

ABOVE THIS LINE FOR DIVISION USE ONLY

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



RECEIVED OGD  
 2012 OCT 18 P 12:42

**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]**

*Yates Petroleum Corp  
 Tackitt AOT  
 # 132*

[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 \_\_\_\_\_ Production Analyst \_\_\_\_\_ 10/17/12  
 Print or Type Name Signature Title Date

mmorales@yatespetroleum.com  
 e-mail Address

*OLM-71*

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.  
(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: 10/7/12

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

E-MAIL ADDRESS: mmorales@yatespetroleum.com

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

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

|  |   |   |
|--|---|---|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)<br>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> |   | WELL API NO.<br>30-015-28003<br>5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/><br>6. State Oil & Gas Lease No. |
| 2. Name of Operator<br>Yates Petroleum Corporation   | 7. Lease Name or Unit Agreement Name<br>Tackitt AOT | 8. Well Number 2  |
| 3. Address of Operator<br>105 S. Fourth Street   | 9. OGRID Number 025575                              |   |
| 4. Well Location<br>Unit Letter <u>J</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line<br>Section <u>28</u> Township <u>19S</u> Range <u>25E</u> NMPM County <u>Eddy</u>  |   | 10. Pool name or Wildcat<br>N.Seven Rivers;Glorietta-Yeso   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3470' GR   |   |   |

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

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

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

Yates Petroleum respectfully requests administrative approval to off lease measure the following wells:

|   |  |
|---|--|
| Tackitt AOT #1<br>N. Seven Rives;Glorietta-Yeso<br>Sec. 28-T19S-R25E<br>API #30-015-28003<br>FEE<br>Eddy County, NM | Tackitt AOT #2<br>N. Seven Rivers;Glorietta-Yeso<br>Sec. 28-T19S-R25E<br>API #30-015-28053<br>FEE<br>Eddy County, NM |
|---|--|

The oil and gas production will be measured and sold at the State K #3 located at Sec. 28-T19S-R25E Please see attached plats and site security diagram.

Ownership and pools are identical. All owners have been notified. (attached are copies of letters and waivers)

The off lease measurement of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not reduce royalty or improper measurement of production.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

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 10/17/12

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200  
**For State Use Only**

