX 5383
DENVER CO 80217

WELLS FARGO BANK N.A. OIL/GAS
ALLIE M. LEE TRUST
PO BOX 5383
DENVER CO 80217

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 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>WELLS FARGO BANK N.A. OIL/GAS ALLIE M. LEE TRUST PO BOX 5383 DENVER, CO 80217</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from s)</p> <p>7010 2780 0002 8287 9041</p>	

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 9058

7010 2780 0002 8287 9058

ADDRESS SERVICE REQUESTED

Sent to
Street, Apt. No.,
or PO Box No. 480 #2 N Lake Rd.
City, State, ZIP+4 Artesia NM 88210
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 \$

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
J.S. & Wanda Rev. Trust
480 #2 North Lake Rd
Artesia NM 88210
Signature @ post.

ALDRIP
A REV. TRUST
H LAKE RD
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:

J. STANLEY WALDRIP
J.S. & WANDA REV. TRUST
480 #2 NORTH LAKE RD
ARTESIA, NM 88210

2. Article Number
(Transfer from 7010 2780 0002 8287 9058)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9065
7010 2780 0002 8287 9065

Sent to
Street, Apt. No.,
or PO Box No. 706 W. Grand Ave.
City, State, Zip+4 Artesia, NM 88210-1935
PS Form 3811, August 2006 See Reverse for Instructions

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

For delivery information visit our website at www.usps.com
John W. Gates, LLC
706 W. Grand Ave.
Artesia, NM 88210-1935
Dinhon @ post.

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9065

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9072
7010 2780 0002 8287 9072

Sent To
Street Apt. No.
or PO Box No. 210 Crossbow Rd.
City, State, ZIP+4 Artesia NM 88210
PS Form 3811, February 2004 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
WILSON'S RETAIL LUMBER STORE
Artesia, NM 88210
Vision@prod.

RA HELEN MCCA
MCCA FAMILY TRUST
CROSSBOW RD.
ARTESIA, NM 88210

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:

NORA HELEN MCCA
THE MCCA FAMILY TRUST
210 CROSSBOW RD.
ARTESIA, NM 88210

2. Article Number
(Transfer from s

7010 2780 0002 8287 9072

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

Vertical text at the bottom edge of the page, including 'CERTIFIED MAIL' and other postal markings.



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9089
7010 2780 0002 8287 9089

Sent To
Street, Apt. No.,
or PO Box No. *William J. McCaw; Mary G. Riddle*
City, State, Zip+4 *PO Box 127*
Artesia NM 88211-0127

PS Form 3811, February 2004 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

WILLIAM J. MCCAW & MARY G. RIDDLE
Artesia NM 88211-0127
Shirley J. Riddle

J. MCCAW & MARY G. RIDDLE
MCCAW ESTATE
27
NM 88211-0127

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. MCCAW & MARY G. RIDDLE
JACK W. MCCAW ESTATE
PO BOX 127
ARTESIA, NM 88211-0127

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

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

2. Article Number (Transfer from s) 7010 2780 0002 8287 9089



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 2780 0002 8287 9096
7010 2780 0002 8287 9096

US Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only, No Insurance Coverage Provided)</small>	
<small>For delivery information visit our website at www.usps.com</small>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here <i>Union Ind.</i>
Sent To: <i>Mary Ann McLaw</i> Street, Apt. No. or PO Box No.: <i>PO Box 127</i> City, State, ZIP+4: <i>Artesia NM 88211-0127</i>	
<small>PS Form 3800, August 2006 See Reverse for Instructions</small>	

ANN MCCA
X 127
IA, NM 8211-0127

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 ANN MCCA
PO POX 127
ARTESIA, NM 8211-0127

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from se) **7010 2780 0002 8287 9096**

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 9102

7010 2780 0002 8287 9102

ADDRESS SERVICE REQUESTED

Sent To: Cliff G. Currier
Street, Apt. No.,
or PO Box No. PO BOX 540
City, State, ZIP+4 Artesia NM 88211-0540
PS Form 3811, February 2004 See Reverse for Instructions

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

For delivery information, visit our website at www.usps.com
Cliff G. Currier
Artesia NM 88211-0540
Lincoln @ pad
E11913

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

CLIFF G. CURRIER
PO BOX 540
ARTESIA, NM 88211-0540

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:

CLIFF G. CURRIER
PO BOX 540
ARTESIA, NM 88211-0540

COMPLETE THIS SECTION ON DELIVERY

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

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

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

2. Article Number (Transfer from s) 7010 2780 0002 8287 9102



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 2780 0002 8287 9119
7010 2780 0002 8287 9119

Sent to
Street, Apt. No.,
or PO Box No. *Michael C. Currier*
City, State, ZIP+4® *1517 Vineyard Court*
Carlsbad, NM 88220

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. MAIL
U.S. POST SERVICE
FIRST CLASS PERMIT NO. 1000 CARLSBAD, NM

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MICHAEL C. CURRIER
1517 VINEYARD COURT
CARLSBAD, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery (Extra Fee) Yes No

