

ABOVE THIS LINE FOR DIVISION USE ONLY

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



Yates Petroleum Corp.

ED OOD
 Grateful BOB Federal Comm
 2012 SEP 11 P 12:39 #s 1H & 2H

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 _____ Signature *Miriam Morales* Production Analyst _____ Title _____ 9/10/12 _____ Date

mmorales@yatespetroleum.com
 e-mail Address

CTB-658

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. Sand Tank; Bone Spring 96832
(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: 9/6/12

TYPE OR PRINT NAME: Miriam Morales TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NM-0437523

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

Oil Well Gas Well Other PA

2. Name of Operator

Yates Petroleum Corporation

3a. Address

105 S. 4th St., Artesia, NM 88210

3b. Phone No. (include area code)

575-748-1471

4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)

1650' FNL & 330' FEL Sec. 13-T18S-R29E Unit H, SENE Surface

1980' FNL & 330' FWL Sec. 13-T18S-R29E Unit E, SWNW Bottom

7. If Unit or CA/Agreement, Name and/or No.

Grateful BOD Federal Com #2H

9. API Well No.

30-015-38518

10. Field and Pool or Exploratory Area

Sand Tank; Bone Spring

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | | | |
|--|---|---|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other <u>Surface/lease</u> |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | <u>(CA) Commingle</u> |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Yates Petroleum respectfully requests approval to surface/lease (CA) commingle the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

Well name

Grateful BOD Federal Com #1H

Sec. 13-T18S-R29E

API #30-015-38990

Eddy County, NM

Field/Pool

Sand Tank;

Bone Spring

BOPD

275

Gravity

42

MCFPD

668

BTU

1280

Please see continuation attached

14. I hereby certify that the foregoing is true and correct

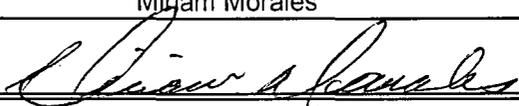
Name (Printed/Typed)

Mirjam Morales

Title

Production Analyst

Signature



Date

5/6/12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Continuation of Grateful Federal Com #2H surface/lease (CA) commingle

Federal Lease #LC-055830, NM-437523, CA #not available

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM | Sand Tank; Bone Spring | 242 | 42.2 | 150 | 1241 |

The battery is located at the Grateful #1H. Please see attached site security diagram.

Diversified ownership under different CAs. All owners have been notified. (see attached)

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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.

Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Grateful #1 shall be the difference between the volume recorded at the Agave sales meter and the volume recorded at the Grateful #2 EFM meter. The sales meter is Agave's meter #13236 located at Sec. 13-T18S-R29E.

The purpose of the Surface/lease Commingle of 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 batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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 Road, 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 & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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

AMENDED REPORT

As Drilled
WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | | | |
|---|--|---|--|--|--|
| ¹ API Number 30-015-38990 | | ² Pool Code 96403 <i>96832</i> | | ³ Pool Name Wildcat; Bone Spring | |
| ⁴ Property Code 38516 | | ⁵ Property Name Grateful BOD Federal Com | | ⁶ Well Number IH | |
| ⁷ OGRID No. 025575 | | ⁸ Operator Name Yates Petroleum Corporation | | ⁹ Elevation 3493'GR | |

¹⁰ Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| A | 13 | 18S | 29E | | 786 | North | 545 | East | Eddy |

¹¹ 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 |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| D | 13 | 18S | 29E | | 732 | North | 389 | West | Eddy |

| | | | |
|--------------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 160 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. |
|--------------------------------------|-------------------------------|----------------------------------|-------------------------|

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

| | | | |
|-------------------|---|--|--|
| ¹⁶ | ¹⁷ OPERATOR CERTIFICATION <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 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> Signature November 28, 2011 Date | | |
| | Tina Huerta Printed Name tnah@yatespetroleum.com E-mail Address | | |
| | ¹⁸ SURVEYOR CERTIFICATION <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> | | |
| | Date of Survey Signature and Seal of Professional Surveyor Certificate Number | | |

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State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED Form C-102
Revised August 1, 2011
JUL 03 2012 one copy to appropriate
District Office
NMOCD ARTESIA
 AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | | | |
|---|--|---|--|--|-----------------------------------|
| ¹ API Number 30-015-38518 | | ² Pool Code 96832 | | ³ Pool Name Sand Tank; Bone Spring | |
| ⁴ Property Code 38516 | | ⁵ Property Name Grateful BOD Federal Com | | | ⁶ Well Number 2H |
| ⁷ OGRID No. 025575 | | ⁸ Operator Name Yates Petroleum Corporation | | | ⁹ Elevation 3494'GL |

¹⁰ Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| H | 13 | 18S | 29E | | 1650 | North | 330 | East | Eddy |

¹¹ Bottom Hole Location If Different From Surface

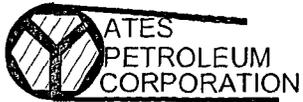
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| E | 13 | 18S | 29E | | 2017 | North | 369 | West | Eddy |

| | | | |
|--------------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 160 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. |
|--------------------------------------|-------------------------------|----------------------------------|-------------------------|