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

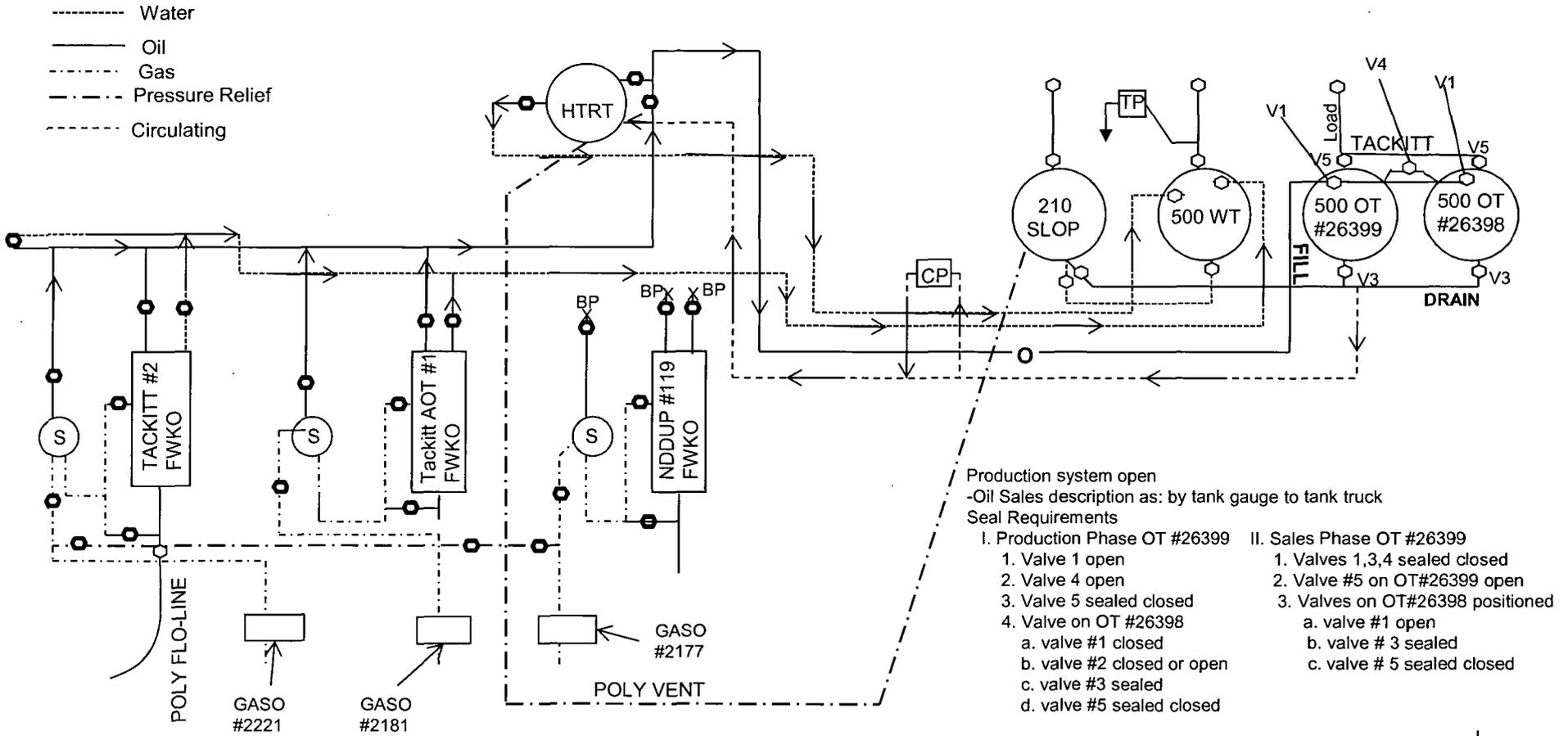


105 South 4<sup>th</sup> Street \* Artesia, NM 88210  
(575)-748-1471

-Chance Sexton  
March, 2012

# STATE K & TACKITT BATTERY

Sec 28 – T19S – R25E \* Unit K \* NESW  
Eddy County, New Mexico



Note: NDDUP # 119 not producing oil

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



District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
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District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

**RECEIVED**  
APR 12 2012  
NMOCD ARTESIA

Form C-102  
Revised July 16, 2010  
Submit one copy to appropriate  
District Office

**AMENDED REPORT**

WELL LOCATION AND ACREAGE DEDICATION PLAT #117

|   |  |   |  |  |                                   |
|---|--|---|--|--|-----------------------------------|
| <sup>1</sup> API Number<br>30-015-28150 |  | <sup>2</sup> Pool Code<br>97565                           |  | <sup>3</sup> Pool Name<br>N. Seven Rivers; Glorieta-Yeso |                                   |
| <sup>4</sup> Property Code<br>15918     |  | <sup>5</sup> Property Name<br>Tackitt AOT                 |  |  | <sup>6</sup> Well Number<br>1     |
| <sup>7</sup> OGRID No.<br>025575        |  | <sup>8</sup> Operator Name<br>Yates Petroleum Corporation |  |  | <sup>9</sup> Elevation<br>3472'GR |

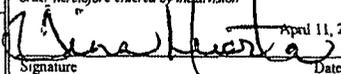
<sup>10</sup> Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 1             | 28      | 19S      | 25E   |         | 1650          | South            | 990           | East           | Eddy   |

<sup>11</sup> 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 |
|-------------------------------------|---------|-------------------------------|-------|----------------------------------|---------------|-------------------------|---------------|----------------|--------|
|                                     |         |                               |       |                                  |               |                         |               |                |        |
| <sup>12</sup> Dedicated Acres<br>40 |         | <sup>13</sup> Joint or Infill |       | <sup>14</sup> Consolidation Code |               | <sup>15</sup> 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 |  |  |  |  | <b><sup>17</sup> OPERATOR CERTIFICATION</b><br><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 leased 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> |  |
|    |  |  |  |  | <br>Signature _____ Date <u>April 11, 2012</u>  |  |
|    |  |  |  |  | Tina Huerta<br>Printed Name<br><br>tnah@yatespetroleum.com<br>E-mail Address   |  |
|    |  |  |  | <b><sup>18</sup> SURVEYOR CERTIFICATION</b><br><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 _____   |  |  |

990'E

1650'S

ou 4/24/12 es

320

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

District II  
1301 W. Grand Avenue, Artesia, NM 88210

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
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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

Form C-102  
Revised July 16, 2010  
Submit one copy to appropriate  
District Office