2. Article Number (Transfer from s) 7010 2780 0002 8287 9119



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9126

7010 2780 0002 8287 9126

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006

Angela Franklin
PO Box 144
Savory TX 75479

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

Postmark Here

2/10/07

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

LA FRANKLIN
PO BOX 144
SAVORY, TX 75479

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:

ANGELA FRANKLIN
PO BOX 144
SAVORY, TX 75479

2. Article Number (Transfer from s) 7010 2780 0002 8287 9126

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9133
7010 2780 0002 8287 9133

Sort No. *Citizens Bank Trust Co.*
Street, Apt. No. or PO Box No. *PO Box 277*
City, State, ZIP+4 *Ardmore OK 73402*
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

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
WOLFESGILIA Ave US E11912
Winn @ prod

CITIZENS BANK & TRUST CO.
T.C. & JUNE B. STROMBERG REV. TRUST
PO BOX 277
ARDMORE, OK 73402

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:
**CITIZENS BANK & TRUST CO.
T.C. & JUNE B. STROMBERG REV. TRUST
PO BOX 277
ARDMORE, OK 73402**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9133

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 9140

7010 2780 0002 8287 9140

ADDRESS SERVICE REQUESTED

Sent to
Street, Apt. No.,
or PO Box No.
City, State ZIP+4
East American Bank
P.O. Box AA
Artesia, NM 88211-7526
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

WINN-DIXIE STORE #10112

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

FIRST AMERICAN BANK
JUNE B. STROMBERG REV. TRUST
PO BOX AA
ARTESIA, NM 88211-7526

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:

FIRST AMERICAN BANK
T.C. & JUNE B. STROMBERG REV. TRUST
PO BOX AA
ARTESIA, NM 88211-7526

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9140



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9157
7010 2780 0002 8287 9157

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

*Santo Petroleum
PO Box 1020
Artesia, NM 88211*

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

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

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

*Wendy Esquina
Artesia, NM 88211*

LEUM
SANTO PARTNERS
88211

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:

SANTO PETROLEUM
C/O SACRAMENTO PARTNERS
PO BOX 1020
ARTESIA, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9157

all p receipt entire deliv mnd all ma all is/ ANC lease tional obair Ffont e-mail return dition auth it' R k on cost it, nee SAV ugust



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9164

7010 2780 0002 8287 9164

Sent to David Westall
 Street, Apt. No. 2222 E Westchester Dr.
 or PO Box No. Chandler, AZ 85249-4686
 City, State, ZIP Chandler, AZ 85249-4686
 PS Form 3811, August 2006 See Reverse for Instructions

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

Postmark Here: Phoenix, AZ 1/13

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

STALL
 STCHESTER DR
 AZ 85249-4686

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 WESTALL
 2222 E WESTCHESTER DR
 CHANDLER, AZ 85249-4686

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9164



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9171
7010 2780 0002 8287 9171

Sent To
Street, Apt. No.,
or PO Box No. **OXY Y-1 Company**
City, State, ZIP+4[®] **PO Box 841803**
Dallas TX 75284-1803

PS Form 3811, August 2004 See back for instructions

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

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

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

WOMEN'S WORLD
VISION 2001

COMPANY
1803
X 75284-1803

Postmark Here

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 checked="" 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>OXY Y-1 COMPANY PO BOX 841803 DALLAS, TX 75284-1803</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from s) 7010 2780 0002 8287 9171</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 2780 0002 8287 9188
7010 2780 0002 8287 9188

ADDRESS SERVICE REQUESTED

Sent To Yates Industries, LLC
Street, Apt. No. PO BOX 1091
or PO Box No. Artesia, NM 88211
City, State, ZIP+4
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 \$

For delivery information visit our website at www.usps.com
MONTE EMPIRIA Property, El 10/13
Unpaid post.

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

YATES INDUSTRIES, LLC
PO BOX 1091
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 items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return 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

COMPLETE THIS SECTION ON DELIVERY
A. Signature Agent
 Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9188



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9195

7010 2780 0002 8287 9195

US Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
<small>For delivery information visit our website at www.usps.com</small>	
Sent To: <i>Sarann Company</i> Street Apt. No. or PO Box No.: <i>1042 Carlisle Dr.</i> City, State, ZIP+4: <i>Allen TX 75002-5073</i>	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____
PS Form 3811, August 2004 <small>See Reverse for Instructions</small>	Postmark Here

SARANN COMPANY
C/O SARA STROMBERG JONES
1042 CARLISILE DR.
ALLEN, TX 75002-5073

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. 		A. Signature <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> SARANN COMPANY C/O SARA STROMBERG JONES 1042 CARLISILE DR. ALLEN, TX 75002-5073 </div>		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from s) 7010 2780 0002 8287 9195		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS: Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Domestic Return Receipt

102595-02-M-1540