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

| | | | | | |
|--------|--------|---------------|-------|-----|--|
| 2017'N | 2017'N | Surface 330'E | 349'W | BHL | <p>¹⁷ 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</p> <p>Signature: <u>Tina Huerta</u> Date: <u>June 29, 2012</u></p> <p>Printed Name: <u>Tina Huerta</u></p> <p>E-mail Address: <u>tinah@yatespetroleum.com</u></p> |
| | | | | | |

OK 7/30/12 CS



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

Keith Hutchens
 August 2012

Grateful BOD #1H Battery

786' FNL & 545' FEL Sec 13-T18S-R29E Unit A
 Eddy County, NM
 API #3001538990

OT #20053

Production Phase:
 3- Open
 4- Sealed Closed
 5- Sealed Closed
 6- Sealed Closed

Sales Phase:

3- Sealed Closed
 4- Sealed Closed
 5- Sealed Closed
 6- Open

OT #20018

Production Phase:
 3- Open
 4- Sealed Closed
 5- Sealed Closed
 6- Sealed Closed

Sales Phase:

3- Sealed Closed
 4- Sealed Closed
 5- Sealed Closed
 6- Open

OT #20017

Production Phase:
 3- Open
 4- Sealed Closed
 5- Sealed Closed
 6- Sealed Closed

Sales Phase:

3- Sealed Closed
 4- Sealed Closed
 5- Sealed Closed
 6- Open

OT #20016

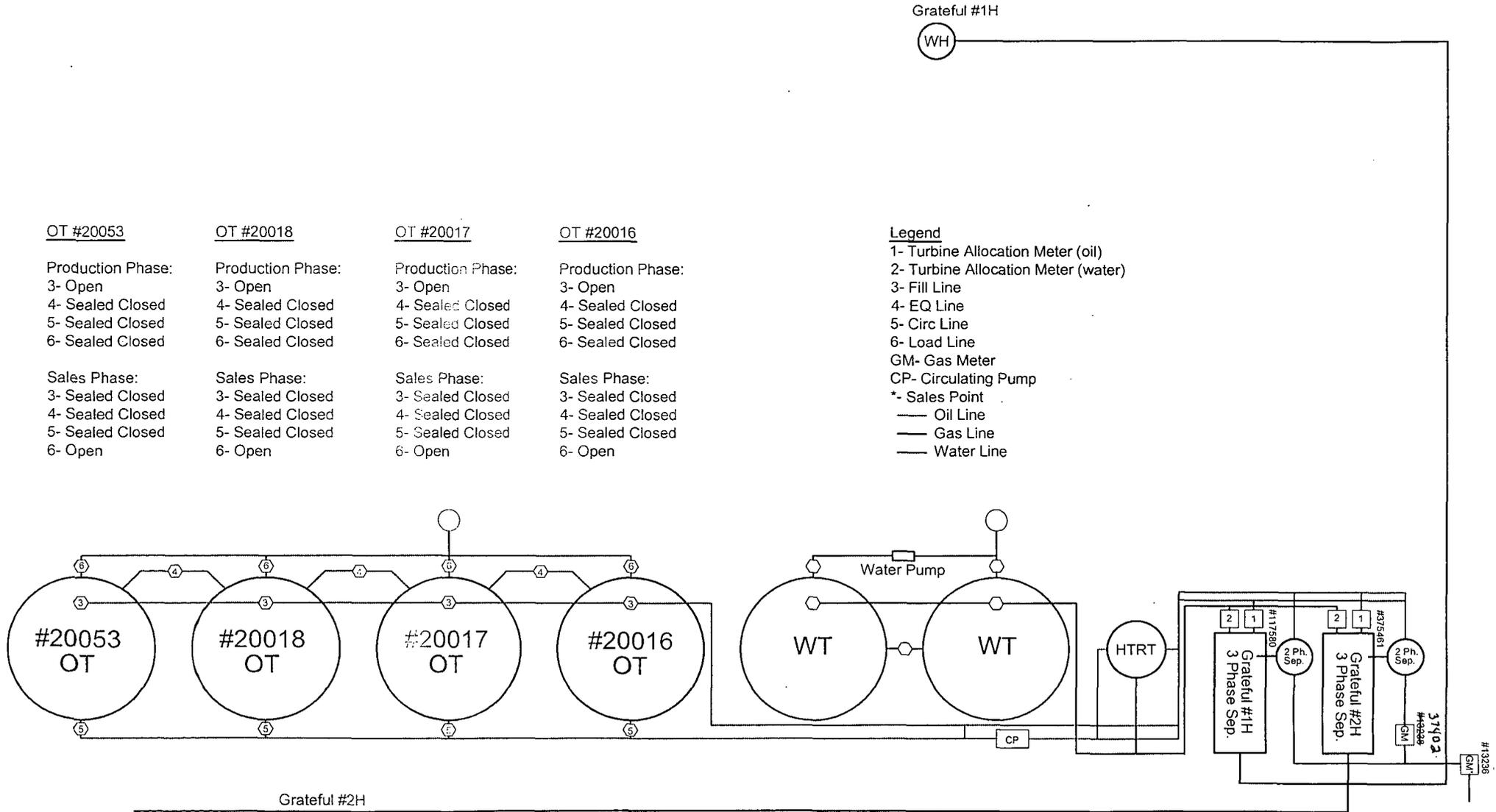
Production Phase:
 3- Open
 4- Sealed Closed
 5- Sealed Closed
 6- Sealed Closed