Tackitt #2

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|   |  |   |  |  |                                   |
|---|--|---|--|--|-----------------------------------|
| <sup>1</sup> API Number<br>30-015-28003 |  | <sup>2</sup> Pool Code<br>97565                           |  | <sup>3</sup> Pool Name<br>N. Seven Rivers; Glorieta-Yeso |                                   |
| <sup>4</sup> Property Code<br>34689     |  | <sup>5</sup> Property Name<br>NDDUP Unit                  |  |  | <sup>6</sup> Well Number<br>118   |
| <sup>7</sup> OGRID No.<br>025575        |  | <sup>8</sup> Operator Name<br>Yates Petroleum Corporation |  |  | <sup>9</sup> Elevation<br>3470'GR |

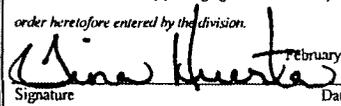
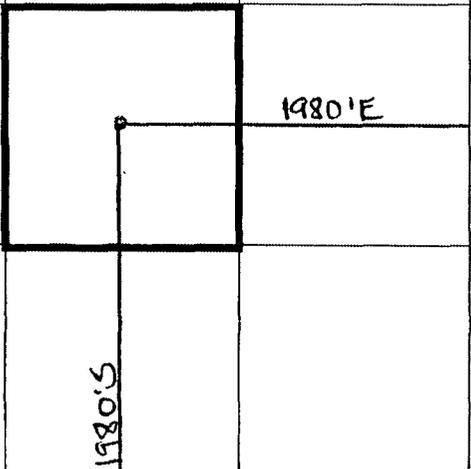
<sup>10</sup> Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| J             | 28      | 19S      | 25E   |         | 1980          | South            | 1980          | East           | Eddy   |

<sup>11</sup> 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 |
|-------------------------------------|---------|-------------------------------|-------|----------------------------------|---------------|-------------------------|---------------|----------------|--------|
|                                     |         |                               |       |                                  |               |                         |               |                |        |
| <sup>12</sup> Dedicated Acres<br>40 |         | <sup>13</sup> Joint or Infill |       | <sup>14</sup> Consolidation Code |               | <sup>15</sup> 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 | <b>RECEIVED</b><br>FEB 08 2011<br>NMOCD ARTESIA                                      | <sup>17</sup> <b>OPERATOR CERTIFICATION</b><br><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><br><br>February 8, 2011<br>Signature Date<br>Tina Huerta<br>Printed Name<br>tinah@yatespetroleum.com<br>E-mail Address |   |
|    |  |   | <sup>18</sup> <b>SURVEYOR CERTIFICATION</b><br><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><br>Date of Survey<br>Signature and Seal of Professional Surveyor:<br>Certificate Number |
|    | 1980'S   |   |   |

OK 3/4/11 CS

MS

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

October 17, 2012

RE: Off Lease Measurement  
Tackitt AOT #1 and Tackitt AOT #2  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting administrative approval from the Oil Conservation Division to Off Lease Measure the following wells:

Tackitt AOT #1  
N. Seven Rives;Glorietta-Yeso  
Sec. 28-T19S-R25E  
API #30-015-28003  
FEE  
Eddy County, NM

Tackitt AOT #2  
N. Seven Rivers;Glorietta-Yeso  
Sec. 28-T19S-R25E  
API #30-015-28053  
FEE  
Eddy County, NM

The oil and gas production will be measured and sold at the State K #3 located at Sec. 28-T19S-R25E .

Ownership and pools are identical.

The off lease measurement of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not reduce royalty or improper measurement of production.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

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

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

Sincerely,

Miriam Morales  
Production Analyst



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1982  
7009 2250 0004 1781 1982

|  |  |
|--|--|
| <b>US Postal Service™</b><br><b>CERTIFIED MAIL™ RECEIPT</b><br>(Domestic Mail Only; No Insurance Coverage Provided)  |  |
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>  |  |
| Sent to<br>Street, Apt. No.,<br>or PO Box No. <i>Rosemary Williams</i><br>City, State, ZIP+4 <i>300 San Jose de Rio Dr. SE</i><br><i>Rio Rancho, NM 87124-1188</i> | Return Receipt Fee<br>(Endorsement Required)<br>Restricted Delivery Fee<br>(Endorsement Required)<br>Total Postage & Fees \$ |
| Certified Fee<br>Postmark Here<br><i>Rio Rancho NM</i>   | PS Form 3800, August 2006<br>See Reverse for Instructions  |

ROSEMARY WILLIAMS  
300 SAN JOSE DE RIO DR SE  
RIO RANCHO, NM 87124-11

**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:

ROSEMARY WILLIAMS  
300 SAN JOSE DE RIO DR SE  
RIO RANCHO, NM 87124-1188

2. Article Number (Transfer from serial number)  
7009 2250 0004 1781 1982

**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

7011 2000 0002 6461 8620  
7011 2000 0002 6461 8620

ADDRESS SERVICE REQUESTED

Sent to  
Street, Apt. No.,  
or PO Box No. Karen Tackitt  
City, State, ZIP+4 403 N. 2nd  
Carlsbad NM 88220  
PS Form 3800, August 2005 See Reverse for Instructions

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

Postmark Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only. No Insurance Coverage Provided)  
For delivery information, visit our website at www.usps.com  
Tackitt Karen Tackitt  
Carlsbad NM 88220  
Karen Tackitt

KAREN TACKITT  
403 N SECOND  
CARLSBAD, NM 88220

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:

KAREN TACKITT  
403 N SECOND  
CARLSBAD, NM 88220

2. Article Num (Transfer fro

7011 2000 0002 6461 8620

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

7011 2000 0002 6461 8644  
7011 2000 0002 6461 8644

Sent to  
Street, Apt. No.  
or PO Box No. *KATHERA, SUE,*  
City, State, ZIP+4® *590 Cricket Field Court*  
*Thousand Oaks CA 91320*  
PS Form 3800, August 2006 See Reverse for Instructions

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

*Thank you*

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

RUTHEA INC  
590 CRICKET FIELD COURT  
THOUSAND OAKS, CA 91361

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:

RUTHEA INC  
590 CRICKET FIELD COURT  
THOUSAND OAKS, CA 91361

**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) 7011 2000 0002 6461 8644



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**

7011 2000 0002 6461 8668  
7011 2000 0002 6461 8668

Sent to  
Street, Apt. No.,  
or PO Box No. *William F. Runyan II*  
City, State, ZIP+4 *PO Box 1414*  
*Hope NM 88250*  
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                           | \$ |  |

*TO BOX 1414*  
*USPS*  
*Hope NM*

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

WILLIAM FRANCIS RUNYAN II  
P O BOX 1414  
HOPE, NM 88250

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A: Signature <input type="checkbox"/> Agent<br/><b>X</b> <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<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>WILLIAM FRANCIS RUNYAN II<br/>P O BOX 1414<br/>HOPE, NM 88250</p>   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>                    |
| <p>2. Article Number (Transfer from) <b>7011 2000 0002 6461 8668</b></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

7011 2000 0002 6461 8675  
7011 2000 0002 6461 8675

ADDRESS SERVICE REQUESTED

Sent to *Margie Bond Rankin*  
Street, Apt. No. or PO Box No. *PO Box 2638*  
City, State, ZIP+4 *Mesilla Park NM 88047*  
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](http://www.usps.com)  
*Margie Bond Rankin*  
USPS  
*Mesilla Park*  
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only. No Insurance Coverage Provided)

MARGIE BOND RANKIN  
P O BOX 2638  
MESILLA PARK, NM 88047

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:

MARGIE BOND RANKIN  
P O BOX 2638  
MESILLA PARK, NM 88047

2. Article Number

7011 2000 0002 6461 8675

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**CERTIFIED MAIL™**



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

ADDRESS SERVICE REQUESTED

7011 2000 0002 6461 8682  
7011 2000 0002 6461 8682

Sent to  
Street, Apt. No.,  
or PO Box No. *Karla Bond Peterson*  
City, State, ZIP+4 *2651 Sierra Bermeja Dr.*  
*Sierra Vista, AZ 85650-4290*  
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](http://www.usps.com)  
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only. No Insurance Coverage Provided)*  
*TICKET TO RIDE*  
*USPS*  
*Arizona Post*

KARLA BOND PETERSON  
51 SIERRA BERMEJA DR  
SIERRA VISTA, AZ 85650-4290

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:

KARLA BOND PETERSON  
2651 SIERRA BERMEJA DR  
SIERRA VISTA, AZ 85650-4290

2. Article Number  
(Transfer from s)

7011 2000 0002 6461 8682

**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

7011 2000 0002 6461 8699  
7011 2000 0002 6461 8699

Sent to *PAWS - Claws Human Society*  
 Street, Apt. No. *702 W Main*  
 or PO Box No. *Artesia NM 88210*  
 City, State, ZIP+4 *Artesia NM 88210*  
 PS Form 3800, August 2006 See Reverse for Instructions

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
 Certified Fee  
 Postage  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$  
 Postmark Here  
*Miriam E pad*

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

PAWS AND CLAWS HUMAN SOCIETY  
 702 W MAIN  
 ARTESIA, NM 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:

PAWS AND CLAWS HUMAN SOCIETY  
 702 W MAIN  
 ARTESIA, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

D. Is delivery address different from item 1?  Yes  
 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 serv) **7011 2000 0002 6461 8699**

CERTIFIED MAIL™



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

7011 2000 0002 6461 8705  
7011 2000 0002 6461 8705

ADDRESS SERVICE REQUESTED

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

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

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only: No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
TACITUS W MEWBOURNE  
CURTIS W MEWBOURNE  
TYLER TX 75711

CURTIS W MEWBOURNE  
ATTN: CHERYL LITTLE  
P O BOX 7698  
TYLER, TX 75711

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CURTIS W MEWBOURNE  
ATTN: CHERYL LITTLE  
P O BOX 7698  
TYLER, TX 75711

2. Article Number (Transfer from service)

7011 2000 0002 6461 8705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  
 Agent  
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

CERTIFIED MAIL™



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

7011 2000 0002 6461 8712  
7011 2000 0002 6461 8712

ADDRESS SERVICE REQUESTED

Sent to  
Street, Apt. No.  
or PO Box No. *501 W Centre*  
City, State, ZIP+4 *Artesia NM 88210*  
PS Form 3800, August 2005 See Reverse for Instructions

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
*JACQUES IOLA L WATTS*  
*Miriam @ mom.*

PEYTON M LEWIS  
501 W CENTRE  
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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <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<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |  |
| <p>1. Article Addressed to:</p> <p>PEYTON M LEWIS<br/>501 W CENTRE<br/>ARTESIA, NM 88210</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 ser)</p> <p>7011 2000 0002 6461 8712</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

7011 2000 0002 6461 8729  
7011 2000 0002 6461 8729

Sent To  
Street, Apt. No.  
or PO Box No. *Lonnie M Lewis*  
City, State, Zip+4 *511 W Centre*  
*Artesia, NM 88210*  
PS Form 3800, August 2006 See Reverse for Instructions

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

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

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

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

ANNIE M LEWIS  
L W CENTRE  
ARTESIA, NM 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:

LONNIE M LEWIS  
 511 W CENTRE  
 ARTESIA, NM 88210

2. Article Number: *7011 2000 0002 6461 8729*

*(Transfer from service label)*

**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

7011 2000 0002 6461 8736  
7011 2000 0002 6461 8736

Sent to  
 Street, Apt. No. or PO Box No. *Bethany J Lewis*  
 PO Box 471  
 City, State, ZIP+4 *Denver City TX 79323*  
 P.S. 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](http://www.usps.com)  
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only. No Insurance Coverage Provided)*  
*To 687 POC PM, UNIT 2*

BETHANY J LEWIS  
P O BOX 471  
DENVER CITY, TX 79323

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:

BETHANY J LEWIS  
P O BOX 471  
DENVER CITY, TX 79323

2. Article Number:  
(Transfer from se

7011 2000 0002 6461 8736

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™**

7011 2000 0002 6461 8743  
7011 2000 0002 6461 8743

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

Langdale Corp. 40 Hunter, Con  
PO Box 3189  
Palos Verdes CA 90274-3189

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  
Domestic Mail Only. No Insurance Coverage Provided

YATES PETROLEUM CORPORATION  
N: name pad

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

LANGDALE CORPORATION  
C/O HUNTER & COMPANY  
P O BOX 3189  
PALOS VERDES, CA 90274-3189

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:

LANGDALE CORPORATION  
C/O HUNTER & COMPANY  
P O BOX 3189  
PALOS VERDES, CA 90274-3189

2. Article Number:  
(Transfer from serial number)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7011 2000 0002 6461 8743

CERTIFIED MAIL™



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

7011 2000 0002 6461 8750  
7011 2000 0002 6461 8750

ADDRESS SERVICE REQUESTED

Sent To: *Survivor's Trust of Kirkpatrick*  
Street, Apt. No.: *1341 Kaghan Loop Dr Living Trust*  
or PO Box No.:  
City, State, ZIP+4: *Belem, NM 87002-5913*  
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  
*Albuquerque NM*

For delivery information visit our website at www.usps.com  
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*7011 2000 0002 6461 8750*  
*Albuquerque NM*  
**(Domestic Mail Only. No Insurance Coverage Provided)**

SURVIVOR'S TRUST OF THE  
KIRKPATRICK LIVING TRUST  
1341 KAGHAN LOOP DR  
BELEN, NM 87002-5913

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature <input type="checkbox"/> Agent<br/><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<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |  |
| <p>1. Article Addressed to:</p> <p>SURVIVOR'S TRUST OF THE<br/>KIRKPATRICK LIVING TRUST<br/>1341 KAGHAN LOOP DR<br/>BELEN, NM 87002-5913</p>   |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>                      |  |
| <p>2. Article Number (Transfer from sender)</p> <p>7011 2000 0002 6461 8750</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™**

7011 2000 0002 6461 8767

7011 2000 0002 6461 8767

Sent to  
 Street Apt. No. or PO Box No. *Elizabeth A Kirkpatrick*  
 City, State, Zip+4 *1341 Kaghan Loop Dr*  
*Bellevue NM 87002-5913*  
 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 *Bellevue NM*

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

ELIZABETH A KIRKPATRICK  
 41 KAGHAN LOOP DR  
 BELLEVUE, NM 87002-5913

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ELIZABETH A KIRKPATRICK  
 1341 KAGHAN LOOP DR  
 BELENU, NM 87002-5913

2. Article Number (Transfer from sender) **7011 2000 0002 6461 8767**

**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

7011 2000 0002 6461 8774  
7011 2000 0002 6461 8774

|  |  |
|--|--|
| <b>U.S. Postal Service™</b><br><b>CERTIFIED MAIL™ RECEIPT</b><br>(Domestic Mail Only. No Insurance Coverage Provided)                                  |  |
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>  |  |
| Certified Fee<br>Return Receipt Fee (Endorsement Required)<br>Restricted Delivery Fee (Endorsement Required)   | Postage \$<br>Certified Fee<br>Return Receipt Fee (Endorsement Required)<br>Restricted Delivery Fee (Endorsement Required) |
| Total Postage & Fees   | \$   |
| Postmark Here<br><i>Minneapolis</i>  |  |
| Sent To: <i>Door of Opportunity, Inc.</i><br>Street, Apt. No., or P.O. Box No.: <i>P.O. Box 208</i><br>City, State, Zip: <i>Artesia, NM 88211-0208</i> |  |
| PS Form 3811, August 2005 See Reverse for Instructions   |  |

DOOR OF OPPORTUNITY, INC  
P O BOX 208  
ARTESIA, NM 88211-0208

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:

DOOR OF OPPORTUNITY, INC  
P O BOX 208  
ARTESIA, NM 88211-0208

**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) 7011 2000 0002 6461 8774

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7011 2000 0002 6461 8781

7011 2000 0002 6461 8781

Sent to  
Street, Apt. No.  
or PO Box No. Oxy USA Inc. Attn: Joint Int  
City, State, Zip+4 Houston TX 77227-7570  
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  
TAC... OLMA...  
Postmark Here

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

OXY USA INC  
ATTN: JOINT INTEREST  
P O BOX 27570  
HOUSTON, TX 77227-7570

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:

OXY USA INC  
ATTN: JOINT INTEREST  
P O BOX 27570  
HOUSTON, TX 77227-7570

2. Article Number:  
(Transfer from s)

7011 2000 0002 6461 8781

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X  Agent  
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

CERTIFIED MAIL™



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

7011 2000 0002 6461 8798  
7011 2000 0002 6461 8798

ADDRESS SERVICE REQUESTED

Sent To  
 Street, Apt. No.,  
 or PO Box No. *Eleanor M Bond*  
 1653 Ira Corte  
 City, State, ZIP+4® *Rio Rico AZ 85648*  
 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

*Handwritten mark*

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

ELEANOR M BOND  
1653 IRA CORTE  
RIO RICO, AZ 85648

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:

ELEANOR M BOND  
1653 IRA CORTE  
RIO RICO, AZ 85648

2. Article Number

(Transfer from serv.)

7011 2000 0002 6461 8798

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes