

dugan production corp.

RECEIVED OGD

2015 SEP 10 P 2:55

September 8, 2015

Mr. David Catanach, Director  
NM Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505

Re: Notice Receipts  
Dugan Production's Application dated 8/7/15  
Add 38 wells to Dugan's Big Band Gathering System (PLC-191A)  
Add 8 wells to Dugan's Rusty Chacra Gathering System (PLC-147A)  
Consolidate both systems to form the Rusty Gathering System  
San Juan & Sandoval Counties, New Mexico

RECEIVED OGD  
2015 SEP -5 P 2:54

Dear Mr. Catanach,

For your consideration of the captioned application, attached are copies of the receipts for notices mailed to the interest owners in the wells to be added to the Big Band Gathering System (Attachment A), Rusty Chacra Gathering System (Attachment B), plus the interest owners in wells previously approved for the Big Band & Rusty Chacra Gathering Systems (Attachment C).

Attachment A presents receipts for all working interest owners in addition to Dugan Production Corp. (DPC), plus two royalty interest owners. Since the application was addressed to the State Land Office and BLM, their mailings were not sent by certified mail. Note that the State Land Office has approved our application, a copy of which is presented in Attachment D. Of the eight overriding royalty interest owners in addition to DPC, we have receipts for three, plus two have been delivered according to the USPS tracking system. Three were not delivered as we do not have current address information and to date have been unable to obtain the current address information. Please note that our application was published in the local paper and a copy of that notice was presented in Attachment No. 8 (page 20) of our application.

Attachment B presents receipts for all working interest owners in addition to PC. All royalty interest is either state or federal and the application was addressed to the State Land Office and the BLM. Thus all royalty interest owners have received our application and as stated above, the State Land Office has approved our application (Attachment D). For the 13 overriding royalty interest owners in addition to DPC, we have receipts for nine plus the USPS tracking system presents one as delivered but to date we have not received the receipt. Also the USPS tracking systems shows one has been noticed but our application not picked up by the addressee. In addition, two were not delivered as we do not have current address information and to date have been unable to obtain the current address information.

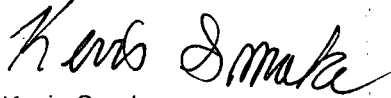
Attachment C presents receipts for the only other working interest owner other than DPC, plus the only other royalty interest owner in addition to the state and BLM. Thus all working interest and royalty interest owners have received notice of our application. For the 52 overriding royalty interest owners in addition to DPC, we have receipts for 32 plus eight received notice and we have receipts for the notices mailed to interest owners in wells being added to Big Band or Rusty Chacra.

In addition, the USPS tracking system presents that three overriding royalty interest owners have been notified but our notice has not been picked up, and there are nine overriding royalty interest owners for which we do not have current address information and are not able to obtain anything more current. We

did know that some of the overriding royalty interest owners did not have current addresses and did publish notice of our application in the Farmington Daily Times which was presented in Attachment No. 8 (page 20) of our application.

Should you have questions, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Smaka". The signature is written in a cursive, flowing style.

Kevin Smaka  
Production Engineer

JDR/tmf

enclosures

Attachment  
R  
page 1 of 6

**Wells to be Added**  
**Big Band Gas Gathering System Interest Owners Address List**  
(wells with ownership interest in parentheses)

a=Cleve Kyle A & infill; b=Cleve Kyle B & infill; c=Cleve Kyle C & infill; d=Cleve Kyle D & infill; e=Cochran 3 & infill;  
f=Gillespie Com 1 & infill; g=Lennon Com 1 & 2; h=Mancini 1, 2, 3, 4, 7, 8 and Warner Federal 1; i=Mancini Com 5, 6;  
j=Mary Rose Com 2 & infill; k=McCartney 1; l=Satchmo Com 1 & infill; m=Satchmo Com 2 & infill; n=Satchmo Com 3 & infill;  
o=Susana Com 1 & infill; p=Tom Wood Denn 1, 2; q=Wood Denn 1, 2

**Working Interest Owners**

Dugan Production Corp. (all)  
P. O. Box 420  
Farmington, NM 87499-0420

① Cross Timbers Energy, LLC (f)  
400 West Seventh Street  
Fort Worth, TX 76102

① XTO Energy Inc. (a,b)  
810 Houston Street  
Fort Worth, TX 76102-6203

① Navajo Nation (c,d)  
P O Box 2350  
Window Rock, AZ 86515

**Royalty Interest Owners**

① Navajo Nation (c,d)  
P O Box 2350  
Window Rock, AZ 8651

① Navajo Allotted (g,j,p,q)  
c/o Federal Indian Minerals Office  
6251 College Blvd., Suite B  
Farmington, NM 87402

② New Mexico State Land Office (i,k,o)  
Office of Commissioner of Public Lands  
P O Box 1148  
Santa Fe, NM 87504-1148

② USA-c/o Bureau of Land Management (a,b,c,d,e,f,g,h,i,j,k,l,m,n,p,q)  
6251 College Blvd., Suite A  
Farmington, NM 87402

**Overriding Royalty Interest Owners**

④ Charles B. & Susan J. Adams (j)  
BAD ADDRESS  
979 Windflower  
San Diego, CA 92106

③ J. Roger Friedman (h)  
425 Park Avenue  
New York, NY 10022

③ Patricia M. Friedman (h)  
c/o Lebhar-Friedman  
425 Park Avenue  
New York, NY 10022

① Harvey Royalty Partners LP (l,m)  
1875 Laws Street  
Dallas, TX 75202-1700

④ M. J. Harvey, Jr. (i)  
3811 Turtle Creek, Suite 2150  
Dallas, TX 75219

④ Cathy Jean Hendrickson (m,n)  
BAD ADDRESS  
7375 Rolling Dell Drive #79  
Cupertino, CA 95014

① The Blanco Company (f,j)  
11611 Campos  
Houston, TX 77065

① Phillip L. White  
P O Box 25968  
Albuquerque, NM 87125

Dugan Production Corp.  
P O Box 420  
Farmington, NM 87499-0420

Unknown Interests (j)

- ①- Receipt Attached  
② Application addressed to NMSLD, NMICD & BLM  
③ USPS Tracking shows Application Delivered.  
④ Bad Address

*Rustin/Bin Band CDP*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="border-bottom: 1px solid black; width: 150px; margin: 0;"> <i>X R. Alyn Summan</i> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Agent</span> <span><input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <div style="border-bottom: 1px solid black; width: 100px; margin: 0;"> <i>8/17/15</i> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:  <div style="border-bottom: 1px solid black; width: 100%; margin: 0;"> <i>Cross Timbers Energy, LLC</i> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 0;"> <i>400 West Seventh St.</i> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 0;"> <i>Fort Worth, TX 76102</i> </div> </p>	<p>3. Service Type  <div style="display: flex; justify-content: space-between; margin: 0;"> <span><input checked="" type="checkbox"/> Certified Mail®</span> <span><input type="checkbox"/> Priority Mail Express™</span> </div> <div style="display: flex; justify-content: space-between; margin: 0;"> <span><input type="checkbox"/> Registered</span> <span><input type="checkbox"/> Return Receipt for Merchandise</span> </div> <div style="display: flex; justify-content: space-between; margin: 0;"> <span><input type="checkbox"/> Insured Mail</span> <span><input type="checkbox"/> Collect on Delivery</span> </div> </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <p>7014 2120 0001 2396 3830</p> </div>

PS Form 3811, July 2013 Domestic Return Receipt

Attachment  
 A  
 Page 2 of 6

*W10*

*Rustin/Bin Band CDP*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="border-bottom: 1px solid black; width: 150px; margin: 0;"> <i>X Gianni Crof</i> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Agent</span> <span><input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <div style="border-bottom: 1px solid black; width: 100px; margin: 0;"> <i>AUG 17 2015</i> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:  <div style="border-bottom: 1px solid black; width: 100%; margin: 0;"> <i>XTD Energy, Inc.</i> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 0;"> <i>810 Houston Street</i> </div> <div style="border-bottom: 1px solid black; width: 100%; margin: 0;"> <i>Fort Worth, TX 76102-6203</i> </div> </p>	<p>3. Service Type  <div style="display: flex; justify-content: space-between; margin: 0;"> <span><input checked="" type="checkbox"/> Certified Mail®</span> <span><input type="checkbox"/> Priority Mail Express™</span> </div> <div style="display: flex; justify-content: space-between; margin: 0;"> <span><input type="checkbox"/> Registered</span> <span><input type="checkbox"/> Return Receipt for Merchandise</span> </div> <div style="display: flex; justify-content: space-between; margin: 0;"> <span><input type="checkbox"/> Insured Mail</span> <span><input type="checkbox"/> Collect on Delivery</span> </div> </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <p>7014 2120 0001 2396 3847</p> </div>

PS Form 3811, July 2013 Domestic Return Receipt

*W10*

Attachment  
A  
Page 3 of 6

RI  
+  
WI

*Rush/Bia Band CDP Aug 8/2015*

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 <i>X Elmer D. Johns</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Elmer D. Johns</i> C. Date of Delivery <i>8/24/15</i></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>	
1. Article Addressed to: <i>Navajo Nation Minerals Dept. PO Box 1910 Window Rock, AZ 86515</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

RI

*Rush/Bia Band CDP*

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 <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Heorak Begay</i> C. Date of Delivery <i>AUG 19 2015</i></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>	
1. Article Addressed to: <i>Navajo Allocated c/o Federal Indian Min. Office 6251 College Blvd, Suite B Farmington, NM 87402</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

A Attachment  
A  
page 4 of 6

*Rush/Big Band/CDP*

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature x <i>Phil White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Phil White</i> C. Date of Delivery <i>Aug 28</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>The Blanco Company</i> <i>11611 Campos</i> <i>Houston, TX 77065</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>7014 2120 0001 2396 3915</i></p>	
PS Form 3811, July 2013		Domestic Return Receipt	

*Rush/Big Band/CDP*

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature x <i>G. W. A. H. A. M.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>G. W. A. H. A. M.</i> C. Date of Delivery <i>8/24/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Harvey Royalty Partners LP</i> <i>1875 Lewis Street</i> <i>Dallas, TX 75202-1700</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>7014 2120 0001 2396 3885</i></p>	
PS Form 3811, July 2013		Domestic Return Receipt	

*Rush/Big Band/CDP*

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature x <i>Phil White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Phil White</i> C. Date of Delivery <i>Aug 28 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Philip L. White</i> <i>PO Box 25968</i> <i>Albuquerque, NM 87125</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>7014 2120 0001 2396 3922</i></p>	
PS Form 3811, July 2013		Domestic Return Receipt	

English

Customer Service

USPS Mobile

Register / Sign In

Attachment  
A  
pg 5 of 6

USPS Tracking®

Customer S  
Have questioGet Easy Ti  
Sign up for M

Tracking Number: 70142120000123963861

J. Roger Friedman

## Product &amp; Tracking Information

Postal Product:

Features:

Certified Mail™

## Available Acti

Text Updates

Email Updates

DATE &amp; TIME

STATUS OF ITEM

LOCATION

September 2, 2015 , 2:56  
pm

Delivered

NEW YORK, NY 10001

Your item was delivered at 2:56 pm on September 2, 2015 in NEW YORK, NY 10001.

August 21, 2015 , 2:31 pm	Undeliverable as Addressed	NEW YORK, NY 10022
August 21, 2015 , 2:30 pm	Undeliverable as Addressed	NEW YORK, NY 10022
August 21, 2015 , 7:24 am	Out for Delivery	NEW YORK, NY 10022
August 21, 2015 , 7:14 am	Sorting Complete	NEW YORK, NY 10022
August 21, 2015 , 6:55 am	Arrived at Unit	NEW YORK, NY 10022
August 21, 2015 , 5:09 am	Departed USPS Facility	NEW YORK, NY 10199
August 20, 2015 , 11:10 am	Arrived at USPS Facility	NEW YORK, NY 10199
August 18, 2015 , 7:45 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
August 18, 2015 , 2:22 am	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

English

Customer Service

USPS Mobile

Register / Sign In

*Attachment  
A  
page 6 of 6*

USPS Tracking®

Customer S  
Have questioGet Easy Ti  
Sign up for M

Tracking Number: 70142120000123963878

*Patricia M. Friedman*

## Product &amp; Tracking Information

Postal Product:

Features:

Certified Mail™

## Available Acti

Text Updates

Email Updates

DATE &amp; TIME

STATUS OF ITEM

LOCATION

September 2, 2015 , 2:56  
pm

Delivered

NEW YORK, NY 10001

Your item was delivered at 2:56 pm on September 2, 2015 in NEW YORK, NY 10001.

August 21, 2015 , 2:31 pm	Undeliverable as Addressed	NEW YORK, NY 10022
August 21, 2015 , 2:30 pm	Undeliverable as Addressed	NEW YORK, NY 10022
August 21, 2015 , 7:24 am	Out for Delivery	NEW YORK, NY 10022
August 21, 2015 , 7:14 am	Sorting Complete	NEW YORK, NY 10022
August 21, 2015 , 6:55 am	Arrived at Unit	NEW YORK, NY 10022
August 21, 2015 , 5:09 am	Departed USPS Facility	NEW YORK, NY 10199
August 20, 2015 , 11:10 am	Arrived at USPS Facility	NEW YORK, NY 10199
August 18, 2015 , 7:45 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
August 18, 2015 , 2:22 am	Arrived at USPS Facility	ALBUQUERQUE, NM 87101



**Wells to be Added**  
**Rusty Chacra Gas Gathering System Interest Owners Address List**

(wells with ownership interest in parentheses)

a=Basie Com 1 & infill; b=Lombardo Com 1 BPO & APO & infill; c=Miller Com 1 & infill; d=Shaw Com 1 & infill;

**Working Interest Owners**

Dugan Production Corp. (all)  
P. O. Box 420  
Farmington, NM 87499-0420

① Mark Chapman (b)  
P O Box 450  
Sealy, TX 77474

① Moon Royalty, LLC (b)  
P O Box 720070  
Oklahoma City, OK 73172-0070

**Royalty Interest Owners**

② New Mexico State Land Office (c,d)  
Office of Commissioner of Public Lands  
P O Box 1148  
Santa Fe, NM 87504-1148

② USA-c/o Bureau of Land Management (a,b)  
6251 College Blvd., Suite A  
Farmington, NM 87402

**Overriding Royalty Interest Owners**

① Black Stone Natural Resources II LP (a,b)  
P O Box 301404  
Dallas, TX 75303-1404

① Black Stone Natural Resources II-B LP (a,b)  
P O Box 301407  
Dallas, TX 75303-1407

Dugan Production Corp. (a,b)  
P. O. Box 420  
Farmington, NM 87499-0420

⑤ Paul Charles Ellison (a,b)  
BAD ADDRESS  
7973 South Vance Street  
Littleton, CO 80123

① James S. Jameson (a,b)  
11611 Campos  
Houston, TX 75202-1700

① Kent A. Johnson (a,b)  
7862 South Valentia Way  
Englewood, CO 80112

③ Kochergen Enterprises Family LP (a,b)  
8163 W. McKinley Ave.  
Fresno, CA 95014

① Magnum Hunter Production Inc. (a,b)  
#774031  
4031 Solutions Center  
Chicago, IL 60677-4000

① Douglas McCallum (a,b)  
191 University Blvd. #839  
Denver, CO 80206-4613

① F. Michael Murphy (a,b)  
3364 Wabash Street  
Denver, CO 80238

⑤ Kurt T. Nelson (a,b)  
BAD ADDRESS  
695 South Corona  
Denver, CO 80209

① O'Connell Partners LP (a)  
P O Box 301491  
Dallas, TX 75303-1491

① R.K. O'Connell Revocable Trust (e)  
R.K. & Sue O'Connell, Co-Trustees  
P O Box 2003  
Casper, WY 82602

④ William T. & Betty Jean Philo (a,b)  
Joint Tenants  
708 Sunny Lane  
Corsicana, TX 75110

- ① Receipt attached
- ② Application addressed to BLM, NMOED + NMSLO
- ③ USPS Tracking shows notice delivered
- ④ USPS Tracking shows notice given
- ⑤ Bad Address

Attachment  
B  
Page 2 of 5

W10

Rushall/Barband CDC W1

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 <b>X</b> <i>Carla Reinhardt</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Carla Reinhardt</i></p> <p>C. Date of Delivery <i>8/17/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <i>PO BOX 450</i></p>	
1. Article Addressed to: <i>Mark Chapman PO Box 450 Sealy, TX 77474</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

W10

Rushall/Barband CDC W1

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to: <i>Moon Registry, LLC PO Box 720070 Oklahoma City, OK 73172-0070</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Attachment B  
Page 3 of 5

ORFI

1 Rusty / Big Band CDP ORFI

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> Date of Delivery <b>AUG 20 2013</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <b>Black Stone Natural Res. II LP</b> <b>PO Box 301404</b> <b>Dallas, TX 75303-1404</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

ORFI

1 Rusty / Big Band CDP ORFI

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <b>AUG 20 2015</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <b>Black Stone Natural Resources II LP</b> <b>PO Box 301407</b> <b>Dallas, TX 75303-1407</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

ORFI

1 Rusty / Big Band CDP ORFI

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<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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <b>8/22/15</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <b>James S. Jameson</b> <b>11611 Campos</b> <b>Houston, TX 77065</b>		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

A Harbment  
B  
page 4 of 5

OFFICE

*Russell/Big Band CDE*

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>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Kent A. Johnson</i> <i>7862 South Valentia Way</i> <i>Englewood, CO 80112</i>		B. Received by (Printed Name) <i>Johnson, Kent</i>	C. Date of Delivery <i>8/28/15</i>
2. Article Number (Transfer from service label) <i>7014 2120 0001 2396 3755</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, July 2013		Domestic Return Receipt	

OFFICE

*Russell/Big Band CDE*

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>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Magnum Hunter Production Inc.</i> <i>#774031</i> <i>4031 Selections Center</i> <i>Chicago, IL 60677-4000</i>		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) <i>7014 2120 0001 2396 3779</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, July 2013		Domestic Return Receipt	

OFFICE

*Russell/Big Band CDE*

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>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Douglas McCallum</i> <i>191 University Blvd, #839</i> <i>Denver, CO 80206-4613</i>		B. Received by (Printed Name) <i>M. Hall</i>	C. Date of Delivery
2. Article Number (Transfer from service label) <i>7014 2120 0001 2396 3786</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, July 2013		Domestic Return Receipt	

FI Harbment  
B  
page 5 of 5

ORFI

1 Ruston / Big Band CDE ORFI

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 X <i>J. Michael Murphy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>F. MICHAEL MURPHY</i> C. Date of Delivery <i>8/21/15</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>J. Michael Murphy 3364 Wabash Street Denver, CO 80238</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

ORFI

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1. Article Addressed to: <i>O'Connell Partners PO Box 301491 Dallas, TX 75303-1491</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

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1. Article Addressed to: <i>R.K. O'Connell Revocable Trust R.K. + Sue O'Connell Co. Trustees. PO Box 2003 Casper, WY 82602</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

**Wells Approved for Gathering Systems**  
**Big Band/Rusty Chacra Gas Gathering System Interest Owners Address List**

*(wells with ownership interest in parentheses)*

a=Bear 2; b=Belushi 1; c=Billie 2; d=Chacra 1 & 2; e=Cleve Kyle 2; f=Cochran 1; h=Dome Federal 1-21-7 1;  
i=Dome Federal 10-22-7 1; j=Dome Federal 15-22-7 1; k=Dome Federal 18-22-6 3; m=Dome Federal 19-22-6 1; n=Dome Federal 29-22-6 2;  
o=Dome Federal 29-22-6 3; p=Dome Federal 30-22-6 1; q=Dome Navajo 3-22-7 1; r=Dome Navajo 17-22-7 2;  
t=Dome Navajo 20-22-7 1; u=Dome Navajo 27-22-6 1; v=Dome Navajo 28-22-6 2; w=Dome Navajo 28-22-6 4; x=Dome Navajo 33-22-6 2;  
y=Dome Navajo 34-22-6 1; z=Dome Rusty 20-22-7 1; ab=Dome Rusty 30-22-6 1; ac=Dome State 32-22-6 2;  
ad=Dome Tesoro 22 4; ae=Dome Tesoro 23 1; af=Dome Tesoro 27 3; ag=Dorsey 1; ah=Ellington 1; ai=Federal 25-22-7 1;  
aj=Federal 26-22-7 1; ak=Federal 29-22-6 1 & 2; al=Federal 31-22-6 1; am=Gave 1; an=Goodman 2 & 3; ao=Goodman 90; ap=Harrison 1;  
aq=Harrison Com 90; ar=Hendrix 1; as=James 1 & 2; at=James 90; au=Joplin 1; av=Marley 1; aw=Morrison 1; ax=Navajo 1;  
ay=Navajo 10-22-7 1; bb=Presley 1; bc=Rusty Nail Com 90; bf=Zappa 3,3S,91,91S,92,93,93S; bg=Billie Com 90,91;  
bh=Dorsey Com 90,90S; bi=Ellington Com 90,90S

**Working Interest Owners**

Dugan Production Corp. (a thru bi)  
P. O. Box 420  
Farmington, NM 87499-0420

① Key Exploration (h,x)  
P O Box 52963  
Lafayette, LA 70505

**Royalty Interest Owners**

② Navajo Allotted (q,r,t thru y,ad,ae,af,ax,ay,bc)  
Farmington Indian Minerals Office  
c/o Bureau of Land Management  
1235 La Plata Highway  
Farmington, NM 87401

State of New Mexico (f,g,ac,av,be)  
State Land Office  
P. O. Box 1148  
Santa Fe, NM 87504-1148

USA - BLM (a thru e, h thru p, s,z,ab,ag thru  
1235 La Plata Highway au, aw,bc, bf)  
Farmington, NM 87401

**Overriding Royalty Interest Owners**

⑥ Charles Breck & Susan J. Adams (bf)  
979 Windflower Way - **BAD ADDRESS**  
San Diego, CA 92106

⑥ Cathy Jean Hendrickson (ar)  
7375 Rolline Dell Drive #79 - **BAD ADDRESS**  
Cupertino, CA 95014

① O'Brien Family, LLC (ai,aj)  
5461 W. Kent Place  
Denver, CO 80235

① Blu-Chip Resources, LLC (h)  
P. O. Box 504  
Cheyenne, WY 82003-0504

⑥ Cynthia E. Huff (ax)  
1912 Lancaster Drive  
Edmond, OK 73003

③ R.K. O'Connell (i)  
P O Box 2003  
Casper, WY 82602

① Sam Boltz Family Trust (j,ai,aj)  
Sam T. Boltz, Trustee  
509 Princeton Drive  
Tyler, TX 75703-5164

③ James S. Jameson (z,aa,ab,ai,aj,ak,al,ay)  
11611 Campos  
Houston, TX 77065

① C. Pat Payne (j,ai,aj)  
4242 Lomo Alto Dr., Apt S-37  
Dallas, TX 75219

① Monty Brosious (j,ai,aj)  
2484 W. Dolphin Drive  
Citrus Springs, FL 34434

① Jen-Son Oil (bc)  
1505 116<sup>th</sup> Ave SE  
Lake Stevens, WA 98258

① Ann Lisa Pearson (j,ai,aj)  
7441 S. Fillmore Circle  
Littleton, CO 80122-1963

⑥ Billie Cloak (j,ai,aj)  
529 N. Ridley Circle - **BAD ADDRESS**  
Morton, PA 19070

③ Kent A. Johnson (z,a,ab,ai,aj,ak,al,ay)  
7862 South Valentia Way  
Englewood, CO 80112

⑤ William T. & Betty Jean Philo (z,ai,aj,ak,al,ay)  
708 Sunny Lane  
Corsicana, TX 75110

① David Family Oil & Gas Interest & Ptnshp (h)  
P O Box 1497  
Cheyenne, WY 82003

① Rebecca Ann Jones (j,ai,aj)  
119 Bedfords Bend  
Gun Barrel, TX 75156

⑤ R.W. Scott Investments, LLC (j,ai,aj)  
1275 Lupine Way, Genessee  
Golden, CO 80401

① Warren D. Driskell (j,ai,aj)  
1252 Pine Street  
Wheatland, WY 82201

① JWD III, Inc. (bc)  
P O Box 467  
Oklahoma City, OK 73101-0467

① Ricard Properties, LLC (j,ai,aj)  
P. O. Box 1478  
Parker, CO 80134

Dugan Production Corp. (h,i,n,o,p,u,x,z,ab,ai thru  
P. O. Box 1497 al,ay)  
Cheyenne, WY 82003

① Robbie Riggs Kirkpatrick (j,ai,aj)  
13615 CR 2919  
Eustace, TX 75124

① Margaret Schwartz (a)  
115 Jones Street  
Gregory, SD 57533-1508

⑥ Paul Charles Ellison (z,aa,ab,ai thru al, ay)  
7973 South Vance Street - **BAD ADDRESS**  
Littleton, CO 80123

③ Kochergen Ent. Fam. Ltd. Ptnrshp (i,n,o,ab,ak)  
8163 W. McKinley Ave.  
Fresno, CA 93722

① Sidwell Investments, LLC (h)  
P. O. Box 1560  
Brewster, MA 02631

① EMG Revocable Trust (ah,ap,aq,bh,bh,bi),  
Eileen M Grooms, Trustee  
1000 W. Fourth Street  
Roswell, NM 88201

① Kellie M. Kross (ah,ap,aq,bg,bh,bi)  
P. O. Box 1453  
Roswell, NM 88202-1453

① David T. Sorenson (ah,ap,aq,bg,bh,bi)  
P. O. Box 1453  
Roswell, NM 88202-1453

① Irene R. Fellis (c,bg)  
725 Calle Del Pajarito, NW  
Albuquerque, NM 87114

③ Magnum Hunter Production Inc. (i,n,aa,ab,ak)  
#774031  
4031 Solutions Center  
Chicago, IL 60677-4000

① Matthew N. Sorenson (ah,ap,aq,bg,bh,bi)  
P. O. Box 1453  
Roswell, NM 88202-1453

① Geilser Family Ltd. Partnership (ab)  
c/o Michael Geisler, President  
5106 Springmeadow Drive  
Dallas, TX 75229

① J. Paul Mathias (j,ai,aj)  
8871 E. Easter Place  
Englewood, CO 80112

① Buck Stanley Family Trust (j,ai,aj)  
R. H. Stanley & C. Sullivan, Trustees  
38021 Fawn Meadows Trail  
Elizabeth, CO 80107

⑥ F. Andrew Grooms (bg,bh,ah,bi,ap,aq)  
P O Box 2328  
Roswell, NM 88202-2328

③ Douglas B. McCallum. (z,ab,ai,aj,ak,al,ay)  
191 University Blvd. #839  
Denver, CO 80206-4613

⑥ Elsie Stephens (j,ai,aj)  
Forestdell Apartments - **BAD ADDRESS**  
11851 Highdale #130B  
Dallas, TX 75234

① Gene Grubitz III Trust (c,bg)  
Gene Grubitz, III Trustee  
P O Box 1245  
Salem, VA 24153-1245

① Christine V. Grim Merchant (ah,ap,aq,bg,bh,bi)  
P O Box 1453  
Roswell, NM 88202-1453

① Elzalone Sullivan (bc)  
P. O. Box 1001  
Ft. Lauderdale, FL 33302

① John M. Hall (j,ai,aj)  
Marty Boss, Power of Attorney  
1300 Thoreau Lane  
Allen, TX 75002

① Merrion Oil & Gas Corp. (ax)  
610 Reilly Ave.  
Farmington, NM 87401

⑥ Dean Unruh (z,ai)  
5911 So. Middlefield Rd., Suite 100  
Littleton, CO 80123

① Ann Lee Harris (o)  
2100 Van Hess at Pacific  
San Francisco, CA 94109

③ F. Michael Murphy (z,ab,ai,aj,ak,al,ay)  
3364 Wabash St.  
Denver, CO 80238

⑥ Kurt T. Nelson (z,ab,ai,aj,ak,al,ay)  
695 South Corona - **BAD ADDRESS**  
Denver, CO 80209

② Harvey Royalty Partners LP (b)  
1875 Laws St.  
Dallas, TX 75202-1700

① Jean C. Oakason, Marital Trust (p)  
Bank of America, NA, Successor Trustee  
P O Box 830308  
Dallas, TX 75283-0308

① Hawthorn Oil Co. (ai, aj)  
c/o Black Stone Family Mineral Co.  
1001 Fannin Suite 2020  
Houston, TX 77002

① The Oakason Jr. Co., LC (p)  
Bank of America NA, Agent  
P O Box 830308  
Dallas, TX 75283-0308

⑤ Haymaker Minerals & Royalties, LLC (n,i,p,z,ab,ak,ai)  
4601 Washington Ave., Ste 220  
Houston, TX 77007

- ① - Receipt Attached
- ② - Receipt presented in Attachment ①
- ③ - Receipt presented in Attachment ②
- ④ - Application addressed to NMOC, BLM & NMSLO
- ⑤ - USPS Tracking Code
- ⑥ - Bad address

Attachment  
C  
page 2 of 13

WID

Rush/Bin band Aug 2015 (WID - as used)

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 X <i>Don Cannon</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Don Cannon</i> C. Date of Delivery <i>8-24-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Key Exploration</i> <i>PO Box 52963</i> <i>Lafayette, LA 70505</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0001 2397 1774			

PS Form 3811, July 2013 Domestic Return Receipt

ORRI

Rush/Bin band Aug 2015 (ORRI - as used)

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 X <i>Monty Brosius</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Monty Brosius</i> <i>2484 W. Dolphin Drive</i> <i>Citrus Springs, FL 34434</i>		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0001 2397 1323			

PS Form 3811, July 2013 Domestic Return Receipt

ORRI

Rush/Bin band Aug 2015 (ORRI - as used)

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 X <i>Lynn E Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lynn Davis</i> C. Date of Delivery <i>8/24/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>David Sam. O &amp; B. Hut &amp; Pluship</i> <i>PO Box 1497</i> <i>Cheyanne, WY 82003</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0001 2397 1330			

PS Form 3811, July 2013 Domestic Return Receipt

Attachment  
C  
Page 3 of 13

Rush / Big Band App 2015 (OKI - unavail)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: EMG Revocable Trust Biller M. Brooks, Trustee 1000 W. Fourth St. Roswell, NM 88201		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0001 2397 1354			
PS Form 3811, July 2013 Domestic Return Receipt			

Rush / Big Band App 2015 (OKI - unavail)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) J. R. RORDAN	C. Date of Delivery
1. Article Addressed to: Irene R. Bellis 725 Calle Del Pajarito, NW Albuquerque, NM 87114		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0001 2397 1361			
PS Form 3811, July 2013 Domestic Return Receipt			

Rush / Big Band App 2015 (OKI - unavail)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) Ada Logsdon	C. Date of Delivery 8-24-15
1. Article Addressed to: Beisler Gen. Ltd. Partnership c/o Michael Beisler, President 5106 Springmeadow Drive Dallas, TX 75229		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0001 2397 1378			
PS Form 3811, July 2013 Domestic Return Receipt			



Attachment  
C  
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Rusty / Bin hand Aug 2015 (PRL on card)

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SEAN GILBERT</i></p> <p>C. Date of Delivery <i>AUG 21 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Gene Brubitz III, Trust</i> <i>Gene Brubitz III, Trustee</i> <i>PO Box 1245</i> <i>Salem, VA 24153-1245</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Rusty / Bin hand Aug 2015 (PRL on card)

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>8-21-15</i></p> <p>C. Date of Delivery <i>8-21-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>John M. Hall</i> <i>Marty Boss, POA</i> <i>1300 Shoreline Lane</i> <i>Allen, TX 75002</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Rusty / Bin hand Aug 2015 (PRL on card)

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MIKE BURGIN</i></p> <p>C. Date of Delivery <i>8/24/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Ann Lee Harris</i> <i>2100 Van Ness at Pacific</i> <i>San Francisco, CA 94109</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Attachment  
C  
page 5 of 13

Rusty / bin band Aug 2015 (ORR es. a. a. a.)

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 X <i>Palimchul</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Pal</i> C. Date of Delivery <i>8-24-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Hawthorn Oil Co. c/o Black Stone Family Min Co. 1001 Janna, Ste 2020 Houston, TX 77002</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Rusty / bin band Aug 2015 (ORR es. a. a. a.)

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 X <i>Janette Croft</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JENETTE CROFT</i> C. Date of Delivery <i>8.24.15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Jen-Son Oil 1505 116th Ave, SE Lake Stevens, WA 98258</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Rusty / bin band Aug 2015 (ORR es. a. a. a.)

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 X <i>Rebecca Jones</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rebecca Jones</i> C. Date of Delivery <i>8.21.15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Rebecca Ann Jones 119 Redford Bend Burr Barrel, TX 75156</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Attachment  
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page 6 of 13

*Russia / his band Aug 2015 (ORR) or agent*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>mpanner</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>JWD III, Inc. PO Box 467 Oklahoma City, OK 73101-0467</p>		<p>B. Received by (Printed Name) <i>mpanner</i></p> <p>C. Date of Delivery <i>8/25/15</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0001 2397 1507</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

*Russia / his band Aug 2015 (ORR) or agent*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>Robbie Kirkpatrick</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Robbie Riggs Kirkpatrick 13615 CR 2919 Gustace, TX 75124</p>		<p>B. Received by (Printed Name) <i>Robbie Kirkpatrick</i></p> <p>C. Date of Delivery <i>8/25/15</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0001 2397 1514</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

*Russia / his band Aug 2015 (ORR) or agent*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>Heard J. Sorenson</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Kellie M. Kross PO Box 1453 Roswell, NM 88202-1453</p>		<p>B. Received by (Printed Name) <i>Heard J. Sorenson</i></p> <p>C. Date of Delivery <i>8-24-15</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0001 2397 1781</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

Attachment  
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*Roswell, NM bound Aug 2015 (OKL in used)*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>John Mathias</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>J. Paul Mathias 8871 E. Easter Place Greengrove, CO 80112</i></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 checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1552</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail-Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p>	
<p>PS Form 3811, July 2013</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Domestic Return Receipt

*Roswell, NM bound Aug 2015 (OKL in used)*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>David J. Sorensen</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Christine V. Sirm Merchant PO Box 1453 Roswell, NM 88202-1453</i></p>		<p>B. Received by (Printed Name) C. Date of Delivery <i>David J. Sorensen 8-24-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1798</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p>	
<p>PS Form 3811, July 2013</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Domestic Return Receipt

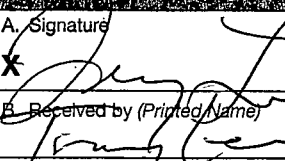
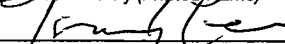
*Roswell, NM bound Aug 2015 (OKL in used)*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>P. Garcia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Merrion Oil &amp; Gas Corp. 601 Reilly Ave. Farmington, NM 87401</i></p>		<p>B. Received by (Printed Name) C. Date of Delivery <i>P. Garcia</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 2120 0001 2397 1804</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p>	
<p>PS Form 3811, July 2013</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

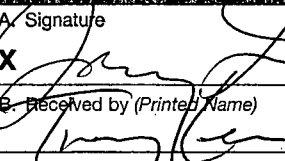
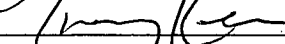
Domestic Return Receipt

Attachment  
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page 8 of 13

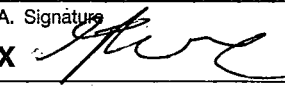
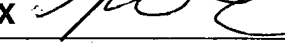
Rush/Dia Band App 2015 (ORR) in need

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 X </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to:  Jean C. Rakason Marital Trust Bank of America Succ. Trustee PO Box 830308 Dallas, TX 75283-0308		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Rush/Dia Band App 2015 (ORR) in need

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 X </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery AUG 21 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to:  The Rakason Jr. Co. LLC Bank of America, NA, Agent PO Box 830308 Dallas, TX 75283-0308		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Rush/Dia Band App 2015 (ORR) in need

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 X </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 8-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to:  O'Brien Family LLC 5461 W. Kent Place Denver, CO 80235		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

Attachment  
C  
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Rush/Bis band App 2015 (OKI on card)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Ann Lisa Pearson 7441 S. Gillmore Circle Littleton, CO 80122-1963</p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) Ann Lisa Pearson</p> <p>C. Date of Delivery AUG 24 2015 LITTLETON, CO</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

Rush/Bis band App 2015 (OKI on card)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Margaret Schwartz 115 Jones Street Burgery, SD 57533-1508</p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) Margaret Schwartz</p> <p>C. Date of Delivery 8/27/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

Rush/Bis band App 2015 (OKI on card)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Sidwell Investments, LLC PO Box 1560 Brewster, MA 02631</p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) Kathleen</p> <p>C. Date of Delivery AUG 26 2015 USPS</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

Attachment

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Rush/Bisband App 2015 (ORR) en. a. a. d.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>David J. Sorenson PO Box 1453 Roswell, NM 88202-1453</p>		<p>A. Signature David J. Sorenson <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) David J. Sorenson</p> <p>C. Date of Delivery 8-24-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0001 2397 1712</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013 Domestic Return Receipt

Rush/Bisband App 2015 (ORR) en. a. a. d.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Matthew N. Sorenson PO Box 1453 Roswell, NM 88202-1453</p>		<p>A. Signature Matthew N. Sorenson <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Matthew N. Sorenson</p> <p>C. Date of Delivery 8-24-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0001 2397 1736</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013 Domestic Return Receipt

Rush/Bisband App 2015 (ORR) en. a. a. d.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Buck Stanley Family Trust R.H. Stanley + C. Sullivan, Trustees 38021 Sawm Meadows Trail Elizabeth, CO 80107</p>		<p>A. Signature Calvin M. Sullivan <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Calvin M. Sullivan</p> <p>C. Date of Delivery 8-25-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0001 2397 1743</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013 Domestic Return Receipt

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Rush to Air Mail Aug 2015 (ORR) as a rule

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Ricard Properties, LLC PO Box 1478 Parker, CO 80134</p>		<p>A. Signature X <i>Richard</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0001 2397 1682</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

Rush to Air Mail Aug 2015 (ORR) as a rule

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Elizabene Sullivan PO Box 1001 St. Landeade, IL 33302</p>		<p>A. Signature X <i>Nancy McKenney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0001 2397 1750</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			



Restr/Biz Card Nov 2015 (ORR)

**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:

Blue-Chip Resources, LLC  
PO Box 504  
Cheyenne, WY 82003-0504

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7014 2120 0001 2397 1309

PS Form 3811, July 2013

Domestic Return Receipt

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Page 12 of 13

**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:

Sam Koldy Family Trust  
509 Princeton Drive  
Tyler, TX 75703-5164

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7014 2120 0001 2397 1316

PS Form 3811, July 2013

Domestic Return Receipt

Rush to Air Mail Sep 2015 (CORR or. and)

**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:

Walter D. Driskell  
1252 Pine Street  
Wheatland, WY 82003

**COMPLETE THIS SECTION ON DELIVERY**

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

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

*Marlin D. Driskell* *SEP 15*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7014 2120 0001 2397 1347

PS Form 3811, July 2013

Domestic Return Receipt

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Rush to Air Mail Sep 2015 (CORR or. and)

**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:

C. Pat Payne  
4242 Lomo Alto Dr., Apt 5-37  
Dallas, TX 75219

**COMPLETE THIS SECTION ON DELIVERY**

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

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

*Pat Payne*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7014 2120 0001 2397 1644

PS Form 3811, July 2013

Domestic Return Receipt



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Page 1 of 1*

**Aubrey Dunn**  
**COMMISSIONER**

*State of New Mexico*  
*Commissioner of Public Lands*

310 OLD SANTA FE TRAIL

P.O. BOX 1148

SANTA FE, NEW MEXICO 87504-1148

**COMMISSIONER'S OFFICE**

Phone (505) 827-5760

Fax (505) 827-5766

[www.nmstatelands.org](http://www.nmstatelands.org)

August 25, 2015

Dugan Production Corporation  
P.O. Box 420  
Farmington, New Mexico 87499-0420

Attention: Mr. Kevin Smaka

Re: Request to Surface Commingle and add 46 Wells @ Rusty Gathering System  
Consolidate Rusty Chacra Gathering System and Big Band Gathering System  
See attached List of Wells  
Central Delivery Sales Meter No 03049 @ SE/NW Sec 12-22N-07W  
See attached List of Pools  
San Juan County, New Mexico

Dear Mr. Smaka:

We are in receipt of your application requesting to surface commingle and off lease storage of natural gas in San Juan County, New Mexico at the Rusty Gathering System.

Since it appears that all the New Mexico Oil Conservation Division's rules and regulations have been complied with, and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request is hereby approved. Our approval is subject to like approval by the New Mexico Oil Conservation Division. Please submit a copy of the NMOCD's approval to this office.

Our approval does not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.

Your \$30.00 dollar filing fee has been received.

If you have any questions or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

AUBREY DUNN  
COMMISSIONER OF PUBLIC LANDS

AD/sk

cc: Reader File,

OCD-Mr. Daniel Sanchez

**AUG 31 2015**