Sales Phase:

3- Sealed Closed
 4- Sealed Closed
 5- Sealed Closed
 6- Open

Legend

- 1- Turbine Allocation Meter (oil)
- 2- Turbine Allocation Meter (water)
- 3- Fill Line
- 4- EQ Line
- 5- Circ Line
- 6- Load Line
- GM- Gas Meter
- CP- Circulating Pump
- *- Sales Point
- Oil Line
- Gas Line
- Water Line



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

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

September 6, 2012

RE: Surface/Lease (CA) Commingle
Grateful BOD Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of a Surface/Lease commingle on the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM | Sand Tank; Bone Spring | 275 | 42 | 668 | 1280 |

Federal Lease #LC-055830, NM-437523, CA #not available

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
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| Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM | Sand Tank; Bone Spring | 242 | 42.2 | 150 | 1241 |

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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.

Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Grateful #1 shall be the difference between the volume recorded at the Agave sales meter and the volume recorded at the Grateful #2 EFM meter. The sales meter is Agave's meter #13236 located at Sec. 13-T18S-R29E.

The purpose of the Surface/lease Commingle of 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 batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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

Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application

ABO Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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Production Analyst

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| Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM | Sand Tank; Bone Spring | 275 | 42 | 668 | 1280 |

Federal Lease #LC-055830, NM-437523, CA #not available

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM | Sand Tank; Bone Spring | 242 | 42.2 | 150 | 1241 |

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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.

Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Grateful #1 shall be the difference between the volume recorded at the Agave sales meter and the volume recorded at the Grateful #2 EFM meter. The sales meter is Agave's meter #13236 located at Sec. 13-T18S-R29E.

The purpose of the Surface/lease Commingle of 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 batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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

Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application


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

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

September 6, 2012

RE: Surface/Lease (CA) Commingle
Grateful BOD Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of a Surface/Lease commingle on the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM | Sand Tank; Bone Spring | 275 | 42 | 668 | 1280 |

Federal Lease #LC-055830, NM-437523, CA #not available

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM | Sand Tank; Bone Spring | 242 | 42.2 | 150 | 1241 |

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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.

Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Grateful #1 shall be the difference between the volume recorded at the Agave sales meter and the volume recorded at the Grateful #2 EFM meter. The sales meter is Agave's meter #13236 located at Sec. 13-T18S-R29E.

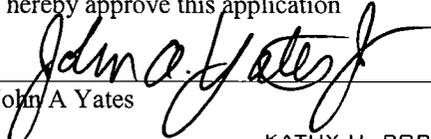
The purpose of the Surface/lease Commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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

Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application


John A. Yates

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

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

September 6, 2012

RE: Surface/Lease (CA) Commingle
Grateful BOD Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of a Surface/Lease commingle on the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM | Sand Tank; Bone Spring | 275 | 42 | 668 | 1280 |

Federal Lease #LC-055830, NM-437523, CA #not available

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM | Sand Tank; Bone Spring | 242 | 42.2 | 150 | 1241 |

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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.

Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Grateful #1 shall be the difference between the volume recorded at the Agave sales meter and the volume recorded at the Grateful #2 EFM meter. The sales meter is Agave's meter #13236 located at Sec. 13-T18S-R29E.

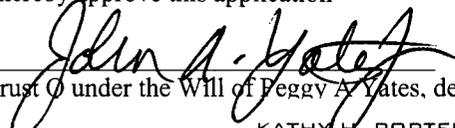
The purpose of the Surface/lease Commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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

Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application


Trust O under the Will of 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
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

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

September 6, 2012

RE: Surface/Lease (CA) Commingle
Grateful BOD Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is requesting approval from the Bureau of Land Management and Oil Conservation Division to Surface/Lease Commingle the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM | Sand Tank; Bone Spring | 275 | 42 | 668 | 1280 |

Federal Lease #LC-055830, NM-437523, CA #not available

| <u>Well name</u> | <u>Field/Pool</u> | <u>BOPD</u> | <u>Gravity</u> | <u>MCFPD</u> | <u>BTU</u> |
|---|---------------------------|-------------|----------------|--------------|------------|
| Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM | Sand Tank; Bone Spring | 242 | 42.2 | 150 | 1241 |

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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.

Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Grateful #1 shall be the difference between the volume recorded at the Agave sales meter and the volume recorded at the Grateful #2 EFM meter. The sales meter is Agave's meter #13236 located at Sec. 13-T18S-R29E.

The purpose of the Surface/lease Commingle of 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 batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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 should have any questions, please give me a call at (575) 748-4200 (direct line).

Sincerely,

Miriam Morales
Production Analyst

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

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7009 2250 0004 1781 1791
7009 2250 0004 1781 1791

| | |
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| U.S. Postal Service™ | |
| CERTIFIED MAIL™ RECEIPT | |
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| Carlsbad, NM 88220 9/16/02 | |
| Postage \$ | Postmark Here |
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| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | |

Sent To: *BLM*

Street, Apt. No., or PO Box No.: *620 E. Greene St.*

City, State, ZIP+4: *Carlsbad, NM 88220*

PS Form 3800, August 2006 See Reverse for Instructions

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 1060 0000 0300 5281

7010 1060 0000 0300 5281

Sent to: *Wills Royalty Inc*
 Street, Apt. No. or PO Box No. *PO Box 1658*
 City, State, ZIP+4[®] *Carlsbad NM 88221*
 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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 For delivery information visit our website at www.usps.com
Carlsbad NM 88221
None paid.

WILLS ROYALTY INC
P O BOX 1658
CARLSBAD, NM 88221-1658

| 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 checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: WILLS ROYALTY INC P O BOX 1658 CARLSBAD, NM 88221-1658 | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number (Transfer from) 7010 1060 0000 0300 5281 | | 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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 1060 0000 0300 5274

7010 1060 0000 0300 5274

PS Form 3800, August 2005 See Reverse for Instructions

Sent to: *ELYSE SANDERS PATTERSON*
 Street, Apt. No. or PO Box No.: *PO Box 3480*
 City, State, ZIP+4: *Omaha NE 68103*

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

Postmark Here _____

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 (Domestic Mail Only - No Insurance Coverage Provided)

ELYSE SANDERS PATTERSON
 TRUST INVESTMENTS LLC
 C/O FARMERS NATIONAL CO., AGENT
 P O BOX 3480
 OMAHA, NE 68103-0480

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:

ELYSE SANDERS PATTERSON
 TRUST INVESTMENTS LLC
 C/O FARMERS NATIONAL CO., AGENT
 P O BOX 3480
 OMAHA, NE 68103-0480

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 sender) **7010 1060 0000 0300 5274**

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

ADDRESS SERVICE REQUESTED

7010 1060 0000 0300 5267

7010 1060 0000 0300 5267

Sent to
Street, Apt. No.,
or PO Box No. *Sue S. Graham Estate*
City, State, ZIP+4 *PO Box 1835*
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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M. Simon Prod.

U.S. Postal Service™
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SANDERS GRAHAM ESTATE
PO BOX 1835
ROSWELL, NM 88202-1835

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:

SUE SANDERS GRAHAM ESTATE
P O BOX 1835
ROSWELL, NM 88202-1835

2. Article Number
(Transfer from)

7010 1060 0000 0300 5267

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 1060 0000 0300 5250
7010 1060 0000 0300 5250

Sent To: *The Toles Company*
Street, Apt. No.,
or PO Box No. *P O Box 1300*
City, State, Zip+4 *ROSWELL NM 88202*
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 \$

CAOCEL & SACHS L. W. Toles
Postmark Here

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

THE TOLES COMPANY
P O BOX 1300
ROSWELL, NM 88202-1300

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 TOLES COMPANY
P O BOX 1300
ROSWELL, NM 88202-1300

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 sender) **7010 1060 0000 0300 5250**



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 1060 0000 0300 5243
7010 1060 0000 0300 5243

Sent to: Rubie C Bell Family LP #1
Street, Apt. No. / 1331 Third St.
or PO Box No. /
City, State, Zip: New Orleans LA 70130
PS Form 3800, August 2005 See Reverse for Instructions

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

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

Signature: *Rubie C Bell* U.S. PS

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

Postmark Here

RUBIE CROSBY BELL FAMILY LP #1
1331 THIRD STREET
NEW ORLEANS, LA 70130-5743

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:

RUBIE CROSBY BELL FAMILY LP #1
1331 THIRD STREET
NEW ORLEANS, LA 70130-5743

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 se) 7010 1060 0000 0300 5243

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7010 1060 0000 0300 5236
7010 1060 0000 0300 5236

PS Form 3800, August 2006
Self-Service of Institutions

Sent to Stanley W Crosby III
Street, Apt. No., or PO Box No. P O BOX 2346
City, State, ZIP+4 Roswell NM 88202

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

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

Postmark Here

GALE J F 24 OCT 11 MS
Winnipeg, MB

STANLEY W CROSBY III
P O BOX 2346
ROSWELL, NM 88202-2346

| 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> | |
| <p>1. Article Addressed to:</p> <p>STANLEY W CROSBY III P O BOX 2346 ROSWELL, NM 88202-2346</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)</p> <p>7010 1060 0000 0300 5236</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

7010 1060 0000 0300 5229
7010 1060 0000 0300 5229

ADDRESS SERVICE REQUESTED

Sent to
Street, Apt. No.
or PO Box No. *Loretta J Moore*
City, State, ZIP *901 Washington*
Ryan, OK 73565
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 \$

Signature *Loretta J Moore*
Postmark Here *Moore, OK*

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

LORETTA J MOORE
901 WASHINGTON
RYAN, OK 73565-9514

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:

LORETTA J MOORE
901 WASHINGTON
RYAN, OK 73565-9514

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service) 7010 1060 0000 0300 5229

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7010 1060 0000 0300 5212
7010 1060 0000 0300 5212

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2005 See Reverse for Instructions

Laverne Short Estate
1806 Margaret Ln.
Kingsville TX 78363

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

Postmark Here

Thomas Short

US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For delivery information visit our Website at www.usps.com

