

DATE IN: 3/28/07	SUSPENSE	ENGINEER: D. Stewart	LOGGED IN: G. March	TYPE: CTB	APP NO: PCLP0706746052
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ABOVE THIS LINE FOR DIVISION USE ONLY

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



567

**ADMINISTRATIVE APPLICATION CHECKLIST**

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

**Application Acronyms:**

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

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]
- [A] Location - Spacing Unit - Simultaneous Dedication  
☐ NSL ☐ NSP ☐ SD
- Check One Only for [B] or [C]
- [B] Commingling - Storage - Measurement  
☐ DHC ☒ CTB ☐ PLC ☐ PC ☒ OLS ☐ OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR
- [D] Other: Specify \_\_\_\_\_
- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply
- [A] ☒ Working, Royalty or Overriding Royalty Interest Owners
- [B] ☐ Offset Operators, Leaseholders or Surface Owner
- [C] ☐ Application is One Which Requires Published Legal Notice
- [D] ☒ Notification and/or Concurrent Approval by BLM or SLO  
 U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] ☐ Waivers are Attached
- [3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

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

~~None~~ Statement must be completed by an individual with managerial and/or supervisory capacity

David Stewart  
 Print or Type Name

Signature

Sr. Regulatory Analyst  
 Title

Date

david\_stewart@oxy.com  
 e-mail Address

2007 MAR 8 AM 11:39

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: OXY USA WTP LP - 192463  
OPERATOR ADDRESS: P.O. Box 50250 Midland, TX 79710-0150  
APPLICATION TYPE:

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

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. Burton Flat; Wolfcamp, North - 73520  
(2) Is all production from same source of supply? ☒ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No  
(4) Measurement type: ☒ Metering ☐ Other (Specify)

**(C) POOL and LEASE COMMINGLING**  
Please attach sheets with the following information

- (1) Complete Sections A and E.

**(D) OFF-LEASE STORAGE and MEASUREMENT**  
Please attached sheets with the following information

- (1) Is all production from same source of supply? ☐ Yes ☐ No  
(2) Include proof of notice to all interest owners.

**(E) ADDITIONAL INFORMATION (for all application types)**  
Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.  
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.  
(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: 

TITLE: Sr. Regulatory Analyst DATE: 3/6/07

TYPE OR PRINT NAME David Stewart

TELEPHONE NO.: 432-685-5717

E-MAIL ADDRESS: david.stewart@oxy.com

North Burton Flat Central Tank Battery - Well Information

Pool Name/No.	Well Name/No.	API No.	Lease No.	CA No.	Surface Location
Burton Flat; Wolfcamp, North - 73520	Government AA #2	30-015-33283	NM18293	NM111802	190 FNL 350 FWL NWNW(D) Sec 23 T20S R28E
Burton Flat; Wolfcamp, North - 73520	Government AA #1	30-015-21286	NM18293	SW1012	660 FNL 1980 FWL NENW(C) Sec 23 T20S R28E
Burton Flat; Wolfcamp, North - 73520	Government R #1	30-015-20871	NM6856	SW796	1830 FSL 1980 FWL NESW(K) Sec 14 T20S R28E
Burton Flat; Wolfcamp, North - 73520	Government Z #1	30-015-21242	NM8941	SW982	1980 FSL 1980 FWL NESW(K) Sec 23 T20S R28E

Well Name/No.	Gas (MMCFD)	BTU	Condensate (BPD)	API Gravity
Government AA #2	1.4	1190	75	49.0
Government AA #1	1.5	1190	100	49.0
Government R #1	1.5	1190	100	49.0
Government Z #1	1	1190	50	49.0

### North Burton Flats Metering and Allocation

Well site metering will be used to allocate all oil, water, and gas produced into the North Burton Flats Central Tank Battery. All oil, water, and gas will be separated on each individual well site using a 3-phase separator.

The gas will be measured with an OXY owned allocation meter before leaving the lease. The gas will then be commingled at the compressor station located at the Gov. AA#1. The compressed gas will be sold through Enterprise's high pressure sales meter located at the Gov. AA#1. Total gas sales will be allocated back to each lease based on lease allocation meter reading.

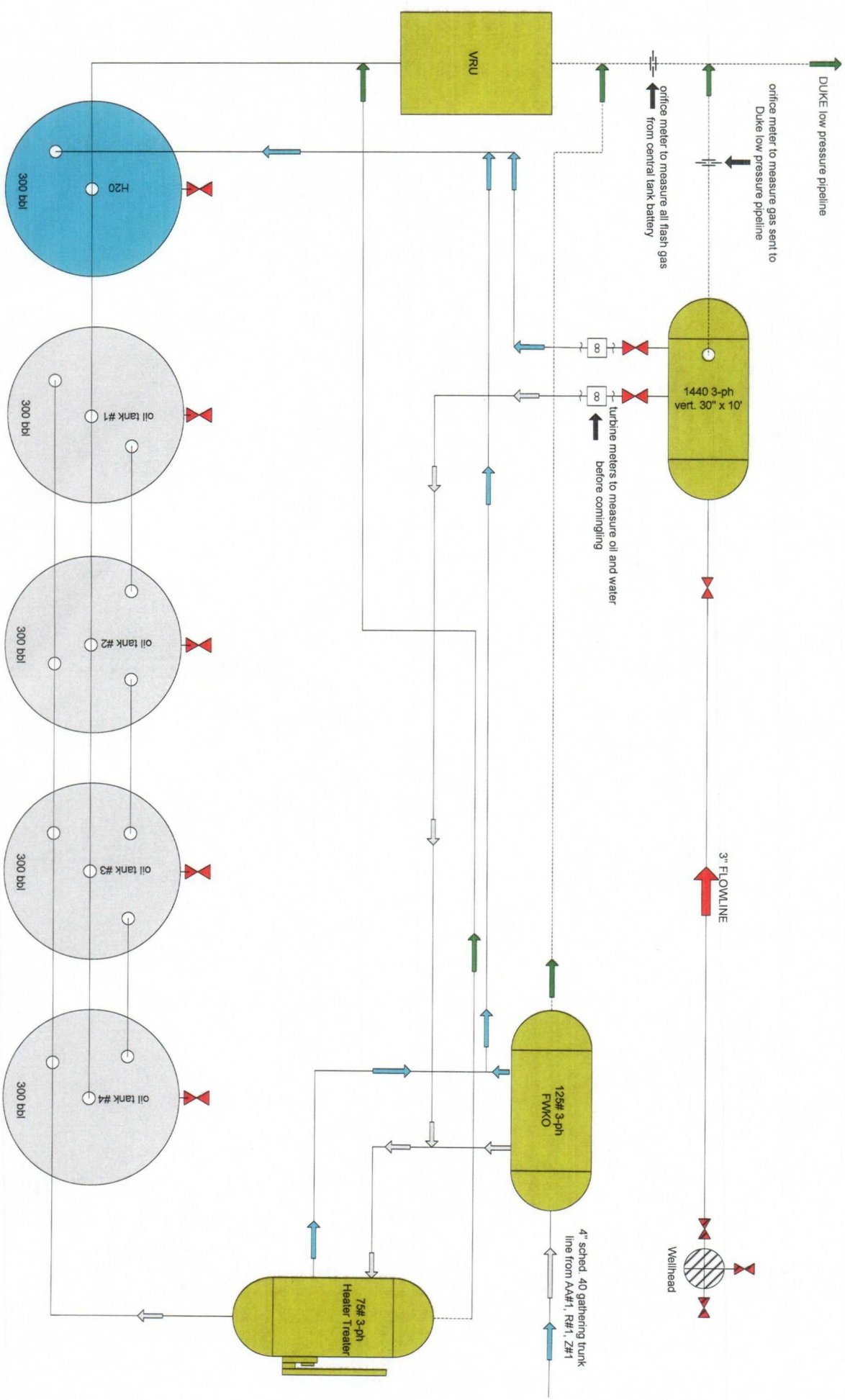
The oil and water will be measured individually on site using OXY owned turbine flow meters. The flow meters will measure the oil and water before leaving the lease and are commingled in the pipeline. All oil production will be sold at the North Burton Flats Central Tank Battery and allocated back to each lease according to individual flow meter readings.

### Economic Justification for Constructing a Central Tank Battery in North Burton Flats

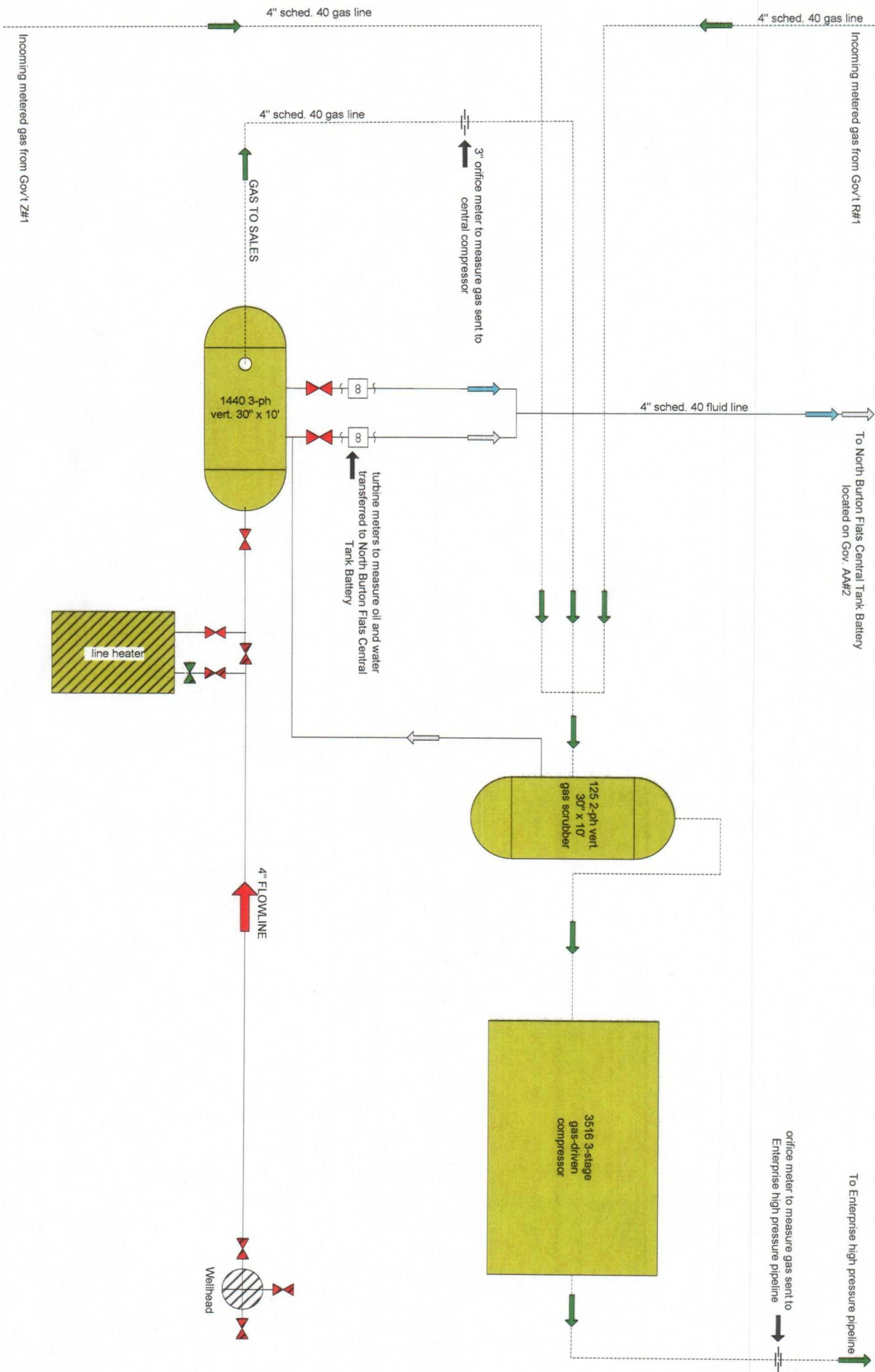
It is proposed to expand the existing battery on the Gov. AA#2 to handle production from the Gov. R#1, Gov. AA#1, and Gov. Z#1 wells. Oxy will offset the cost of building three separate batteries by constructing one central tank battery, generating a cost savings of \$100,000. The central tank battery will also provide the following operational benefits: rental VRU to recover vapors from tanks, LACT unit to sell oil directly to pipeline, additional separation equipment eliminating hot-oiling, future possibility of bringing in other wells within the field into the central tank battery.

In addition to the installation cost savings the central tank battery will reduce ongoing operating costs. The reduction in operating costs will reduce the economic limit of the field thus increasing the recovery from the reservoir.

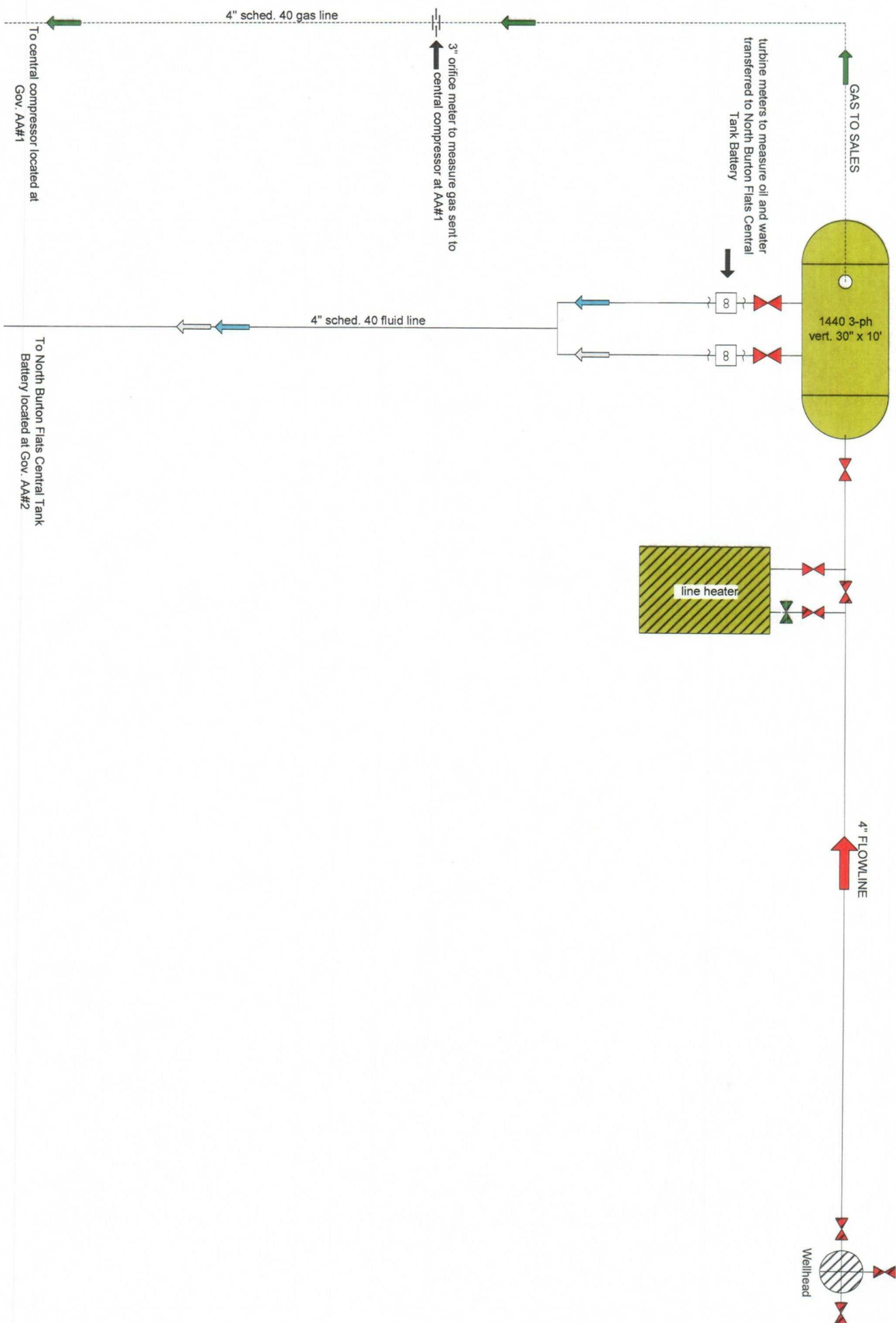
# Proposed Gov. AA#2 – Construction of North Burton Flats Central Tank Battery to process co-mingled oil and water from Gov. AA#2, Gov. AA#1, Gov. R#1, and Gov. Z#1



# Proposed Gov. AA#1 – Co-mingling gas and fluid

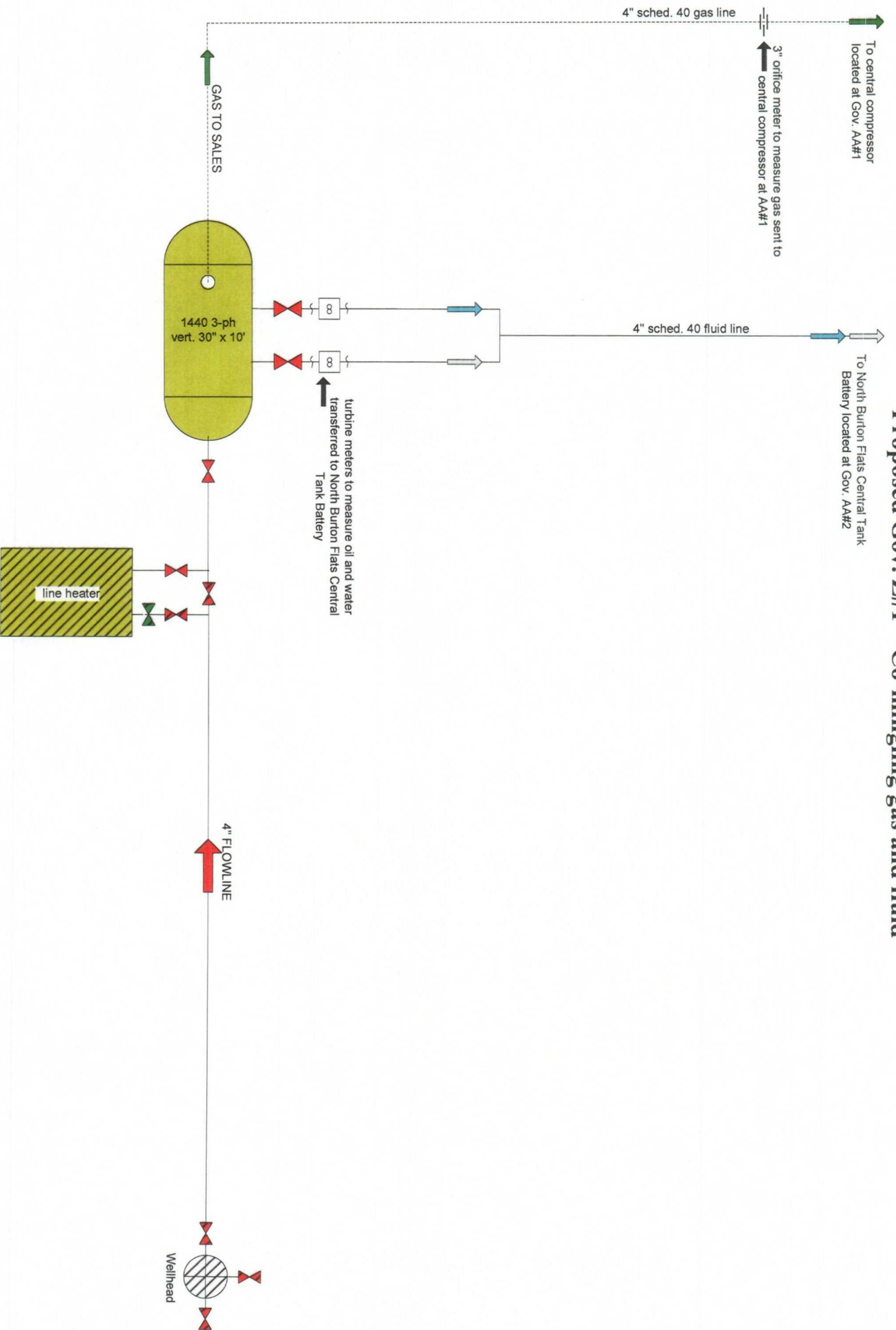


# Proposed Gov. R#1 – Co-mingling gas and fluid

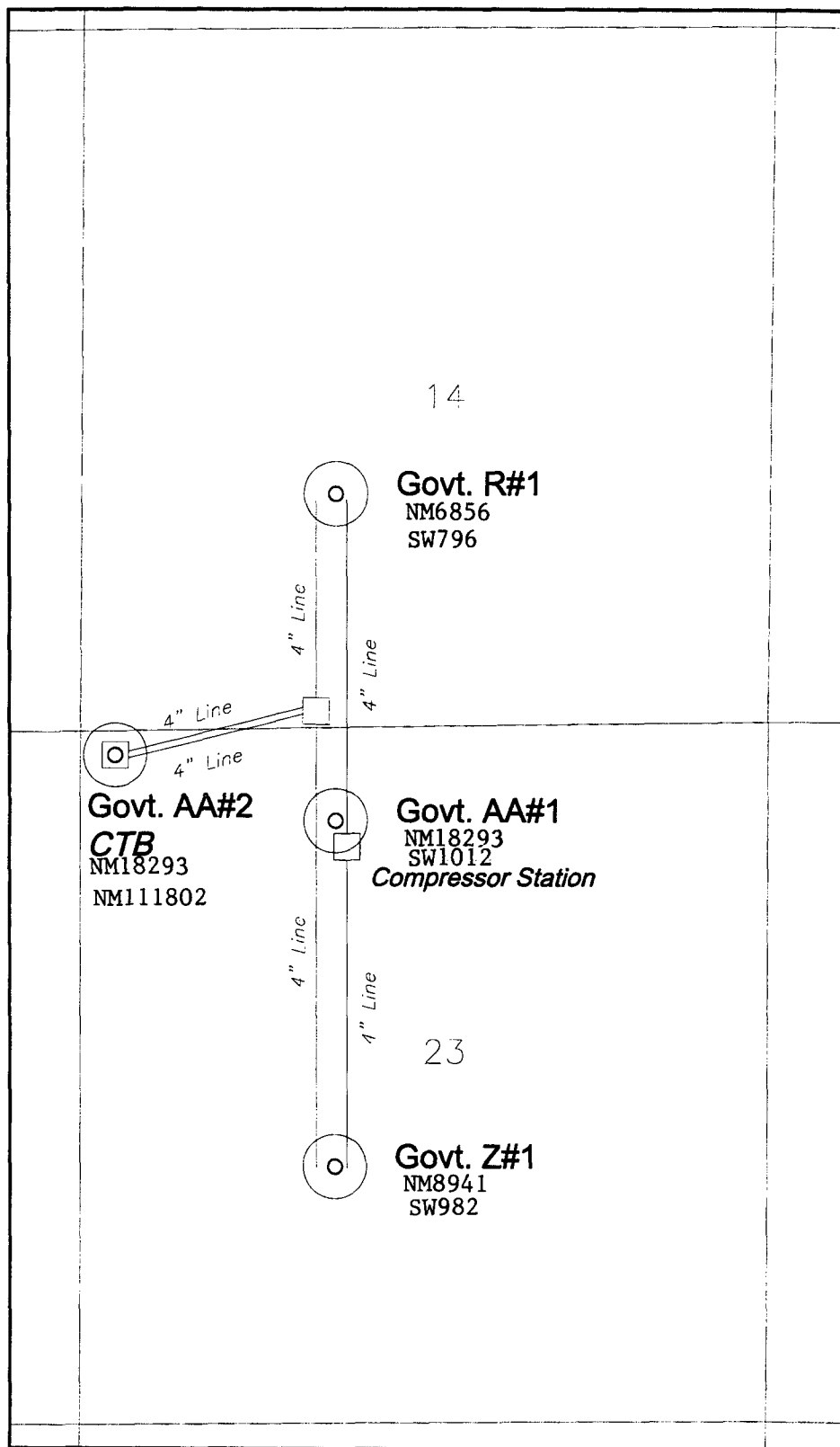




# Proposed Gov. Z#1 – Co-mingling gas and fluid







**North Burton Flat  
Central Tank Battery**  
Section 23, T 20 S, R 28 E  
Eddy County, New Mexico

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

## SUNDRY NOTICES AND REPORTS ON WELLS

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

## SUBMIT IN TRIPLICATE - Other instructions on reverse side

## 1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

## 2. Name of Operator

OXY USA WTP Limited Partnership

192463

## 3a. Address

P.O. Box 50250, Midland, TX 79710-0250

## 3b. Phone No. (include area code)

432-685-5717

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

190 FNL 350 FWL NWNW(D) Sec 23 T20S R28E

## 5. Lease Serial No.

NM18293

## 6. If Indian, Allottee or Tribe Name

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

## 8. Well Name and No.

Government AA #2

## 9. API Well No.

30-015-33283

## 10. Field and Pool, or Exploratory Area

Burton Flat; Wolfcamp, North 73520

## 11. County or Parish, State

Eddy NM

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

## TYPE OF SUBMISSION

☒ Notice of Intent☐ Subsequent Report☐ Final Abandonment Notice

## TYPE OF ACTION

☐ Acidize☐ Deepen☐ Production (Start/Resume)☐ Water Shut-Off☐ Alter Casing☐ Fracture Treat☐ Reclamation☐ Well Integrity☐ Casing Repair☐ New Construction☐ Recomplete☒ Other Off-Lease☐ Change Plans☐ Plug and Abandon☐ Temporarily AbandonStorage, Surface☐ Convert to Injection☐ Plug Back☐ Water DisposalCommingling

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

OXY USA WTP LP respectfully requests approval for surface commingling and off-lease storage for the wells listed below. The North Burton Flat Central Battery will be located in the NWNW(D) qtr/qtr and the Compressor Station will be located in the NENW(C) qtr/qtr of Sec 23 T20S R28E. All gas, condensate, and water will be measured prior to leaving each individual lease. All interest owners have been notified by certified mail with a copy of this Sundry Notice and Application filed with the NMOCD. Please see attached for additional attachments.

Well Name/No.	API No.	Lease No.	CA No.	Surface Location
Government AA #2	30-015-33283	NM18293	NM111802	190 FNL 350 FWL NWNW(D) Sec 23 T20S R28E
Government AA #1	30-015-21286	NM18293	SW1012	660 FNL 1980 FWL NENW(C) Sec 23 T20S R28E
Government R #1	30-015-20871	NM6856	SW796	1830 FSL 1980 FWL NESW(K) Sec 14 T20S R28E
Government Z #1	30-015-21242	NM8941	SW982	1980 FSL 1980 FWL NESW(K) Sec 23 T20S R28E

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

David Stewart

## Title

Sr. Regulatory Analyst

## Date

3/6/07

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

## Approved by

## Title

## Date

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

## Office

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

## 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:

STATE OF NEW MEXICO  
ENERGY & MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
1301 W. GRAND AVE.  
ARTESIA, NM 88210

2. Article Number  
(Transfer from service label)

7005 0390 0002 9910 5503

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

STATE OF NEW MEXICO  
ENERGY & MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
1220 SOUTH ST. FRANCIS DR.  
SANTA FE, NM 87505

2. Article Number  
(Transfer from service label)

7005 0390 0002 9910 5497

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

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

1. Article Addressed to:

UNITED STATES DEPT OF  
INTERIOR  
BUREAU OF LAND MANAGEMENT  
620 E. GREENE STREET  
CARLSBAD, NM 88220-6292

## 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.

**SURFACE COMMINGLING PERMIT NO.  
FIELD  
ROYALTY/WORKING INTEREST OWNERS**

**BETTY LOU JONES  
C/O SALLY BALLOU  
210 SW BROADMOOR  
TOPEKA, KS. 66606-1259**

**BRUCE P. RIGGS TRUST  
LESLIE RIGGS MILLS TRUSTEE  
P. O. BOX 230430  
ANCHORAGE, AK. 99523-0430**

**CHARLES L. HALL  
P. O. BOX 10666  
MIDLAND, TX. 79702-7666**

**DAVOIL, INC.  
P. O. BOX 200292  
DALLAS, TX. 75320-0292**

**DELMAR HUDSON LEWIS  
LVG TRUST  
BANK OF AMERICA, NA TTEE  
P. O. DRAWER 840738  
DALLAS, TX. 75284-0738**

**DEVON ENERGY  
CORPORATION (NEVEDA)  
P. O. BOX 843559  
DALLAS, TX. 75284-5339**

**DEVON ENERGY  
PRODUCTION CO LP  
P. O. BOX 843559  
DALLAS, TX. 75284-3559**

**EDWARD R HUDSON JR  
616 TEXAS STREET  
FT. WORTH, TX. 76102-4612**

**EDWARD R HUDSON TRUST  
NOS 1 2 3  
616 TEXAS STREET  
FT. WORTH, TX. 76102-4612**

**EDWARD R. HUDSON  
TRUST NO 4  
MARY T. HUDSON ARD, TTEE  
2222 W. 4TH ST. PH-5  
FT. WORTH, TX. 76102**

**ELYSE S. PATTERSON TRUST B  
UW EDWARD T MATHENEY, JR.  
C/O BANK OF OKLAHOMA AGENT  
P. O. BOX 1588  
TULSA, OK. 74101-1588**

**ELYSE SAUNDERS  
PATTERSON TRUSTS  
INVESTMENT LLC  
BANK OF OKLAHOMA AGENT  
P. O. BOX 1588  
TULSA, OK. 74101-1588**

**FIDELITY EXPLORATION &  
PRODUCTION COMPANY  
P. O. BOX 5602  
BISMARCK, ND. 58506-5602**

**FIRST ROSWELL CO LTD  
P. O. BOX 1797  
ROSWELL, NM 88202-1797**

**GREAT WESTERN DRILLING CO.  
P. O. BOX 1659  
MIDLAND, TX. 79702**

**GULF COAST OIL & GAS CO  
P. O. BOX 1684  
MIDLAND, TX. 79702-1684**

**JAMES E. HALL  
P. O. BOX 10666  
MIDLAND, TX. 79702-7666**

**JOE B. SCHUTZ  
P. O. BOX 973  
SANTA FE, NM. 87504-0973**

**JOHN & HELEN FRANKOT TRUST  
HELEN FRANKOT, TTEE  
1940 VERBANIA DR.  
LAS VEGAS, NV. 89134**

**JOHN & PATRICIA HALAGAN  
REVOCABLE FAMILY TRUST  
C/O R DANIEL  
ISRAEL EDD  
70 SHADOWPLAY  
IRVINE, CA. 92620**

**JOHN LEWIS VICKERS  
3110 GLENGOLD  
FARMERS BRANCH, TX. 75234**

**JOSEPH L. DUNIGAN  
TESTAMENTARY TRUST  
THOMAS DUNIGAN TTEE  
P. O. BOX 9846  
SANTA FE, NM 87504**

**KATHRYN RAE BRANDENBURG  
4243 TERRACE ST.  
OAKLAND, CA. 94611**

**KERR-MCGEE CORP.  
P. O. BOX 730245  
DALLAS, TX. 75373-0245**

LESLIE RIGGS MILLS TRUST  
LESLIE RIGGS MILLS TTEE  
P. O., BOX 230430  
ANCHORAGE, AK. 99523-0430

LINDY'S LIVING TRUST  
FRANCIS H. HUDSON, TTEE  
6300 RIDGLEA PL, STE. 1005A  
FT. WORTH, TX. 76116

MICHAEL SHEARN  
P. O. BOX 10151  
EL PASO, TX. 79995

MINERALS MANAGEMENT SERVICE  
FEDERAL GOVERNMENT ROYALTY  
BOX 5810 TA  
DENVER, CO 80217

PAUL SLAYTON  
P. O. BOX 2035  
ROSWELL, NM 88201

PENNNZENERGY EXPLORATION &  
PRODUCTION LLC  
NATIONSBANK LOCKBOX  
P. O. BOX 277122  
ATLANTA, GA. 630384-7122

RICHARD H. COATS  
P. O. BOX 2412  
MIDLAND, TX. 79706

ROBERT J KILLE  
4815 TWIN POST RD  
DALLAS, TX. 75244

ROY DUNN &  
CONNIE DUNN  
5511 N. DELNO  
FRESNO, CA. 93711

RUBIE C. BELL  
1331 THIRD ST.  
NEW ORLEANS, LA. 70130

RUBIE CROSBY BELL FAMILY LTD  
PARTNERSHIP #1  
RUBIE C. BELL, MANAGING GEN PTN  
1331 3RD. ST.  
NEW ORLEANS, LA 70130-5743

SOUTHEAST ROYALTIES INC.  
111 W. MERMOD  
P. O. BOX 1658  
CARLSBAD, NM 88221-1658

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

SUE SAUNDERS GRAHAM  
P. O. BOX 987  
ROSWELL, NM 88201

SWINEHART 1973 FAMILY TRUST  
JUDY SWINEHART & LESLIE A. MALLET  
SUCC CO-TRS  
10713 S. LOGAN CANYON RD.  
SOUTH JORDAN, UT. 84095

THE KUNKEL TRUST  
ROBERT PAUL KUNKEL TTEE  
P. O. 6901  
DENVER, CO. 80206

THE RICHARD A HALL  
TRUST F0442200  
FROST NATIONAL BANK TTEE  
P. O. BOX 1600  
SAN ANTONIO, TX. 78296-1600

THE RIGGS-MILLS LTD PTNSP  
R-M MANAGEMENT LLC  
GENERAL PARTNER  
P. O. BOX 727  
CEDAREIDGE, CO 81413-0727

THE TOLES CO.  
P. O. DRAWER 1300  
ROSWELL, NM 88202-1300

THOMAS HALAGAN  
6035 N. MARKS AVE.  
FRESNO, CA. 93711

UMC PETROLEUM CORP.  
REVENUE  
P. O. BOX 4970  
HOUSTON, TX. 77210-4970

W T PROBANT  
415 W. WALL ST., STE. 2206  
MIDLAND, TX. 79701-4442

WA & ER HUDSON INC. AGENT  
616 TEXAS ST.  
FT. WORTH, TX. 76102-4612

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

YELLOW RIBBON INC.  
P. O. BOX 6901  
DENVER, CO. 80206

## 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:

BETTY LOU JONES  
C/O SALLY BALLOU  
210 SW BROADMOOR  
TOPEKA, KS. 66606-1259

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3587

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

BRUCE P. RIGGS TRUST  
LESLIE RIGGS MILLS TRUSTEE  
P. O. BOX 230430  
ANCHORAGE, AK. 99523-0430

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3853

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

## 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:

CHARLES L. HALL  
P. O. BOX 10666  
MIDLAND, TX. 79702-7666

## 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? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

## 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:

DAVOIL, INC.  
P. O. BOX 200292  
DALLAS, TX. 75320-0292

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3877

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

DELMAR HUDSON LEWIS  
LVG TRUST  
BANK OF AMERICA, NA TTEE  
P. O. DRAWER 840738  
DALLAS, TX. 75284-0738

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3884

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

DEVON ENERGY  
CORPORATION (NEVEDA)  
P. O. BOX 843559  
DALLAS, TX. 75284-5339

## 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.



## 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:

DEVON ENERGY  
PRODUCTION CO LP  
P. O. BOX 843559  
DALLAS, TX. 75284-3559

2. Article Number

(Transfer from service)

7005 0390 0002 9895 3907

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

EDWARD R HUDSON JR  
616 TEXAS STREET  
FT. WORTH, TX. 76102-4612

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3914

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

EDWARD R HUDSON TRUST  
NOS 1 2 3  
616 TEXAS STREET  
FT. WORTH, TX. 76102-4612

## 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

## 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:

EDWARD R. HUDSON  
TRUST NO 4  
MARY T. HUDSON ARD, TTEE  
2222 W. 4TH ST. PH-5  
FT. WORTH, TX. 76102

## 2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3938

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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.

<sup>1</sup> ELYSE S. PATTERSON TRUST B  
UW EDWARD T MATHENEY, JR.  
C/O BANK OF OKLAHOMA AGENT  
P. O. BOX 1588  
TULSA, OK. 74101-1588

## 2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3945

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

ELYSE SAUNDERS  
PATTERSON TRUSTS  
INVESTMENT LLC  
BANK OF OKLAHOMA AGENT  
P. O. BOX 1588  
TULSA, OK. 74101-1588

## 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

## 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:

FIDELITY EXPLORATION &  
PRODUCTION COMPANY  
P. O. BOX 5602  
BISMARCK, ND. 58506-5602

2. Article Number  
(Transfer from service label)

7005 0390 0002 9895 3969

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FIRST ROSWELL CO LTD  
P. O. BOX 1797  
ROSWELL, NM 88202-1797

2. Article Number  
(Transfer from service label)

7005 0390 0002 9895 3976

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

GREAT WESTERN DRILLING CO.  
P. O. BOX 1659  
MIDLAND, TX. 79702

## 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

## 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:

GULF COAST OIL & GAS CO  
P. O. BOX 1684  
MIDLAND, TX. 79702-1684

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3990

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JAMES E. HALL  
P. O. BOX 10666  
MIDLAND, TX. 79702-7666

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4003

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

JOE B. SCHUTZ  
P. O. BOX 973  
SANTA FE, NM. 87504-0973

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JOHN & HELEN FRANKOT TRUST  
HELEN FRANKOT, TTEE  
1940 VERBANIA DR.  
LAS VEGAS, NV. 89134

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4027

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JOHN & PATRICIA HALAGAN  
REVOCABLE FAMILY TRUST  
C/O R DANIEL  
ISRAEL EDD  
70 SHADOWPLAY  
IRVINE, CA. 92620

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4034

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JOHN LEWIS VICKERS  
3110 GLENGOLD  
FARMERS BRANCH, TX. 75234

## 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

## 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:

JOSEPH L. DUNIGAN  
TESTAMENTARY TRUST  
THOMAS DUNIGAN TTEE  
P. O. BOX 9846  
SANTA FE, NM 87504

2. Article Number  
(Transfer from service)

7005 0390 0002 9895 4485

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KATHRYN RAE BRANDENBURG  
4243 TERRACE ST.  
OAKLAND, CA. 94611

2. Article Number  
(Transfer from service label)

7005 0390 0002 9895 4492

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

KERR-MCGEE CORP.  
P. O. BOX 730245  
DALLAS, TX. 75373-0245

## 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

## 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:

LESLIE RIGGS MILLS TRUST  
LESLIE RIGGS MILLS TTEE  
P. O., BOX 230430  
ANCHORAGE, AK. 99523-0430

2. Article Number

(Transfer from service)

7005 0390 0002 9895 4515

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

LINDY'S LIVING TRUST  
FRANCIS H. HUDSON, TTEE  
6300 RIDGLEA PL, STE. 1005A  
FT. WORTH, TX. 76116

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4522

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MICHAEL SHEARN  
P. O. BOX 10151  
EL PASO, TX. 79995

## 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



## 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:

MINERALS MANAGEMENT SERVICE  
FEDERAL GOVERNMENT ROYALTY  
BOXY 5810 TA  
DENVER, CO 80217

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4546

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

PAUL SLAYTON  
P. O. BOX 2035  
ROSWELL, NM 88201

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4553

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

PENNNZENERGY EXPLORATION &  
PRODUCTION LLC  
NATIONSBANK LOCKBOX  
P. O. BOX 277122  
ATLANTA, GA. 630384-7122

## 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.

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RICHARD H. COATS  
P. O. BOX 2412  
MIDLAND, TX. 79706

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4577

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROBERT J KILLE  
4815 TWIN POST RD  
DALLAS, TX. 75244

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4584

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

ROY DUNN &  
CONNIE DUNN  
5511 N. DELNO  
FRESNO, CA. 93711

## 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.

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RUBIE C. BELL  
1331 THIRD ST.  
NEW ORLEANS, LA. 70130

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4607

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RUBIE CROSBY BELL FAMILY LTD  
PARTNERSHIP #1  
RUBIE C. BELL, MANAGING GEN PTN  
1331 3RD. ST.  
NEW ORLEANS, LA 70130-5743

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4614

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## 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:

SOUTHEAST ROYALTIES INC.  
111 W. MERMOD  
P. O. BOX 1658  
CARLSBAD, NM 88221-1658

## 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

## 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:

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

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4638

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SUE SAUNDERS GRAHAM  
P. O. BOX 987  
ROSWELL, NM 88201

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4645

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

## 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:

SWINEHART 1973 FAMILY TRUST  
JUDY SWINEHART & LESLIE A. MALLETT  
SUCC CO-TRS  
10713 S. LOGAN CANYON RD.  
SOUTH JORDAN, UT. 84095

## 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? ☐ YesIf 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THE KUNKEL TRUST  
ROBERT PAUL KUNKEL TTEE  
P. O. 6901  
DENVER, CO. 80206

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4669

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THE RICHARD A HALL  
TRUST F0442200  
FROST NATIONAL BANK TTEE  
P. O. BOX 1600  
SAN ANTONIO, TX. 78296-1600

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4676

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THE RIGGS-MILLS LTD PTNSP  
R-M MANAGEMENT LLC  
GENERAL PARTNER  
P. O. BOX 727  
CEDAREGE, CO 81413-0727

## 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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THE TOLES CO.  
P. O. DRAWER 1300  
ROSWELL, NM 88202-1300

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4706

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

## 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:

THOMAS HALAGAN  
6035 N. MARKS AVE.  
FRESNO, CA. 93711

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4713

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

## 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:

UMC PETROLEUM CORP.  
REVENUE  
P. O. BOX 4970  
HOUSTON, TX. 77210-4970

## 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? ☐ YesIf 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

## 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:

W T PROBANT  
415 W. WALL ST., STE. 2206  
MIDLAND, TX. 79701-4442

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4737

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

## 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:

WA & ER HUDSON INC. AGENT  
616 TEXAS ST.  
FT. WORTH, TX. 76102-4612

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4744

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

## 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:

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

## 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? ☐ YesIf 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



## 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:

YELLOW RIBBON INC.  
P. O. BOX 6901  
DENVER, CO. 80206

2. Article Number

(Transfer from service label)

7005 0390 0002 9910 3943

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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? ☐ YesIf 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

**Catanach, David, EMNRD**

---

**From:** Catanach, David, EMNRD  
**Sent:** Monday, March 26, 2007 7:37 AM  
**To:** 'david\_stewart@oxy.com'  
**Subject:** Surface Commingling

David,

I'm currently reviewing your application to surface commingle production on the Government Leases. Could you please provide me with the following information:

Lease names, lease numbers & lease descriptions  
Acreage dedication for each well  
Surface & bottomhole well locations for each of the subject wells

I will process your application upon the receipt of the requested data.

Thanks,

David Catanach  
Engineer

3/26/2007

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1361 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
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

Form C-102  
Revised October 12, 2005  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

'API Number 30-015-20871		'Pool Code 73520		'Pool Name Burton Flat Wolfcamp, North	
'Property Code 27653		'Property Name Government R			'Well Number 1
'OGRID No. 192463		'Operator Name OXY USA WTP LP			'Elevation 3240'

**10 Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	14	20S	28E		1830	South	1980	West	Eddy

**11 Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	14	20S	28E		1957	South	660	East	Eddy
'Dedicated Acres 320		'Joint or Infill		'Consolidation Code		'Order No.			

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

<p>16</p>	<p><b>17 OPERATOR CERTIFICATION</b> 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 released 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>David Stewart</i> 10/31/06 Signature Date David Stewart Sr. Reg. Analyst Printed Name</p>
<p>18</p>	<p><b>18 SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number</p>

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  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

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

Form C-102  
Revised June 10, 2003

Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-21242	<sup>2</sup> Pool Code 73520	<sup>3</sup> Pool Name Burton Flat Wolfcamp, North
<sup>4</sup> Property Code 8623	<sup>5</sup> Property Name Government Z	<sup>6</sup> Well Number 1
<sup>7</sup> OGRID No. 192463	<sup>8</sup> Operator Name OXY USA WTP Limited Partnership	<sup>9</sup> Elevation 3238'

<sup>10</sup> Surface Location

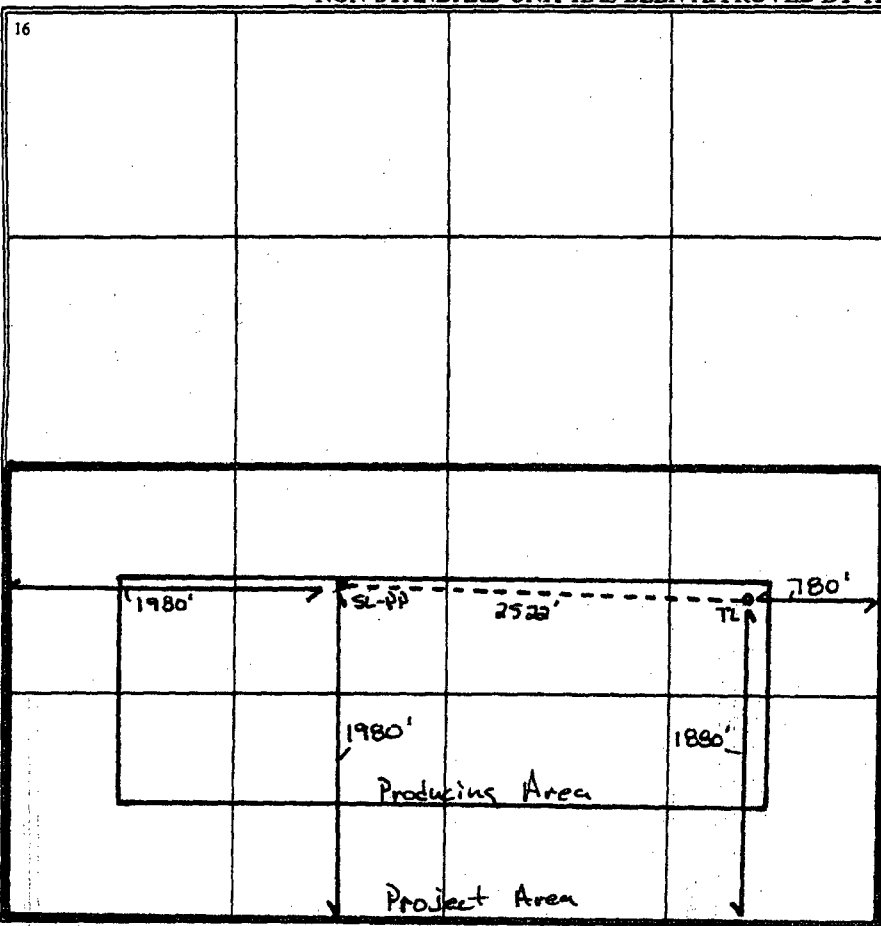

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	23	20S	28E		1980	south	1980	west	Eddy

<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
I	23	20S	28E		1880	south	780	east	Eddy

<sup>12</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<sup>16</sup>		<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.   Signature David Stewart Printed Name Sr. Regulatory Analyst Title and Email Filed 10/25/06 3/26/07 Date Forged to Sign
		<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  Date of Survey Signature and Seal of Professional Surveyor:  Certificate Number

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  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

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

Form C-102  
Revised June 10, 2003

Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-21286	<sup>2</sup> Pool Code 73520	<sup>3</sup> Pool Name Burton Flat Wolfcamp, North
<sup>4</sup> Property Code 8607	<sup>5</sup> Property Name Government AA	<sup>6</sup> Well Number 1
<sup>7</sup> OGRID No. 192463	<sup>8</sup> Operator Name OXY USA WTP Limited Partnership	<sup>9</sup> Elevation 3227'

<sup>10</sup> Surface Location

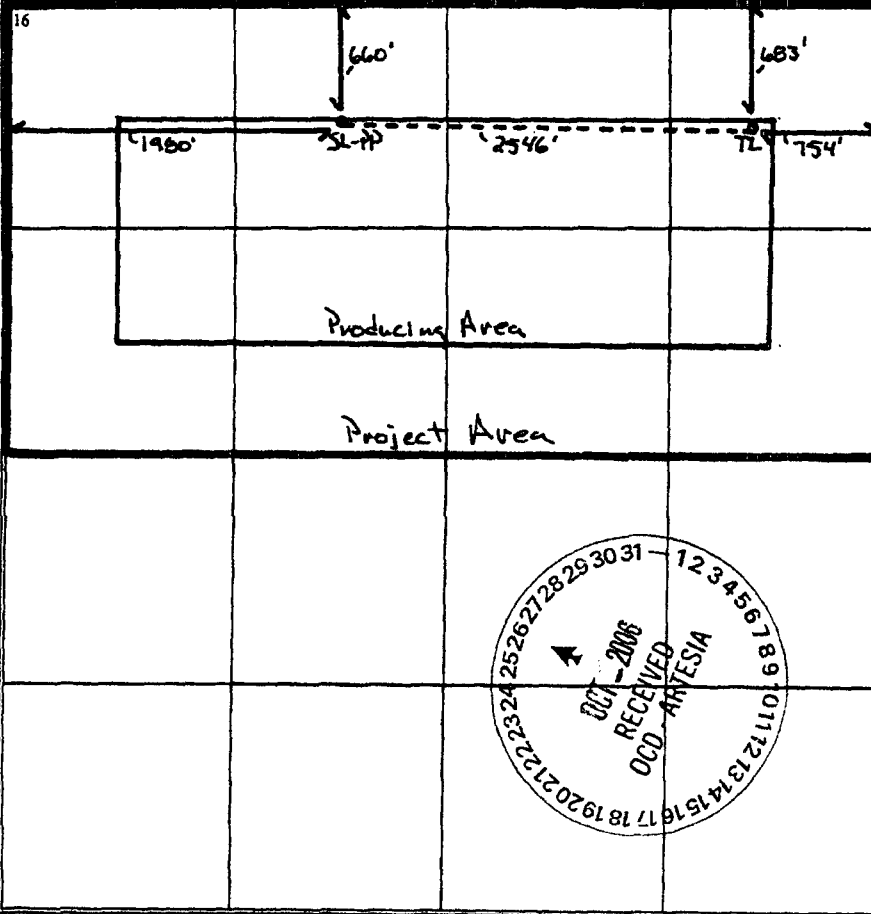

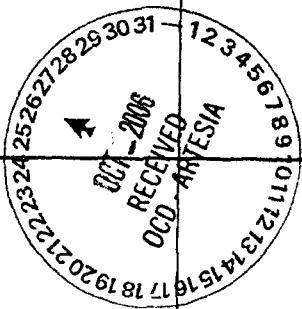
UL or lot no. C	Section 23	Township 20S	Range 28E	Lot. Idn	Feet from the 660	North/South line north	Feet from the 1980	East/West line west	County Eddy
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no. A	Section 23	Township 20S	Range 28E	Lot. Idn	Feet from the 683	North/South line north	Feet from the 754	East/West line east	County Eddy
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<sup>12</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<sup>16</sup> 	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.   Signature David Stewart Printed Name Sr. Regulatory Analyst Title and Email Filed 10/25/06 3/26/07 Date Forgot to sign
	<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  Date of Survey Signature and Seal of Professional Surveyer:  Certificate Number

DISTRICT I  
P.O. Box 1285, Hobbs, NM 88241-1285

DISTRICT II  
P.O. Box 1285, Hobbs, NM 88241-1285

DISTRICT III  
1000 Elko Springs Rd., Aztec, NM 87410

DISTRICT IV  
P.O. Box 1285, Santa Fe, N.M. 87504-1285

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

(D)

Form C-10i  
Revised February 10, 1994  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-	Pool Code 73520	Pool Name Burton Flat Wolfcamp, North
Property Code	Property Name GOVERNMENT AA COM	Well Number 2
OGED No. 192463	Operator Name OXY U.S.A. W.T.P., LP	Elevation 3231'

Surface Location

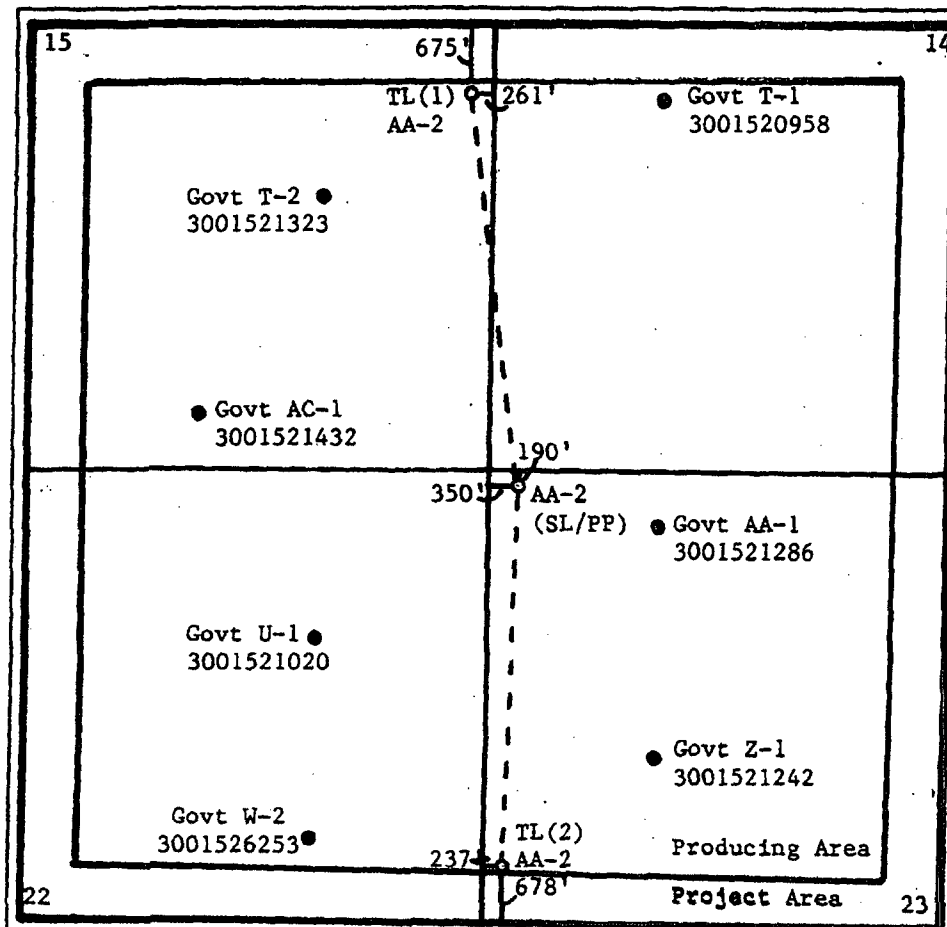
UL or Lot No.	Section	Township	Range	Lot 1/4	Feet from the	North/South Line	Feet from the	East/West Line	County
D	23	20-S	28-E		190'	NORTH	350'	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or Lot No.	Section	Township	Range	Lot 1/4	Feet from the	North/South Line	Feet from the	East/West Line	County
A	15	20S	28E		675	north	261	east	Eddy
M	23	20S	28E		678	south	237	west	Eddy

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
2560	Y		All interest in the Government AA #2 will be common.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

*David Stewart*  
Signature

David Stewart  
Printed Name

Sr. Regulatory Analyst  
Title

12/22/03  
Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

November 05 2003

Date Surveyed  
Signature  
Professional Surveyor

*Barry L. Edson*  
NEW MEXICO  
Professional Surveyor  
031112276  
12/12/03

Certification No. 12841

# EXHIBIT "A"

Plat of communitized area covering all of  
Sections 14, 15, 22 & 23, T 20 S, R 28 E,  
N.M.P.M., Eddy County, New Mexico.

Tract No. 12 80 Ac. m/l NM 0554216		Tract No. 11 120 Ac. m/l NM 0541580		15		Tract No. 12 40 Acres m/l NM 0554216		Tract No. 11 40 Acres m/l NM 0541580		14	
		Tract No. 13 40 Ac. m/l NM 0555440						Tract No. 2 400 Acres m/l NM 6856		Tract No. 1 160 Acres m/l LC 050797	
Tract No. 1 160 Ac. m/l LC 050797		Tract No. 12 240 Ac. m/l NM 0554216									
Tract No. 8 80 Ac. m/l NM 17220		Tract No. 6 240 Ac. m/l NM 17101		22		OXY Government AA Federal Com #2		Tract No. 14 120 Ac. m/l NM 18293		23	
				Tract No. 9 40 Ac. m/l LC 067684							
						Tract No. 8 40 Ac. m/l NM 17220		Tract No. 3 120 Ac. m/l NM 8941		Tract No. 9 160 Ac. m/l LC 067684	
Tract No. 7 80 Ac. m/l NM 17102		Tract No. 10 40 Ac. m/l NM 0528964		Tract No. 15 40 Ac. m/l NM 18219		Tract No. 10 40 Ac. m/l NM 0528964				Tract No. 6 40 Ac. m/l NM 17101	
Tract No. 6 40 Ac. m/l NM 17101		Tract No. 10 40 Ac. m/l NM 0528964		Tract No. 6 40 Ac. m/l NM 17101		Tract No. 6 40 Ac. m/l NM 17101				Tract No. 5 40 Ac. m/l NM 17099	
										Tract No. 4 40 Ac. m/l NM 15003	



**North Burton Flat Wolfcamp Area**

**Federal Lease Description (All in T-20-S, R-28-E, Eddy County, NM, unless otherwise indicated)**

<u>Tract</u>	<u>Federal Lease</u>	<u>Date</u>	<u>Royalty</u>	<u>Description</u>
1	LC-050797	1/1/1940	0.125	<del>12: S/2 SE/4</del> 13: W/2, W/2 E/2, E/2 NE/4, NE/4 SE/4 14: E/2 E/2 15: SW/4 <del>24: N/2 NW/4, NW/4 NE/4, N/2 SW/4</del>
2	NM-6856	8/1/1968	0.125	<del>13: SE/4 SE/4</del> 14: W/2 E/2, S/2 NW/4, SW/4
3	NM-8941	3/1/1969	0.125	23: SE/4 NW/4, E/2 SW/4
4	NM-15003	3/1/1972	0.125	<del>8: SE/4 SW/4</del> <del>9: SW/4</del> <del>10: All</del> <del>11: N/2, SW/4</del> 17: S/2 NE/4, SE/4 NW/4, E/2 SW/4, SE/4 23: SE/4 SE/4
5	NM-17099	3/1/1964	0.125	23: SW/4 SE/4 <del>27: W/2 SW/4, SE/4 SE/4</del> <del>4 (21-27): Lots 2, 10, 15</del>
6	NM-17101	9/1/1963	0.125	22: E/2 NW/4, W/2 NE/4, SE/4 NE/4, SE/4 SW/4, SE/4 SE/4, NW/4 SE/4 23: SW/4 SW/4, NW/4 SE/4
7	NM-17102	9/1/1967	0.125	22: W/2 SW/4
8	NM-17220	1/1/1973	0.125	<del>17: N/2 N/2, SW/4 NW/4, W/2 SW/4</del> 22: W/2 NW/4 23: SW/4 NW/4
9	NM-067684	1/1/1940	0.125	22: NE/4 NE/4 23: E/2 NE/4, NE/4 SE/4, SW/4 NE/4
10	NM-0528964	3/9/1964	0.125	22: NE/4 SW/4, SW/4 SE/4 23: NW/4 SW/4
11	NM-0541580	5/1/1964	0.125	14: NE/4 NW/4 15: W/2 NE/4, NE/4 NW/4 <del>24: NE/4 NE/4, S/2 NE/4, SE/4 SW/4, SE/4</del>
12	NM-0554216	7/1/1964	0.125	14: NW/4 NW/4 15: E/2 NE/4, W/2 NW/4, SE/4
13	NM-0555440	12/1/1964	0.125	15: SE/4 NW/4
14	NM-18293	5/1/1973	0.125	23: N/2 NW/4, NW/4 NE/4
15	NM-18219	5/1/1973	0.125	22: NE/4 SE/4 <del>27: NE/4 SW/4</del>