LAVERNE SHORT ESTATE
C/O THOMAS SHORT
1806 MARGARET LN
KINGSVILLE, TX 78363-2803

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:

LAVERNE SHORT ESTATE
C/O THOMAS SHORT
1806 MARGARET LN
KINGSVILLE, TX 78363-2803

2. Article Number (Transfer from s) 7010 1060 0000 0300 5212

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Thomas Short

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 1060 0000 0300 5205
7010 1060 0000 0300 5205

Sent To: *Marsha Dolinsky*
Street Addr. No.: *14805 Mockingbird Dr.*
or PO Box No.:
City, State, Zip: *germantown MD 20874*
PS Form 3811, August 2004 See Reverse for Instructions

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

Special Agent CPL U 9/14/04
Minimum Paid

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

MARSHA DOLINSKY
14805 MOCKINGBIRD DR
GERMANTOWN, MD 20874

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:

MARSHA DOLINSKY
14805 MOCKINGBIRD DR
GERMANTOWN, MD 20874

2. Article Number (Transfer from st) 7010 1060 0000 0300 5205

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™

7009 2250 0004 1781 1470
7009 2250 0004 1781 1470

Sent to
Street, Apt. No.
or PO Box No. Phillips Fam. Rev. Trust
City, State, ZIP+4 5019 Pheasant Crest Rd
Edmond OK 73034
PS Form 3800, August 2016 See Reverse for Instructions

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

PHILLIPS FAMILY REVOCABLE TRUST U.S. MAIL 2
Mime prod.

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

PHILLIPS FAMILY REVOCABLE TRUST
OF 2005
5019 PHEASANT CREST RD
EDMOND, OK 73034

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:

PHILLIPS FAMILY REVOCABLE TRUST
OF 2005
5019 PHEASANT CREST RD
EDMOND, OK 73034

2. Article Number
(Transfer from s 7009 2250 0004 1781 1470

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

CERTIFIED MAIL



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

7009 2250 0004 1781 1487
7009 2250 0004 1781 1487

ADDRESS SERVICE REQUESTED

Sent to
 Evelyn D. Sanderson
 Street Apt. No. or PO Box No. 614 E Washington St.
 City, State, ZIP+4 Walters OK 73572
 PS Form 3800 August 2006 See reverse for instructions

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
 Divorce pad.

EVELYN DEE SANDERSON
614 E WASHINGTON ST
WALTERS, OK 73572

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:

EVELYN DEE SANDERSON
 614 E WASHINGTON ST
 WALTERS, OK 73572

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee Agent

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 sender) 7009 2250 0004 1781 1487

CERTIFIED MAIL



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

7009 2250 0004 1781 1494
7009 2250 0004 1781 1494

ADDRESS SERVICE REQUESTED

**US 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: Kathryn A Smith
Street, Apt. No., or PO Box No.: 15503 E 42nd Terrace
City, State, ZIP+4: Independence, MO 64055

PS Form 3800, August 2006 See Reverse for Instructions

15503 E 42nd Terrace
Independence, MO 64055

KATHRYN A SMITH
15503 E 42ND TERRACE
INDEPENDENCE, MO 64055

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:

KATHRYN A SMITH
15503 E 42ND TERRACE
INDEPENDENCE, MO 64055

2. Article Number (Transfer from s) 7009 2250 0004 1781 1494

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

7009 2250 0004 1781 1500

7009 2250 0004 1781 1500

Sent to
Street, Apt. No.,
or PO Box No. **3827 SIOUX AVE.**
City, State, ZIP+4[®] **KINGMAN AZ 86401**
PS Form 3811, August 2005 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
CHASE/FACHOHAL USTL
KINGMAN AZ

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

MARTHA I GAITHER
3827 SIOUX AVE
KINGMAN, AZ 86401-7353

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>MARTHA I GAITHER 3827 SIOUX AVE KINGMAN, AZ 86401-7353</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>7009 2250 0004 1781 1500</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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1517
7009 2250 0004 1781 1517

Sent to
Annette K. Pasco
Street, Apt. No.,
or PO Box No. 16601 Garfield St. 312
City, State, Zip+4
Paramount, CA 90723
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
USPS
USPS

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

ANNETTE KIRK PASCO
16601 GARFIELD SPACE 312
PARAMOUNT, CA 90723

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:

ANNETTE KIRK PASCO
16601 GARFIELD SPACE 312
PARAMOUNT, CA 90723

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 se) 7009 2250 0004 1781 1517
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL



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

7009 2250 0004 1781 1524
7009 2250 0004 1781 1524

ADDRESS SERVICE REQUESTED

Sent to
Street Apt. No.
or PO Box No. *Frances J. Day 334*
City, State, ZIP+4 *New Caney TX 77357*
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 | \$ |

USPS
Visor @ post

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

FRANCES J DAY
C/O ANGELA LONG
PO BOX 334
NEW CANEY, TX 77357

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:

FRANCES J DAY
C/O ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

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) 7009 2250 0004 1781 1524

CERTIFIED MAIL™



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

7009 2250 0004 1781 1531

7009 2250 0004 1781 1531

ADDRESS SERVICE REQUESTED

US 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: Bobby Lee Carrell
Street, Apt. No., or PO Box No.: 19951 Monday Hargrove
City, State, ZIP+4: New Caney TX 77357

PS Form 3800, August 2006 See Reverse for Instructions

Handwritten: M1000@pro

BOBBY LEE CARRELL
19951 MONDAY HARGROVE
NEW CANEY, TX 77357

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:

BOBBY LEE CARRELL
19951 MONDAY HARGROVE
NEW CANEY, TX 77357

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) 7009 2250 0004 1781 1531

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1548
7009 2250 0004 1781 1548

Sent to Angela Long
 Street Addr. No. P O Box 334
 or PO Box No. NEW CANEY TX 77357
 City, State ZIP+4®
 PS Form 3800, AUGUST 2006 (See reverse for instructions)

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit our website at: www.usps.com
 Angela Long
 PO Box 334
 New Caney, TX 77357
 M. Hancock

ANGELA LONG
PO BOX 334
NEW CANEY, TX 77357

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 LONG
 P O BOX 334
 NEW CANEY, TX 77357

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) 7009 2250 0004 1781 1548



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1555
7009 2250 0004 1781 1555

PS Form 3800, August 2006
Street, Apt. No., or PO Box No. Kathleen Fox
3744 Brandywine Ln.
City, State, ZIP+4[®] Keller TX 76244
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
SPECIAL DELIVERY - U.S. MAIL
Miaand pro

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

KATHLEEN FOX
44 BRANDYWINE LN
KELLER, TX 76244-8194

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>KATHLEEN FOX 3744 BRANDYWINE LN KELLER, TX 76244-8194</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>7009 2250 0004 1781 1555</p> | |



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1562
7009 2250 0004 1781 1562

Sent to
Street, Apt. No.,
or PO Box No. SUE LAFETT DAY
City, State, ZIP+4 1705 JENNIFER
Houston TX 77029
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

For delivery information visit our website at www.usps.com
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
SUE LAFETT DAY
1705 JENNIFER
HOUSTON TX 77029

SUE LAFETT DAY
1705 JENNIFER
HOUSTON, TX 77029

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:

SUE LAFETT DAY
1705 JENNIFER
HOUSTON, TX 77029

2. Article Number (Transfer from se) 7009 2250 0004 1781 1562

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

7009 2250 0004 1781 1579
7009 2250 0004 1781 1579

Sent To: Mary D. Duggan
 Street, Apt. No.,
 or PO Box No. 3320 AVENUE J
 City, State, ZIP+4 BAY CITY TX 77414

PS Form 3811, 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

3320 AVENUE J BAY CITY TX 77414
U.S. MAIL
Domestic Mail Only

MARY D DUGGAN
AVENUE J
BAY CITY, TX 77414-7211

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>MARY D DUGGAN 3320 AVENUE J BAY CITY, TX 77414-7211</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 se) <u>7009 2250 0004 1781 1579</u></p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7009 2250 0004 1781 1586
7009 2250 0004 1781 1586

Sent to: **Terence P. Perkins**
Street, Apt. No.: **304 S AVENUE F.**
or PO Box No.:
City, State, ZIP+4: **PORTALES NM 88130**
PS Form 3800, August 2006 See Reverse for Instructions

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

Handwritten: #341 Oct 8. U.S. 8/12. Amount paid.

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

TERENCE P PERKINS
304 S AVENUE F
PORTALES, NM 88130-6226

PLEASE STAPLE TO 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:

TERENCE P PERKINS
304 S AVENUE F
PORTALES, NM 88130-6226

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) 7009 2250 0004 1781 1586

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1593
7009 2250 0004 1781 1593

Sent To: Paul Slayton
Street Addr. No. / or PO Box No. P O Box 2035
City, State, ZIP+4 Roswell, NM 88202
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 | \$ |

GADE FISH PTB. U S/E/12
Wiana P. Prow

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

PAUL SLAYTON
P O BOX 2035
OSWELL, NM 88202-2035

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>PAUL SLAYTON P O BOX 2035 ROSWELL, NM 88202-2035</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from s) 7009 2250 0004 1781 1593</p> | |

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1609
7009 2250 0004 1781 1609

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
GABRIELI ARTS U S E L I A

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

NATIONAL BANK
WOLCOTT TRUST
YLE SMITH
ANOR DR
A, CA 91942

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 checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: EI PASO NATIONAL BANK GLORIA WOLCOTT TRUST C/O GAYLE SMITH 9430 MANOR DR LA MESA, CA 91942 | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number: (Transfer from s 7009 2250 0004 1781 1609) | | 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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1616
7009 2250 0004 1781 1616

Sent To: Laura S. Schmidhammer
Street, Apt. No.: 3159 French Hill Dr.
or PO Box No.:
City, State, ZIP: Powhatan, VA 23139
PS Form 3811, August 2006 See Reverse for Instructions

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

Postmark Here

3159 FRENCH HILL DR - U.S. MAIL
With and Prod.

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

LAURA S SCHMIDHAMMER
3159 FRENCH HILL DR
POWHATAN, VA 23139

| 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>LAURA S SCHMIDHAMMER 3159 FRENCH HILL DR POWHATAN, VA 23139</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) 7009 2250 0004 1781 1616</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7009 2250 0004 1781 1630
7009 2250 0004 1781 1630

PS Form 3800, August 2005 See Reverse for Instructions

Sent To: *Carole J. Brandon*
 Street, Apt. No. or PO Box No.: *10660 Second St.*
 City, State, ZIP: *Santee, CA 92071*

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

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

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

Postmark Here *W. San Diego*

CAROLE J BRANDON
10660 SECOND ST
SANTEE, CA 92071

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:

CAROLE J BRANDON
10660 SECOND ST
SANTEE, CA 92071

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) 7009 2250 0004 1781 1630



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7009 2250 0004 1781 1623
7009 2250 0004 1781 1623

Sent To: Richard Wolcott
 Street Addr. No.: 8141 Calle Fanita
 or PO Box No.: SanTEE CA 92071
 City, State, ZIP+4: SanTEE CA 92071
 PS Form 3800, August 2005 See Reverse for Instructions

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

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

SALE PRICE \$10.00
 U.S. \$1.00
 Minimum post.

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

Postmark Here

WOLCOTT
E FANITA
A 92071

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> |
| <p>1. Article Addressed to:</p> <p>RICHARD WOLCOTT 8141 CALLE FANITA SANTEE, CA 92071</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): 7009 2250 0004 1781 1623</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1647
7009 2250 0004 1781 1647

Sent to
Street, Apt. No.,
or PO Box No. Gayle Wolcott Smith
City, State, Zip+4 9430 Manor Dr.
LA Mesa CA 91942
PS Form 3800 August 2006 See Reverse for Instructions

| | | |
|---|----|------------------|
| Postage | \$ | Postmark Here |
| 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
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
10/19/05
L. Man Espad.

GAYLE WOLCOTT SMITH
30 MANOR DR
MESA, CA 91942

| 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> |
| <p>1. Article Addressed to:</p> <p>GAYLE WOLCOTT SMITH 9430 MANOR DR LA MESA, CA 91942</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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) 7009 2250 0004 1781 1647</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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1654
7009 2250 0004 1781 1654

Sent To: *Sharbro Energy LLC*
 Street, Apt. No.,
 or PO Box No. *P O Box 840*
 City, State, Zip: *Artesia NM 88211*
 PS Form 3800, August 2006 See Reverse for Instructions

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

SHAR BRO ENERGY LLC
Artesia NM

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

Postmark Here

SHAR BRO ENERGY LLC
BOX 840
ARTESIA, NM 88211-0840

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHAR BRO ENERGY LLC P O BOX 840 ARTESIA, NM 88211-0840 </div> | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number (Transfer from s) 7009 2250 0004 1781 1654 | | 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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

CERTIFIED MAIL



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

7009 2250 0004 1781 1661
7009 2250 0004 1781 1661

ADDRESS SERVICE REQUESTED

Sent to
Street, Apt. No.,
or PO Box No.
City, State, Zip
Yates Industries LLC
P O Box 1091
Artesia NM 88211
PS Form 3811, August 2003
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
US Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 S. G. ...

INDUSTRIES LLC
X 1091
A, 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
P O BOX 1091
ARTESIA, NM 88211-1091

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) 7009 2250 0004 1781 1661

CERTIFIED MAIL



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

7009 2250 0004 1781 1678
7009 2250 0004 1781 1678

ADDRESS SERVICE REQUESTED

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

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

For delivery information visit our website at www.usps.com
Domestic Mail Only. No Insurance Coverage Provided

U.S. Postal Service
CERTIFIED MAIL RECEIPT

SANTO LEGADO LLLP
P O BOX 1020
ARTESIA, NM 88211-1020

Postmark Here

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 | |
| <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>SANTO LEGADO LLLP P O BOX 1020 ARTESIA, NM 88211-1020</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>7009 2250 0004 1781 1678</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7009 2250 0004 1781 1685
7009 2250 0004 1781 1685

Sent to
Street Apt. No. or PO Box No. *Harvey E. Yates Company*
City, State, Zip+4 *Laswell NM 88201*
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

Laswell NM 88201
U.S. Mail

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

HARVEY E YATES COMPANY
SUNWEST CENTRE
P O BOX 1933
ROSWELL, NM 88201

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>HARVEY E YATES COMPANY SUNWEST CENTRE P O BOX 1933 ROSWELL, NM 88201</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 se)</p> <p>7009 2250 0004 1781 1685</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7009 2250 0004 1781 1692
7009 2250 0004 1781 1692

PS Form 3800, August 1998 See Reverse for Instructions

Sent To: Jalapeno Corp.
Street, Apt. No., or PO Box No. P.O. Box 1608
City, State, ZIP+4[®] Albuquerque NM 87103

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

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

Special Delivery
Albuquerque NM 87103
Albuquerque NM 87103

JALAPENO CORPORATION
P O BOX 1608
ALBUQUERQUE, NM 87103-1608

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:

JALAPENO CORPORATION
P O BOX 1608
ALBUQUERQUE, NM 87103-1608

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
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

7009 2250 0004 1781 1692



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1708
7009 2250 0004 1781 1708

Sent to *Yates Energy Corp.*
Street, Apt. No.,
or PO Box No. *P O Box 2323*
City, State, ZIP+4 *Roswell, NM 88202*
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 *Arms e prod*

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

YATES ENERGY CORPORATION
P O BOX 2323
OSWELL, NM 88202-2323

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 ENERGY CORPORATION
P O BOX 2323
ROSWELL, NM 88202-2323

2. Article Number (Transfer from si) **7009 2250 0004 1781 1708**

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



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7009 2250 0004 1781 1715
7009 2250 0004 1781 1715

Send To: **MARIGOLD LLLP**
Street, Apt. No.,
or PO Box No.: **PO Box 1290**
City, State, ZIP+4: **ARTESIA NM 88211**
PS Form 3811, August 2006 See Reverse for Instructions

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

US Postal Service
CERTIFIED MAIL
(Domestic Mail Only. No Insurance Coverage Provided)
RECEIPT
For delivery information visit our website at www.usps.com
GOLD LLLP
OX 1290
SIA, NM 88211-1290

GOLD LLLP
OX 1290
SIA, NM 88211-1290

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>MARIGOLD LLLP P O BOX 1290 ARTESIA, NM 88211-1290</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) 7009 2250 0004 1781 1715</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7009 2250 0004 1781 1722
7009 2250 0004 1781 1722

Sent to
Street, Apt. No.
or PO Box No. **Tulipan LLC**
City, State, ZIP+4[®] **105 S. Fourth St.**
Artesia NM 88210
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

W. Howard Prod

US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided

TULIPAN LLC
105 SOUTH FOURTH ST
ARTESIA, NM 88210

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 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>TULIPAN LLC 105 S FOURTH ST ARTESIA, NM 88210</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): 7009 2250 0004 1781 1722</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

7009 2250 0004 1781 1739
7009 2250 0004 1781 1739

ADDRESS SERVICE REQUESTED

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

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

Sent to: Mulberry Partners II, LLP
 Street, Apt. No.,
 or PO Box No. P O Box 1290
 City, State, ZIP Artesia NM 88211

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

Postmark Here Mixon P. Pool

PS Form 3800, August 2006 See Reverse for restrictions

MULBERRY PARTNERS II, LLP
P O BOX 1290
ARTESIA, NM 88211-1290

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>MULBERRY PARTNERS II, LLP P O BOX 1290 ARTESIA, NM 88211-1290</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from se) <u>7009 2250 0004 1781 1739</u></p> | |



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7009 2250 0004 1781 1746
7009 2250 0004 1781 1746

Sent to Payton Yates
 Street, Apt. No. or PO Box No. 105 S. Fourth St.
 City, State, ZIP+4 Artesia NM 88210
 PS Form 3800, August 2005 See Reverse for Instructions

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

For delivery information visit our website at www.usps.com
CERTIFIED MAIL RECEIPT
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 Mirrored prod.

ST 88210

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:

PEYTON YATES
105 S FOURTH ST
ARTESIA, NM 88210

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 seal) 7009 2250 0004 1781 1746



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7009 2250 0004 1781 1753
7009 2250 0004 1781 1753

Sent to: Richard Yates
Street, Apt. No.,
or PO Box No. 428 Sandoval
City, State, ZIP+4[®] Santa Fe, NM 87501
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
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RICHARD YATES
428 SANDOVAL
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:

RICHARD YATES
428 SANDOVAL
SANTA FE, NM 87501

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) 7009 2250 0004 1781 1753

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1760
7009 2250 0004 1781 1760

Sent to: **Paula Dooley**
Street, Apt. No.: **1006 S. Second St.**
or PO Box No.:
City, State, ZIP: **Artesia NM 88210**
PS Form 3811, August 2004 See Reverse for Instructions

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

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SNAP EFT 10/28 10/13
William Dooley

LA DOOLEY
WILLIAM P DOOLEY ESTATE
1006 S SECOND ST
ARTESIA, NM 88210

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> |
| <p>1. Article Addressed to:</p> <p>PAULA DOOLEY C/O WILLIAM P DOOLEY ESTATE 1006 S SECOND ST ARTESIA, NM 88210</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from sender's label) 7009 2250 0004 1781 1760</p> | |



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1777
7009 2250 0004 1781 1777

Sent To
Street, Apt. No.,
or PO Box No. 1006 S Second St.
City, State, ZIP+4[®] Artesia NM 88210
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 | \$ |

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

RICK DOOLEY
FLORENCE M DOOLEY ESTATE
S SECOND ST
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:

PATRICK DOOLEY
C/O FLORENCE M DOOLEY ESTATE
1006 S SECOND ST
ARTESIA, NM 88210

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) 7009 2250 0004 1781 1777

CERTIFIED MAIL



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

7009 2250 0004 1781 1784
7009 2250 0004 1781 1784

ADDRESS SERVICE REQUESTED

Sent to **OXY Y-1 Company**
 Street, Apt. No. or PO Box No. **P O BOX 841803**
 City, State, ZIP+4 **DALLAS TX 75284**
 PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

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Garland F. Smith
CERTIFIED MAIL
6/16/06

COMPANY
K 841803
TX 75284-1803

| 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 P.O. 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 7009 2250 0004 1781 1784)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |