

ABOVE THIS LINE FOR DIVISION USE ONLY

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



Devon Energy

ADMINISTRATIVE APPLICATION CHECKLIST

Eddy, Co, NM

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 *CTB-609*
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

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

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Stephanie A. Ysasaga
 Print or Type Name

[Signature]
 Signature

Sr. Staff Engineering Technician
 Title

10/20/2009
 Date

Stephanie.Ysasaga@dvn.com
 e-mail Address



RECEIVED

2010 JAN 11 PM 1 31

Devon Energy Production Company
Operations Engineering
20 North Broadway - CT 3.056
Oklahoma City, Oklahoma 73102-8260
Phone: (405)-552-7802
Fax (405)-552-8113
Stephanie.Ysasaga@dev.com

October 20th, 2009

Mr. Richard Ezeanyim
State of New Mexico
Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, New Mexico 87505

**Re: Lease Commingling, Off Lease Measurement and Off Lease Sales Approval
Hackberry 18 Federal 1 & Ranger 17 Federal 1
LC-069464-A Sec 18-T19S-R31E & NM-97120 Sec 17-T23S-26E
API # 30-015-29780 & 30-015-30119
Hackberry; Bone Spring, NW - Pool Code: 29665
Eddy County, New Mexico**

Dear Mr. Ezeanyim:

Please find attached the OCD Form C-107B and BLM Form 3160-5 Sundry Notice of Intent to Lease Commingle the aforementioned wells. The working interest, royalty interest and overriding royalty interest owners in both leases are not uniform; parties have been notified via certified mail.

BLM sundry approval and BLM conditions of approval attached.

Should you require any additional information or assistance, please do not hesitate to contact me at (405)-552-7802.

Very truly yours,

DEVON ENERGY PRODUCTION COMPANY, L.P.

Stephanie A. Ysasaga
Sr. Staff Engineering Technician ☺

Enclosures

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: Devon Energy Production Co., LP
OPERATOR ADDRESS: 20 North Broadway OKC, OK 73102
APPLICATION TYPE:

Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)
LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
 Yes No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

- (2) Are any wells producing at top allowables? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No.
(4) Measurement type: Metering Other (Specify)
(5) Will commingling decrease the value of production? Yes No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code. Hackberry; Bone Spring, NW (97020)
(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) – Each location has its' own tank battery. One gas allocation meter on Ranger location and use of Subtraction Method to allocate sales back to the Hackberry location after commingling at a Frontier central delivery point (CDP) located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal I. A chart recorder will be used on the Hackberry to measure and verify gas rate.

(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: [Signature] TITLE: Sr. Staff Engineering Technician DATE: 10/20/2009
TYPE OR PRINT NAME: Stephanie A. Ysasaga TELEPHONE NO.: (405)-552-7802
E-MAIL ADDRESS: Stephanie.Ysasaga@dvn.com

APPLICATION FOR LEASE COMMINGLING & OFF-LEASE MEASUREMENT AND OFF LEASE SALES APPROVAL

State of New Mexico – Santa Fe
Oil Conservation Division
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Lease commingling proposal for Hackberry & Ranger leases:

Devon Energy Production Company, LP is requesting approval for surface commingle, off-lease storage and off-lease measurement of hydrocarbon gas production from the Hackberry; Bone Springs, NW Pool (97020) from the following wells:

Federal Lease LC-069464-A

Well Name	Location	API #	Pool 97020
Hackberry 18 Federal 1	SWSE Sec 18-T19S-R31E	30-015-29780	Hackberry, Bone Spring, NW

Federal Lease NMNM-99040

Well Name	Location	API #	Pool 97020
Ranger 17 Federal 1	NWSW Sec 17-T19S-R31E	30-015-30119	Hackberry, Bone Spring, NW

A map (Exhibit A) is enclosed showing the Federal leases and well locations in Section 17 and 18 of T19S R31E. The Hackberry, Bone Spring, NW Pool is not unitized or communitized. The ownership in the Hackberry and Ranger leases are not identical; all affected working interest, royalty and overriding royalty owners have been notified of this proposal (Exhibit B).

Gas metering:

The gas hydrocarbon production from the Hackberry 18 Federal 1 and Ranger 17 Federal 1 will be the only hydrocarbon being commingled, measured and sold off-lease. Each location has its own facility located in the SWSE and NWSW of Section 18 and 17 (respectively) in T19S, R31E on Federal Leases LC-069464 and NMNM-99040 in Eddy County, New Mexico (Exhibit C). A common gas sales meter associated with a Frontier central delivery point (CDP) is located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal 1.

The "Subtraction Method" will be used to allocate production back to the wells after commingling. A gas allocation meter is located at the Ranger 17 Federal 1 location. After subtracting the Ranger 17 Federal 1 gas volumes from the Frontier gas sales meter, gas volumes are given to the Hackberry 18 Federal 1. To save on costs, Devon proposes to use a chart recorder to measure and verify the gas rate on the Hackberry 18 Federal 1. These meters will be calibrated on a regular basis per API, NMOCD and BLM specifications.

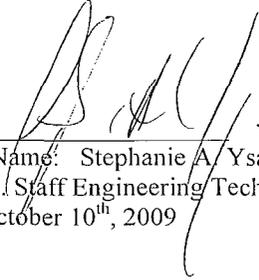
Both wells are marginal producers, the BLM's interest in both wells are the same and the BTU's are equivalent. Waste is not induced and no correlative rights are impaired. The BLM and OCD will be notified of any future changes in the facilities.

Process and Flow Descriptions:

Please see attached diagrams for the proposed Hackberry 18 Federal 1 and Ranger 17 Federal 1 batteries. The flow of produced fluids is shown in detail on Exhibit D along with a description of each vessel.

The commingling of production is in the interest of conservation and waste and will result in the most effective, economic means of producing the reserves in place from the affected wells and will not result in reduced royalty or improper measurement of production. The proposed commingling will reduce operating expenses as well as reduce the surface facility footprint and overall emissions.

Devon Energy Production Company, LP understands the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. Additionally, Devon Energy Production Co., LP will submit within 30 days, an application for right-of-way approval to the BLM and NMOCD section in your office, if we have not already done so.

Signed: 

Printed Name: Stephanie A. Ysasaga

Title: Sr. Staff Engineering Technician

Date: October 10th, 2009

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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

5. Lease Serial No.
LC-069464-A & NM 99040

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

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

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No.
Hackberry 18 Fed 1 & Ranger 17 Federal 1

2. Name of Operator
Devon Energy Production Co., LP

9. API Well No.
30-015-29780 & 30-015-30119

3a. Address
20 North Broadway
OKC, OK 73102

3b. Phone No. (include area code)
(405)-552-7802

10. Field and Pool or Exploratory Area
Hackberry; Bone Springs, North

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20-T23S-R26E
1980' FEL & 660' FEL

11. Country or Parish, State
Eddy County, NM

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

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

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

Devon Energy Production Co., LLP respectfully requests approval for surface commingle and off lease storage and measurement of gas hydrocarbon production from the following wells:

- * Hackberry 18 Federal 1: API # 30-015-29780 Sec 18-T19S-R31E Lease LC-069464-A Hackberry; Bone Spring, NW (97020)
- * Ranger 17 Federal 1: API # 30-015-30119 Sec 17-T19S-R31E Lease NM-99040 Hackberry; Bone Spring, NW (97020)



Each location has its' own tank battery. The Subtraction Method will be used to allocate production back to the wells after commingling, instead of metering both locations, to save on costs. Gas allocation meter located at Ranger 17 Federal 1. A common gas sales meter associated with a Frontier central delivery point (CDP) is located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal 1. After subtracting Ranger gas volumes from the Frontier gas sales meter, gas volumes are given to the Hackberry 18 Federal 1. A chart recorded will be used on the Hackberry 18 Federal 1 to measure and verify the gate rate on the Hackberry 18 Federal 1. Waste is not induced and no correlative rights are impaired.

Working, royalty, and overriding interest owners have been notified via certified mail (see attached). **SEE ATTACHED FOR CONDITIONS OF APPROVAL**

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

Name (Printed/Typed)
Stephanie A. Ysasaga

Title Sr. Staff Engineering Technician

Signature

Date 10/20/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

/s/ JD Whitlock Jr

Title

LPE7

Date

1/5/2010

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

CFO

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

(Instructions on page 2)

**Bureau of Land Management
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972**

Off-Lease Measurement, Storage and Surface Commingling

Conditions of Approval

Approval of surface commingling and off-lease sales and/or measurement is subject to the following conditions of approval:

1. This agency shall be notified of any change in sales method or location of sales point.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval is subject to like approval by the New Mexico Oil Conservation Division.
5. Additional wells and/or leases require additional commingling approvals.
6. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.
7. Approval for combining production from various sources is a privilege which is granted to lessees for the purpose of aiding conservation and extending the economic life of leases. Applicants should be cognizant that failure to operate in accordance with the provisions outlined in the Authorized Officer's conditions of approval and/or subsequent stipulations or modifications will subject such approval to revocation.
8. All above-ground structures not subject to safety requirements shall be painted by the holder to blend with the natural color of the landscape. The paint used shall be color which simulates "standard Environmental Colors" – Shale Green, Munsell Soil Color No. 5Y 4/2.
9. If any additional wells are added to this CDP a gas meter will have to be installed on the Hackberry 18 Federal # after commingling approval has been submitted for additional wells.

Hackberry & Ranger Wells
 Off Lease Measurement, Storage & Surface Commingle (Gas)
 19S-31E Eddy County, NM

USA NMINM 99040

RANGER 17 FEDERAL 1

USA NMLC 069464A

HACKBERRY 18 FEDERAL 1



Legend

	Gas Well		Well Surface
	Gas Injection Well		Abandoned Location
	Injection Well		Drilling
	Oil Well		Permit
	Oil Injection Well		BoreStick
			Devon Leases
			Devon Minerals

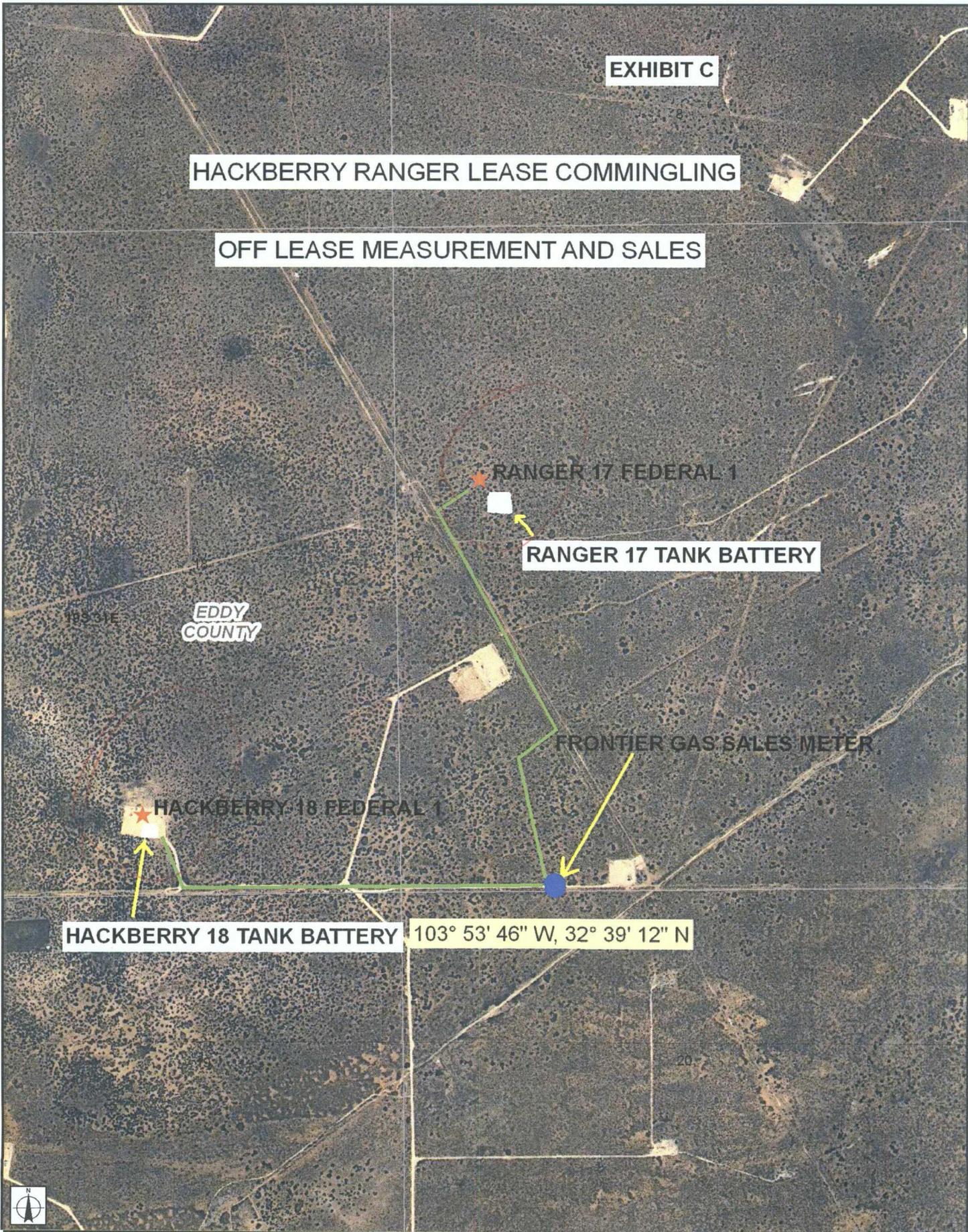




EXHIBIT C

HACKBERRY RANGER LEASE COMMINGLING

OFF LEASE MEASUREMENT AND SALES



HACKBERRY 18 TANK BATTERY 103° 53' 46" W, 32° 39' 12" N





Laboratory Services, Inc.

2609 West Marland
Hobbs, New Mexico 88240

Roger

H

Telephone: (575) 397-3713

FOR: Devon Energy
P. O. Box 250
Artesia, New Mexico 88211-0250

SAMPLE: IDENTIFICATION Hackberry 18 #1
COMPANY: Devon Energy
LEASE:
PLANT:

SAMPLE DATA: DATE SAMPLED: 10/16/09 10:00 am
ANALYSIS DATE: 10/23/09
PRESSURE - PSIG 30
SAMPLE TEMP. °F 84
ATMOS. TEMP. °F 88

GAS (XX) LIQUID ()
SAMPLED BY: Robert Hernandez
ANALYSIS BY: Vickie Sullivan

REMARKS: H2S = 0

COMPONENT ANALYSIS

COMPONENT		MOL PERCENT	GPM
Hydrogen Sulfide	(H2S)	0.000	
Nitrogen	(N2)	2.188	
Carbon Dioxide	(CO2)	0.084	
Methane	(C1)	65.773	
Ethane	(C2)	14.333	3.824
Propane	(C3)	9.024	2.481
I-Butane	(IC4)	1.235	0.403
N-Butane	(NC4)	3.445	1.084
I-Pentane	(IC5)	0.961	0.351
N-Pentane	(NC5)	1.057	0.382
Hexane Plus	(C6+)	1.900	0.825
		100.000	9.350

BTU/CU.FT. - DRY 1469
AT 14.650 DRY 1464
AT 14.650 WET 1439
AT 14.73 DRY 1472
AT 14.73 WET 1447

MOLECULAR WT. 25.4226

SPECIFIC GRAVITY -
CALCULATED 0.874
MEASURED



Laboratory Services, Inc.

2609 West Marland
Hobbs, New Mexico 88240

H

Telephone: (575) 397-3713

FOR: Devon Energy
P. O. Box 250
Artesia, New Mexico 88211-0250

SAMPLE: IDENTIFICATION Ranger 17 Fed. #1
COMPANY: Devon Energy
LEASE:
PLANT:

SAMPLE DATA: DATE SAMPLED:
ANALYSIS DATE: 7/22/09
PRESSURE - PSIG
SAMPLE TEMP. °F
ATMOS. TEMP. °F

GAS (XX) LIQUID ()
SAMPLED BY:
ANALYSIS BY: Vickie Sullivan

REMARKS:

COMPONENT ANALYSIS

COMPONENT	MOL PERCENT	GPM
Hydrogen Sulfide (H2S)		
Nitrogen (N2)	2.458	
Carbon Dioxide (CO2)	0.118	
Methane (C1)	65.334	
Ethane (C2)	14.056	3.750
Propane (C3)	8.908	2.449
I-Butane (IC4)	1.223	0.399
N-Butane (NC4)	3.453	1.086
I-Pentane (IC5)	0.948	0.346
N-Pentane (NC5)	1.038	0.375
Hexane Plus (C6+)	2.464	1.069
	<u>100.000</u>	<u>9.474</u>
BTU/CU.FT. - DRY	1482	MOLECULAR WT. 25.8046
AT 14.650 DRY	1477	
AT 14.650 WET	1452	
AT 14.73 DRY	1485	
AT 14.73 WET	1460	
SPECIFIC GRAVITY -		
CALCULATED	0.886	
MEASURED		

OFF LEASE PRODUCTION - EDDY COUNTY

	01/01/09	02/01/09	03/01/09	04/01/09	05/01/09	06/01/09	07/01/09	08/01/09
Well Name	Sum Est Gas							
HACKBERRY 18 FED 1	182.	181.	185.	201.	215.	176.	132.	34.
RANGER 17 FEDERAL 1	193.	183.	161.	153.	184.	173.	166.	46.

Ranger 17 Federal #1
 Section 17,19S,R31E
 1780FSL&660FWL
 Eddy County, N.M.
 API# 30-015-30119

Production System: Open

- 1) Oil sales by tank gauge to tank truck.
- 2) Seal requirements:

A. Production Phase: On all Tanks.

- (1) All valves 5 sealed closed.

Sales Phase: On Tank being hauled.

- (1) Valve 1 sealed closed.
- (2) Valve 3 sealed closed.
- (3) Valve 4 sealed closed.
- (4) Valve 5 sealed closed.

(5) Misc. Valves: Plugged or otherwise unaccessible.

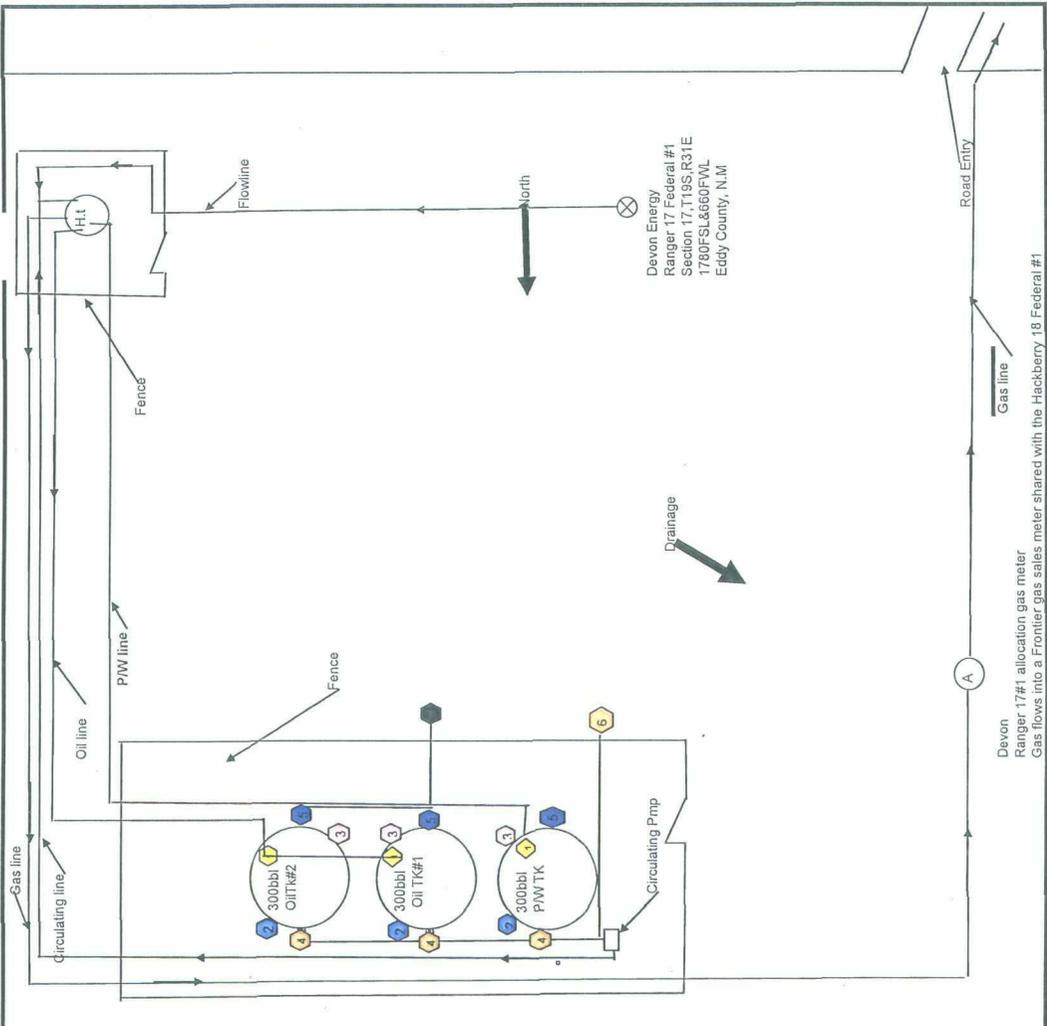
NOTE: Valve 2 is either a test or roll line if there is a valve 2 it will be sealed closed.

Ledger for Site Diagram

- Valve #1: Production Line
- Valve #2: Test or Roll line
- Valve #3: Equalizer Line
- Valve #4: Circ./Drain Line
- Valve #5: Sies Line
- Valve #6: BS&W Load Line

- Buried Lines: -----
- Firewall: [Symbol]
- Wellhead: [Symbol]
- Stak-pak: [Symbol]
- Production line: _____
- Water line: - - - - -

Gas Meter



Devon
 Ranger 17#1 allocation gas meter
 Gas flows into a Frontier gas sales meter shared with the Hackberry 18 Federal #1

Hackberry 18 Federal #1
 Section 18, T19S, R31E
 660 FSL & 1980FEL
 Eddy County, N.M
 API# 30-015-29780

Production System: Open

- 1) Oil sales by tank gauge to tank truck.
- 2) Seal requirements:

A. Production Phase: On all Tanks.

- (1) All valves 5 sealed closed.

Sales Phase: On Tank being hauled.

- (1) Valve 1 sealed closed.
- (2) Valve 3 sealed closed.
- (3) Valve 4 sealed closed.
- (4) Valve 5 sealed closed.

(5) Misc. Valves: Plugged or otherwise inaccessible.

NOTE: Valve 2 is either a test or roll line if there is a valve 2, it will be sealed closed.

Ledger for Site Diagram

- Valve #1: Production Line
- Valve #2: Test or Roll Line
- Valve #3: Equalizer Line
- Valve #4: Circ./Drain Line
- Valve #5: Sies Line
- Valve #6: BS&W Load Line

Buried Lines:

Firewall:

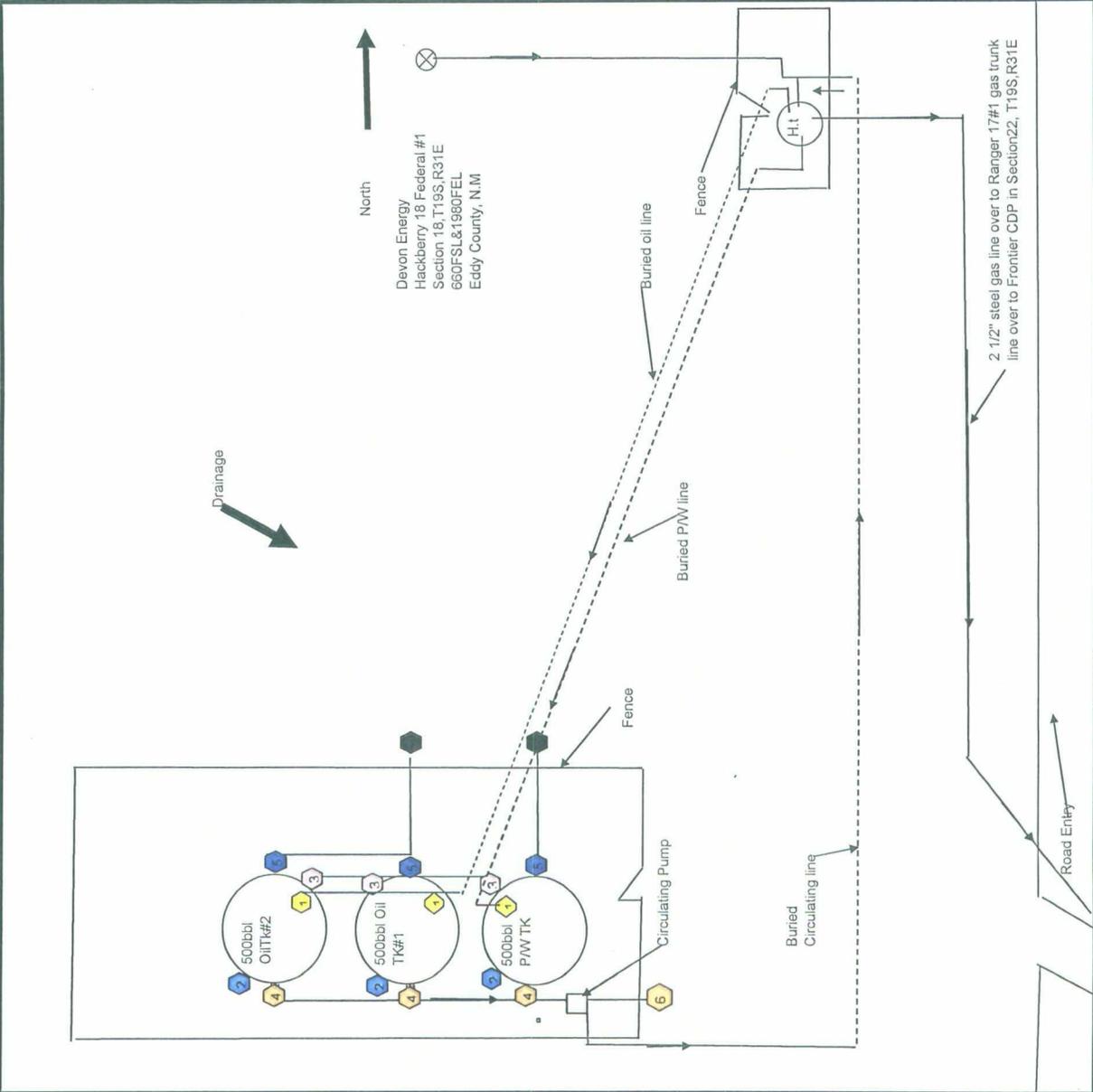
Wellhead:

Stak-pak:

Production line:

Water line:

Gas Meter



Minerals Management Service
Royalty Management Program
P.O. Box 5810 Denver, Colorado 80217-5810
7009-1140-0004-6106-9580

Robin Oil & Gas Corporation
P.O. Box 720420
Oklahoma City, Oklahoma 73172
7008-1140-0004-6106-9597

Nearburg Exploration Co. LLC
P.O. Box 678100
Dallas, Texas 75267-8100
7008-1140-0004-6106-9603

Jareed Parnters LTD
P.O. Box 51451
Midland, Texas 79710-1451
7008-1140-0004-6106-9610

Penwell Employee Royalty Pool
200 N Loraine Suite 1550
Midland, Texas 79701
7008-1140-0004-6106-9627

Butkin Investment Company LLC
P.O. Box 2090
Duncan, OK 73534
7008-1140-0004-6106-9634

Todd & Karla M Kringen
8540 E. McDowell Rd. # 59
Mesa, AZ 85207-1431
7008-1140-0004-6106-9641

Robro Royalty Partners LTD
P.O. Box 141638
Austin, TX 78714-1638
7008-1140-0004-6106-9658

John Lawrence Thomas
P.O. Box 863418
Plano, TX 75086
7008-1140-0004-6106-9665

Sandra Mary Thomas
789 W. Hellsgate Drive
Strawn, Texas 76475
7008-1140-0004-6106-9672

C Mark Wheeler
24 Smith Road, Ste 405
Midland, Texas 79705
7008-1140-0004-6106-9689

Paul R. Barwis c/o Dutton Harris Co.
P.O. Box 230
Midland, Texas 79702
7008-1140-0004-6106-9696

Joan M Voigt
7 Sherborne Wood
San Antonio, 78218
7008-1140-0004-6106-9702

Marbob Energy Corporation
P.O. Box Drawer 227
Artesia, NM 88211-0227
7008-1140-0004-6106-9719

Durango Production Corporation
P.O. Box 4848
Wichita Falls, Texas 76308
7008-1140-0004-6106-9726

Ballard E. Spencer Trust Inc. – Trust Dept
P.O. Drawer AA
Artesia, NM 88210
7008-1140-0004-6106-9733

Stanford University c/o Bank of America
P.O. Box 840738
Dallas, TX 75284-0738
7008-1140-0004-6106-9740

Minerals Management Services
Royalty Mgmt Program
P.O. Box 5810 Denver, CO 80217
7008-1140-0004-6106-9757

PBR Properties Joint Venture
P.O. Box 2802
Midland, Texas 79702
7008-1140-0004-6106-9764

Wallfam Limited Partnership
1811 Heritage Blvd, STE 200
Midland, Texas 79707
7008-1140-0004-6106-9771

Family Tr of John & Sharon Olaf Larsgaard
7627 146th Avenue
Sumner, WA 98390
7008-1140-0004-6106-9788

Zanaida Ruth Griffin
2808 Abingdon Parkway
Birmingham, AL 35243
7008-1140-0004-6106-9795

Vicki L Owens
P.O. Box 696
Eunice, NM 88231
7008-1140-0004-6106-9177

Scott C Henson
3625 Spence Road
Loomis, California 95650-8865
7008-1140-0004-6106-9184

Constance B Cartwright Trustee
2444 Wilshire Blvd, STE 508
Santa Monica, CA 90403-5808
7008-1140-0004-6106-9191

Willis R. Hartsock c/o Bank of America
P.O. Box 620020
Dallas, Texas 75262
7008-1140-0004-6106-9207

Ward C. Hartsock
P.O. Box 620020
Dallas, Texas 75262
7008-1140-0004-6106-9214

Jeanne (Jean) Edna Hunt
P.O. Box 251406
Plano, Texas 75025-1406
7008-1140-0004-6106-9221

Franklin Thompson Family Agency Trust # 4012
P.O. Box 840738
Dallas, Texas 75284
7008-1140-0004-6106-9238

Jane Landreth Russell Agency
Lock Box 3480
Omaha, NE 68103-0480
7008-1140-0004-6106-9245

Lynda L Shropshire Trust I
P.O. Box 3480
Omaha, NE 68103-0489
7008-1140-0004-6106-9252

Robert H Tennant
9563 Doliver
Houston, Texas 77063
7008-1140-0004-6106-9269

Robert H Tennant Jr. Testamenta Trustee
9563 Doliver
Houston, Texas 77063
7008-1140-0004-6106-9474

Borden Hamilton Tennant Trust
9563 Doliver
Houston, Texas 77063
7008-1140-0004-6106-9467

Mary Elizabeth Tennant Trust
9563 Doliver
Houston, Texas 77063
7008-1140-0004-6106-9450

Joseph A Tennant
P.O. Box 382
Marathon, Texas 79842
7008-1140-0004-6106-9443

Sundance Mineral I
P.O. Box 17744
Ft. Worth, TX 76102
7008-1140-0004-6106-9436

Carol J. Christianson
19026 N 2nd Avenue
Phoenix, AZ 85027
7008-1140-0004-6106-9429

David Donnelly Trust
P.O. Box 1150
Lebanon, MO 65536
7008-1140-6106-9412

David F. Stout
1645 W Baseline Rd, Unit 2146
Mesa, AZ 85202
7008-1140-0004-6106-9405

Steven M Henson
3265 Spence Road
Loomis, CA 95650-8865
7008-1140-6106-9399

William T Henderson Family Trust
1906 E. Battlefield Road
Springfield, MO 65804
7008-1140-0004-6106-9382

Felisha M. Elmore
23411 36th Avenue CT E
Spanaway, MO 98387-7330
7008-1140-0004-6106-9375

David Boyd Barmette
782 Litchfield Ave
Sebastopol, CA 95472
7008-1140-0004-6106-9368

James D Elmore c/o IRS Levy Proceeds
4330 Watt Ave, SA 6213
Sacramento, CA 95821
7008-1140-0004-6106-9818

Krista G. O'Conner
1650 Quiet Hills Drive
Ocean Side, CA 92056
7008-1140-0004-6106-9825

Estate of Florence M Dooley
1006 South 2nd Street
Artesia, NM 88210
7008-1140-0004-6106-9832

Terrance Patrick Perkins
304 S. Ave F
Portales, NM 88130
7008-1140-0004-6106-9849

WA Landreth Jr.
3207 W 4th Street
Ft. Worth, Texas 76102
7008-1140-0004-6106-9856

Mary Lindsey Kesterson Agency
Lock Box 3480
Omaha, NE 68103-0480
7008-1140-0004-6106-9863

Mary Adele Landreth Smith c/o Edward Smith
1675 Highway 591
Dublin, Texas 76446
7008-1140-0004-6106-9870

William Locke Allison III
2641 Fines Creek Drive
Statesville, NC 28625
7008-1140-0004-6106-9887

Elizabeth Foster Tennant
701 Bering Dr. # 204
Houston, TX 77057
7008-1140-0004-6106-9894

W B Kindlesparger Estate
P.O. Box 1148
Odessa, Texas 79760-1148
7008-1140-0004-6106-9917

John T. Landreth
P.O. Box 180
Engle, CO 81631-0180
7008-1140-0004-6106-9900

Mary Adele Landreth Trust:
504 Ft Worth Club Bldg -306 West 7th Street
Forth Worth, TX 76102-4905
7008-1140-0004-6106-9924

R D. Mellard Estate
P.O. Box 1506
Hope, NM 88250
7008-1140-0004-6106-9931

Robert C. Grable
201 Main Street, STE 2500
Fort Worth, TX 76102-3129
7008-1140-0004-6106-9948

Thomas Ausley Allison
1122 Dogwood Rd
Statesville, NC 28677-3463
7008-1140-0004-6106-9955

Gesler Grandchildren's Trust
4605 E. Shomi Street
Phoenix, AZ 85044
7008-1140-0004-6106-9962

Trust UWO Bettie Allison Rand Trustee
P.O. Box 4325
Rocky Mount, NC 27803
7008-1140-0004-6106-9979

Clarence G Neal Jr.
3451 School Street
Fortuna, CA 95540-3623
7008-1140-0004-6106-9986

Phyllis M Wolfe
P.O. Box 14432
Phoenix, AZ 85063-4432
7008-1140-0004-6106-9993

Hazel N Collins Family Trust: Texas Bank
2525 Ridgar Blvd, STE 100
Fort Worth, TX 76116
7008-1140-0004-6107-9398

John Michael Esses
10 Via Slano
Rancho Santa MA, CA 92688-1330
7008-1140-0004-6106-9801

Ella Joan Neal Living Trust
6235 E Sea Breeze Drive
Long Beach, CA 90803
7008-1140-0004-6106-9573

Florence B. Clark Hall c/o Mineral Services Inc.
P.O. Box 244
St. Jacob, IL 62281-0244
7008-1140-0004-6106-9566

Barbara C. Larimore c/o Mineral Services Inc.
P.O. Box 244
St Jacob, IL 62281-0244
7008-1140-0004-6106-9559

Harold G Hartsock Living Trust
P.O. Box 1449
Sanford, Florida 32772-1449
7008-1140-0004-6106-9542

Ralph Alexander Stricker
3702 E Campbell Ave
Phoenix, AZ 85018
7008-1140-0004-6106-9535

Helen Joy Smith LLC c/o Adam Smith, CPA
5410 26th Street West
Bradenton, Florida 34207
7008-1140-0004-6106-9528

Billie J David, Life Tennant
P.O. Box 7706
Midland, TX 79708
7008-1140-0004-6106-9511

Edith A Shelton Marital Trust
218 W Glen Eagles Rd
Stateville, NC 28625
7008-1140-0004-6106-9504

Nedinia S Clark Dupont c/o Horseshoe Investments
P.O. Box 190811-6811
St. Louis, MO 63119
7008-1140-0004-6106-9498

Charlotte G Meador
P.O. Box 395
Decatur, TX 76234
7008-1140-0004-6106-9481

Ronald T Gettys
P.O. Box 367
Decatur, TX 76234
7008-1140-0004-6107-9411

The Roach Foundation Acct# 8300205110
7777 Taylor Street
Forth Worth, Texas 76102-4919
7008-1140-0004-6107-9404

William K Burton
301 Commerce Street, STE 2900
Forth Worth, TX 76102-0084
7008-1140-0004-6107-9237

CCB 1998 Trust – Ben Fortson Jr. Trustee
301 Commerce St, STE 2900
Fort Worth, TX 76102
7008-1140-0004-6107-9220

DCB 1998 Trust - Ben Fortson Jr. Trustee
301 Commerce St, STE 2900
Forth Worth, TX 76102
7008-1140-0004-6107-9190

MWB 1998 Trust - Ben Fortson Jr. Trustee
301 Commerce St, STE 2900
Forth Worth, TX 76102
7008-1140-0004-6107-9213

Ben J Fortson III Children Trust – B Fortson Trste
301 Commerce St, STE 2900
Forth Worth, TX 76102
7008-1140-0004-6107-9206

Riall S Moore
124 Kelton Ave
San Carlos, CA 94070
7008-1140-0004-6107-9183

Shannon Moore
124 Merrydale, #36
San Rafael, CA 94901
7008-1140-0004-6107-9251

Ramona L Clarke
1615 N W 101st Street
Clive, IA 50325
7008-1140-0004-6107-9268

Helen Marie White
P.O. Box 24492
Cincinnati, OH 45224
7008-1140-0004-6107-9275

Michele Ruth White
2920 A Street
Eureka, CA 95501
7008-1140-0004-6107-9282

Stephanie P. Troth
5714 E Acoma Drive
Scottsdale, AZ 85254
7008-1140-0004-6107-9299

Robin Frederick Hill
1836 Shaded Wood
Walnut, CA 91789
7008-1140-0004-6107-9305

Steven P. Thompson
P.O. Box 14596
Odessa, TX 79768
7008-1140-0004-6107-9312

Dan W. Irwin – Separate Property
118 N. Grant Street
Hinsdale, IL 60521
7008-1140-0004-6107-9329

W/K Land Company A Co PSHP Rex Walker
911 Kimbark Street
Longmont, CO 80501-4510
7008-1140-0004-6107-8971

Melinda Anne Benagh – Separate Property
2007 Big Horn Drive
Austin, TX 78734
7008-1140-0004-6107-9336

John Eric Thicksen – AS His Separate Property
6672 Michael John Drive
La Jolla, CA 92037
7008-1140-0004-6107-9343

Patrick Dooley – As His Separate Property
1006 South 2nd Street
Artesia, NM 88210
7008-1140-0004-6107-9350

Mary Ann Susan Thicksen – Her Separate Property
5690 Arbor Grove CT
San Diego, CA 92121
7008-1140-0004-6107-9367

Thomas Lusk Thicksen - His Separate Property
312 Foxglove
Kyle, TX 78640
7008-1140-0004-6107-9374

Patricia Benaugh White – Her Separate Property
806 Lari Dawn
San Antonio, TX 78258
7008-1140-0004-6107-9381

Jennifer Thicksen Fessler
2557 Roscoemare Road
Los Angeles, CA 90077
7008-1140-0004-6107-8902

Kathryn Ann Thicksen Leff
3131 Xenophone Street
San Diego, CA 92106-1537
7008-1140-0004-6107-8919

Edward Landreth Smith
1675 Hwy 591
Dublin, TX 76446
7008-1140-6107-8926

Todd M Wilson & Cannon Exploration Co.
3608 S County Road 1184
Midland, TX 79706
7008-1140-0004-6107-8933

Kimball Art Foundation
301 Commerce St, STE 2300
Ft. Worth, TX 76102
7008-1140-0004-6107-8940

Roger & Holly L Elliott – Family Lmted Partnership
4105 Baybrook Drive
Midland, TX 79707
7008-1140-0004-6107-8957

Estate of Lonye Marie Williams Deceased
1701 River Run Rd, STE 501
Fort Worth, TX 76107-6548
7008-1140-0004-6107-8964

MAPOO-NET A Texas Gen Partnership
P.O. Box 268946
OKC, OK 73126
7008-1140-0004-6107-8971

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 R. Barwis c/o Dutton Harris Co.
P.O. Box 230
Midland, Texas 79702

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9696

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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 A Tennant
P.O. Box 382
Marathon, Texas 79842

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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:

Estate of Florence M Dooley
1006 South 2nd Street
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9832

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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:

Ronald T Gettys
P.O. Box 367
Decatur, TX 76234

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
 _____ 11/12/09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6107 9411

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Gesler Grandchildren's Trust
4605 E. Shomi Street
Phoenix, AZ 85044

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
 _____ NOV 12 2009

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9962

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 Mark Wheeler
24 Smith Road, Ste 405
Midland, Texas 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
 _____ 11/12/09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9689

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Wallfam Limited Partnership
 1811 Heritage Blvd, STE 200
 Midland, Texas 79707

2. Article Number (Transfer from service label)

7008 1140 0004 6106 9771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Shelly Smith*

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:

Helen Joy Smith LLC c/o Adam Smith, CPA
 5410 26th Street West
 Bradenton, Florida 34207

2. Article Number (Transfer from service label)

7008 1140 0004 6106 9528

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Alley Seddik*

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:

Patricia Benaugh White -- Her Separate Property
 806 Lari Dawn
 San Antonio, TX 78258

2. Article Number (Transfer from service label)

7008 1140 0004 6107 9381

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Patricia Benaugh White*

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:

Hazel N Collins Family Trust: Texas Bank
2525 Ridgar Blvd, STE 100
Fort Worth, TX 76116

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] 11-12

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6107 9398

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Sundance Mineral I
P.O. Box 17744
Ft. Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

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

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

NOV 12 2009

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9436

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Nearburg Exploration Co. LLC
P.O. Box 678100
Dallas, Texas 75267-8100

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] NOV 11 2009

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9603

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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/K Land Company A Co PSHP Rex Walker
 911 Kimbark Street
 Longmont, CO 80501-4510

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Tricia Henry

B. Received by (Printed Name) C. Date of Delivery
 TRICIA HENRY 11.12.09

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

911 Kimbark St

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6107 9121

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 Landreth Smith
 1675 Hwy 591
 Dublin, TX 76446

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x [Signature]

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 11/12/09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6107 8926

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Adele Landreth Smith c/o Edward Smith
 1675 Highway 591
 Dublin, Texas 76446

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x [Signature]

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 11/12/09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9870

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Charlotte G Meador
 P.O. Box 395
 Decatur, TX 76234

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 _____ 11-2-09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9481

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:

Marbob Energy Corporation
 P.O. Box Drawer 227
 Artesia, NM 88211-0227

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 MISTY McLurg 11-12-09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9719

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:

Butkin Investment Company LLC
 P.O. Box 2090
 Duncan, OK 73534

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 Connie Phillips 11-10-09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9634

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Joan Neal</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery <i>11/12/09</i>
1. Article Addressed to: <div style="border: 1px dashed black; padding: 5px; text-align: center;"> Ella Joan Neal Living Trust 6235 E Sea Breeze Drive Long Beach, CA 90803 </div>	B. Received by (Printed Name) <i>Joan Neal</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7008 1140 0004 6106 9573		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Kristy Franklin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery <i>11/12/09</i>
1. Article Addressed to: <div style="border: 1px dashed black; padding: 5px; text-align: center;"> Jared Parnters LTD P.O. Box 51451 Midland, Texas 79710-1451 </div>	B. Received by (Printed Name) <i>Kristy Franklin</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7008 1140 0004 6106 9610		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Phillip Lawson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery <i>11-12-09</i>
1. Article Addressed to: <div style="border: 1px dashed black; padding: 5px; text-align: center;"> Ballard E. Spencer Trust Inc. - Trust Dept P.O. Drawer AA Artesia, NM 88210 </div>	B. Received by (Printed Name) <i>Phillip Lawson</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7008 1140 0004 6106 9733		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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:

Estate of Lonye Marie Williams Deceased
 1701 River Run Rd, STE 501
 Fort Worth, TX 76107-6548

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
S Moore

B. Received by (Printed Name) *S Moore* C. Date of Delivery *11-12-09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6107 8964

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Donnelly Trust
 P.O. Box 1150
 Lebanon, MO 65536

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
David Donnelly

B. Received by (Printed Name) *David Donnelly* C. Date of Delivery *11/12/09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9412

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Penwell Employee Royalty Pool
 200 N Loraine Suite 1550
 Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Caren Copeland

B. Received by (Printed Name) *Caren Copeland* C. Date of Delivery *11-12-09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9627

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Todd M Wilson & Cannon Exploration Co.
3608 S County Road 1184
Midland, TX 79706

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dorothy Izard* Agent
 Addressee

B. Received by (Printed Name)

Dorothy Izard

C. Date of Delivery

11/12/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 8933

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patrick Dooley - As His Separate Property
1006 South 2nd Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9350

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 Michael Esses
10 Via Slano
Rancho Santa MA, CA 92688-1330

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)

G. ESSER

C. Date of Delivery

11/12

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9801

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William T Henderson Family Trust
 1906 E. Battlefield Road
 Springfield, MO 65804

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Rose Brandy

B. Received by (Printed Name) *ROSE BRANDY* C. Date of Delivery *11-12-05*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9382**

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:

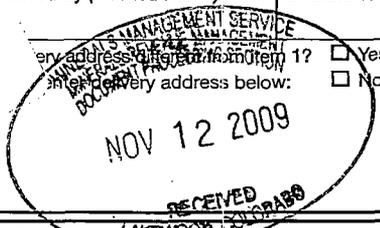
Minerals Management Service
 Royalty Management Program
 P.O. Box 5810 Denver, Colorado 80217-5810

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

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



3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9580**

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Helen Marie White
 P.O. Box 24492
 Cincinnati, OH 45224

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Helen Marie White

B. Received by (Printed Name) C. Date of Delivery *11-16-07*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9275**

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:

Roger & Holly L. Elliott - Family Lmt Partnership
 4105 Baybrook Drive
 Midland, TX 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Robert D. Elliott* C. Date of Delivery *11-19-09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 8957**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Family Tr of John & Sharon Olaf Larsgaar
 7627 146th Avenue
 Sumner, WA 98390

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *JOHN O. LARSGAARD* C. Date of Delivery *11-17-09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9788**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 Landreth Jr.
 3207 W 4th Street
 Ft. Worth, Texas 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery *11-12*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9856**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 Lawrence Thomas
P.O. Box 863418
Plano, TX 75086

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
John Thomas
- B. Received by (Printed Name) *John Thomas*
- C. Date of Delivery *1/13/09*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

2. Article Number
(Transfer from service label)

7008 1140 0004 6106 9665

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Boyd Barnette
782 Litchfield Ave
Sebastopol, CA 95472

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
David Barnette
- B. Received by (Printed Name) *David Barnette*
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

2. Article Number
(Transfer from service label)

7008 1140 0004 6106 9368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

PBR Properties Joint Venture
P.O. Box 2802
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
Jamaine Cebey
- B. Received by (Printed Name) *Jamaine Cebey*
- C. Date of Delivery *1/13/09*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

2. Article Number
(Transfer from service label)

7008 1140 0004 6106 9764

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

Robro Royalty Partners LTD
 P.O. Box 141638
 Austin, TX 78714-1638

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Robert A. Helms

B. Received by (Printed Name) *R. HELMS* C. Date of Delivery *11-13-09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9658**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Florence B. Clark Hall c/o Mineral Services Inc.
 P.O. Box 244
 St. Jacob, IL 62281-0244

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Karen S. Schultze

B. Received by (Printed Name) *KAREN S. SCHULTZE* C. Date of Delivery *11-13-09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9566**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Vicki L Owens
 P.O. Box 696
 Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Vicki Owens

B. Received by (Printed Name) *VICKI OWENS* C. Date of Delivery *11-13-09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9177**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Sandra Mary Thomas
789 W. Hellsgate Drive
Strawn, Texas 76475

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sandra M. Thomas Agent
 Addressee

B. Received by (Printed Name)
Sandra Thomas

C. Date of Delivery
11-13-09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9672**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Robin Frederick Hill
1836 Shaded Wood
Walnut, CA 91789

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Robin Hill Agent
 Addressee

B. Received by (Printed Name)
Robin Hill

C. Date of Delivery
11/12

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9305**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

MWB 1998 Trust - Ben Fortson Jr. Trustee
301 Commerce St, STE 2900
Forth Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Ciprius Bullard Agent
 Addressee

B. Received by (Printed Name)
Arctic Bullard

C. Date of Delivery
NOV 3 2009

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9213**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

DCB 1998 Trust - Ben Fortson Jr. Trust
301 Commerce St. STE 2900
Forth Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
April Bullock

B. Received by (Printed Name) Yes No
April Bullock

C. Date of Delivery
13 2008

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9190**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 Lusk Thickstum - His Separate Property
312 Foxglove
Kyle, TX 78640

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Thomas L. Thickstum

B. Received by (Printed Name) Yes No
Thomas L. Thickstum

C. Date of Delivery
NOV 13 2008

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9374**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

CCB 1998 Trust - Ben Fortson Jr. Trustee
301 Commerce St. STE 2900
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
April Bullock

B. Received by (Printed Name) Yes No
APRIL BULLOCK

C. Date of Delivery
13 2008

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9220**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William K Burton
301 Commerce Street, STE 2900
Forth Worth, TX 76102-0084

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *April Burton* Agent Addressee
- B. Received by (Printed Name) *April Burton* C. Date of Delivery **NOV 13 2009**
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9237**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Stanford University c/o Bank of America
P.O. Box 840738
Dallas, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *T. Borden* Agent Addressee
- B. Received by (Printed Name) C. Date of Delivery **NOV 11 2009**
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9740**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Todd & Karla M Kringen
8540 E. McDowell Rd. # 59
Mesa, AZ 85207-1431

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Karla Kringen* Agent Addressee
- B. Received by (Printed Name) *Karla Kringen* C. Date of Delivery **NOV 14**
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9641**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William Locke, Allison III
 2641 Fines Creek Drive
 Statesville, NC 28625

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
William L. Allison III

B. Received by (Printed Name) Date of Delivery
 William L. Allison III

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

NOV 13 2009

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9887

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Krista G. O'Conner
 1650 Quiet Hills Drive
 Ocean Side, CA 92056

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Krista G. O'Conner

B. Received by (Printed Name) Date of Delivery
 Krista G. O'Conner

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9825

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Robin Oil & Gas Corporation
 P.O. Box 720420
 Oklahoma City, Oklahoma 73172

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Robin Oil & Gas Corporation

B. Received by (Printed Name) Date of Delivery
 Robin Oil & Gas Corporation

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

NOV 16 2009

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9597

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Carol J. Christianson
19026 N 2nd Avenue
Phoenix, AZ 85027

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Carol J. Christianson

B. Received by (Printed Name) Agent Addressee
Carol J. Christianson

C. Date of Delivery
11/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9429**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 C. Grable
201 Main Street, STE 2500
Fort Worth, TX 76102-3129

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Robert C. Grable

B. Received by (Printed Name) Agent Addressee
Robert C. Grable

C. Date of Delivery
NOV 13 2009

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9948**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Zanaida Ruth Griffin
2808 Abingdon Parkway
Birmingham, AL 35243

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Zanaida Ruth Griffin

B. Received by (Printed Name) Agent Addressee
Zanaida Ruth Griffin

C. Date of Delivery
11-14-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9795**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Ben J Fortson III Children Trust - B Fortson Trust
 301 Commerce St. STE 2900
 Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9206

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cyril Butler* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

APRIL BULLOCK *3 2009*

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 Roach Foundation Acct# 8300205110
 7777 Taylor Street
 Fort Worth, Texas 76102-4919

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9404

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *S. Eakman* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

S. Eakman *11/14*

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 Eric Thickson - AS His Separate Property
 6672 Michael John Drive
 La Jolla, CA 92037

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9343

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alison Hark* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

NOV 13 2009

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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:

Kimball Art Foundation
 301 Commerce St, STE 2300
 Ft. Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 NOV 13 2009

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6107 8940

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Jennifer Thickstun Fessler
 2557 Roscoemare Road
 Los Angeles, CA 90077

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 Jennifer Fessler 11/12

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6107 8902

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Durango Production Corporation
 P.O. Box 4848
 Wichita Falls, Texas 76308

COMPLETE THIS SECTION ON DELIVERY

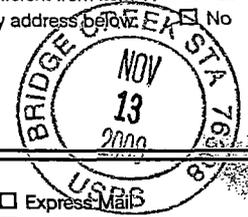
A. Signature Agent Addressee
[Signature]

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

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

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

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Transfer from service label) 7008 1140 0004 6106 9726

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Joan M Voigt
7 Sherborne Wood
San Antonio, 78218

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9702

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Joan Voigt*

Agent

Addressee

B. Received by (Printed Name)

JOAN VOIGT

C. Date of Delivery

11-13-09

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:

Barbara C. Larimore c/o Mineral Services Inc.
P.O. Box 244
St Jacob, IL 62281-0244

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9559

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Karen S. Schulte*

Agent

Addressee

B. Received by (Printed Name)

KAREN S. SCHULTE

C. Date of Delivery

11-13-09

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:

Lynda J. Shropshire Trust I
P.O. Box 3480
Omaha, NE 68103-0489

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9252

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rick L Hager*

Agent

Addressee

B. Received by (Printed Name)

RICK L HAGER

C. Date of Delivery

NOV 13 2009

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:

Mary Lindsey Kesterson Agency
Lock Box 3480
Omaha, NE 68103-0480

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Rick L Hager Agent
 Addressee

B. Received by (Printed Name)
 Rick L Hager

C. Date of Delivery

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

NOV 13 2009
OMAHA NE 68103-0480

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9863**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Steven M Henson
3265 Spence Road
Loomis, CA 95650-8865

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sally Tatosian Agent
 Addressee

B. Received by (Printed Name)
 SALLY TATOSIAN

C. Date of Delivery
 11/13/09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9399**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Steven P. Thompson
P.O. Box 14596
Odessa, TX 79768

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Steve Thompson Agent
 Addressee

B. Received by (Printed Name)
 STEVE THOMPSON

C. Date of Delivery
 11-13-09

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

NOV 13 2009
62-9998

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9312**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Scott C Henson
3625 Spence Road
Loomis, California 95650-8865

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sally Tatoslaw Agent Addressee

B. Received by (Printed Name) *SALLY TATOSLAW* C. Date of Delivery *11/12/09*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
3265 SPENCE RD

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9184**

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:

Ramona L. Clarke
1615 N W 101st Street
Clive, IA 50325

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sharon B. Zank Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *1/12/10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6107 9268**

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:

Harold G Hartsock Living Trust
P.O. Box 1449
Sanford, Florida 32772-1449

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Paul Hartsock 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
*P.O. Box 1449
Sanford, Fla*

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9542**

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 B Kindlesparger Estate
 P.O. Box 1148
 Odessa, Texas 79760-1148

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *W B Kindlesparger* Agent Addressee

B. Received by (Printed Name): *W B Kindlesparger*

C. Date of Delivery: *NOV 16 2009*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9917**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 D Elmore c/o IRS Levy Proceeds
 4330 Watt Ave, SA 6213
 Sacramento, CA 95821

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *James D Elmore* Agent Addressee

B. Received by (Printed Name): *James D Elmore*

C. Date of Delivery: *NOV 13 2009*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9818**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Felisha M. Elmore
 23411 36th Avenue CT E
 Spanaway, MO 98387-7330

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Felisha M Elmore* Agent Addressee

B. Received by (Printed Name): *L. ELMORE*

C. Date of Delivery: *11/13/09*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9375**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Jane Landreth Russell Agency
Lock Box 3480
Omaha, NE 68103-0480

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9245

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rick L Hager

 Agent Addressee

B. Received by (Printed Name)

Rick L Hager

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:

David F. Stout
1645 W Baseline Rd, Unit 2146
Mesa, AZ 85202

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9405

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X David Stout

 Agent Addressee

B. Received by (Printed Name)

DAVID STOUT

C. Date of Delivery

11/28/09

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:

Melinda Anne Benagh - Separate Property
2007 Big Horn Drive
Austin, TX 78734

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9336

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Melinda Benagh

 Agent Addressee

B. Received by (Printed Name)

Melinda Benagh

C. Date of Delivery

11-18-09

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 T. Landreth
P.O. Box 180
Engle, CO 81631-0180

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9900

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

John T. Landreth Agent Addressee

B. Received by (Printed Name)

John T. Landreth

C. Date of Delivery

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

EAGLE CO

NOV 18 2009

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:

Stephanie P. Troth
5714 E Acoma Drive
Scottsdale, AZ 85254

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9299

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Stephanie Troth Agent Addressee

B. Received by (Printed Name)

STEPHANIE TROTH

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:

Phyllis M Wolfe
P.O. Box 14432
Phoenix, AZ 85063-4432

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9993

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Judy Kiesel Agent Addressee

B. Received by (Printed Name)

Judy Kiesel

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:

Edith A Shelton Marital Trust
 218 W Glen Eagles Rd
 Stateville, NC 28625

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Wm. G. Shelton* Agent Addressee
- B. Received by (Printed Name)
William G. Shelton
- C. Date of Delivery
 NOV 18 2009
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9504

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 Ann Thickstun Leff
 3131 Xenophone Street
 San Diego, CA 92106-1537

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *[Signature]* Agent Addressee
- B. Received by (Printed Name)
KT Leff
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6107 8919

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Constance B Cartwright Trustee
 2444 Wilshire Blvd, STE 508
 Santa Monica, CA 90403-5808

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *[Signature]* Agent Addressee
- B. Received by (Printed Name)
Helen M. White
- C. Date of Delivery
 11-20-09
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9191

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Ralph Alexander Stricker
3702 E Campbell Ave
Phoenix, AZ 85018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name): *Alexander* C. Date of Delivery: *NOV 20 2004*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9535**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elizabeth Foster Tennant
701 Bering Dr. # 204
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name): *Elizabeth Tennant* C. Date of Delivery:

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9894**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

R.D. Mellard Estate
P.O. Box 1506
Hope, NM 88250

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6106 9931**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Michele Ruth White
2920 A Street
Eureka, CA 95501

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Michelle White 11/8/09
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

2. Article Number (Transfer from service label) 7008 1140 0004 6107 9282

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Clarence G Neal Jr.
3451 School Street
Fortuna, CA 95540-3623

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 William Neal 11-23-09
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

2. Article Number (Transfer from service label) 7008 1140 0004 6106 9986

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PROPERTY DECK MO/YR OWNER SQ BURDEN	-----PROPERTY NAME----- NAME	DESCRIPTION	INFLATED INTEREST	PAY STAT	EX CL	WP CRT	PY CD	RT CD	LAST DATE CHANGED	LEASE INTEREST
120149-004 AA 11/02 RANGER 17 1	CONSOL	MINERALS MANAGEMENT SERVICE ROYALTY MANAGEMENT PROGRAM PO BOX 5810 DENVER 84-0848646	MASTER DECK (CONV) MYB .12500000	2-ROY	GF				0/00/00	.00000000
114826	2 CONSOL	ROBIN OIL & GAS CORPORATION PO BOX 720420 OKLAHOMA CITY OK 73172- 73-1403366	.00005625	3-ORR	PA				4/26/07	.00000000
122638	2 CONSOL	NEARBURG EXPLORATION CO LLC NEARBURG PRODUCING COMPANY P O BOX 678100 DALLAS TX 75267-8100 75-2626152	.43750000	1-WI	PA				4/26/07	.00000000
280248	CONSOL	JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP P O BOX 51451 MIDLAND TX 79710-1451 75-2635111	.00250000	3-ORR	PA				4/26/07	.00000000
326109	CONSOL	PENWELL EMPLOYEE ROYALTY POOL 200 N LORRAINE SUITE 1550 MIDLAND TX 79701- 75-2223190	.00075000	3-ORR	PA				4/26/07	.00000000
328868	CONSOL	BUTKIN INVESTMENT COMPANY LLC PO BOX 2090 DUNCAN OK 73534- 73-1602239	.00050625	3-ORR	PA				4/26/07	.00000000
329248	CONSOL	TODD M KRINGEN AND KARLA R KRINGEN 8540 E MCDOWELL RD #59 MESA AZ 85207-1431 502-72-4678	.00006250	3-ORR	PA				4/26/07	.00000000
335556	CONSOL	ROBRO ROYALTY PARTNERS LTD PO BOX 141638 AUSTIN TX 78714-1638 20-8581282	.00031250	3-ORR	PA				7/02/08	.00000000
338946	CONSOL	JOHN LAWRENCE THOMA A SINGLE MAN P O BOX 863418 PLANO TX 75086- 114-52-8727	.00150000	3-ORR	PA				7/02/08	.00000000

WELR78 REVENUE DIVISION ORDER PRINT REQUESTS

PROPERTY DECK MO/YR	OWNER SQ	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY STAT	EX CL	WP CRT	PY CD	RT CD	LAST DATE CHANGED	LEASE INTEREST
109323-001 AA	11/02	HACKBERRY 18 FED 1	MASTER DECK APO								
11970	CONSOL	JOAN M VOIGT 7 SHERBORNE WOOD SAN ANTONIO 467-48-3854		.00000549	PA					9/26/03	.00000549
14343	CONSOL	MARBOB ENERGY CORPORATION P O DRAWER 227 ARTESIA NM 88211-0227 85-02322108		.00436570	PA					9/26/03	.00436570
48762	CONSOL	DURANGO PRODUCTION CORPORATION P O BOX 4848 WICHITA FALLS TX 76308- 75-2390732		.27950320	PA					9/29/03	.27950320
50648	CONSOL	BALLARD E SPENCER TRUST INC FIRST NATIONAL BANK OF ARTESIA TRUST DEPARTMENT P O DRAWER AA ARTESIA NM 88210- 85-6009061		.00477500	PA					9/29/03	.00477500
50847	CONSOL	STANFORD UNIVERSITY % BANK OF AMERICA P O BOX 840738 DALLAS TX 75284-0738 94-1156365		.00003424	PA					6/04/04	.00003424
53612	CONSOL	MINERALS MANAGEMENT SERVICE ROYALTY MANAGEMENT PROGRAM PO BOX 5810 DENVER CO 80217-5810 84-0848646		.12500000	GF					6/04/04	.12500000
59530	CONSOL	PBR PROPERTIES JOINT VENTURE PO BOX 2802 MIDLAND TX 79702- 75-2650682		.00000979	PA					6/04/04	.00000979
62257	CONSOL	WALLFAM LIMITED PARTNERSHIP 1811 HERITAGE BLVD STE 200 MIDLAND TX 79707- 75-2801503		.013664300	PA					6/04/04	.013664300
62524	CONSOL	FAM TR OF JOHN OLAF LARSGAARD AND SHARON LARUE LARSGAARD TD 9/18/92 JOHN OLAF LARSGAARD & SHARON LARUE LARSGAARD TTEES 7627 146TH AVE E SUMNER WA 98390- 535-14-6186		.00035812	PA					6/04/04	.00035812

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., 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 and Natural Resources

Form C-103
 May 27, 2004

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

WELL API NO. 30-015-29780 & 30-015-30119
5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name See Below
8. Well Number
9. OGRID Number 6137
10. Pool name or Wildcat See Below

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Devon Energy Production Company, LP

3. Address of Operator
20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802

4. Well Location (See Below)
 Unit Letter _____ feet from the _____ line and _____ feet from the _____ line
 Section _____ Township _____ Range _____ NMPM Eddy County New Mexico

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
n/a

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL. <input type="checkbox"/>	
OTHER: LEASE COMMINGLE, OFF-LEASE GAS SALES & MEASUREMENT <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

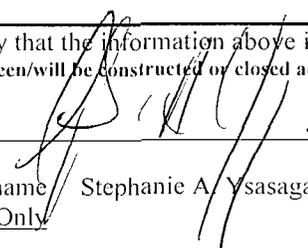
Devon Energy Production Co., LLP respectfully requests approval for surface commingle and off lease storage and measurement of gas hydrocarbon production from the following wells:

- * Hackberry 18 Federal 1: API # 30-015-29780 Sec 18-T19S-R31E Lease LC-069464-A Hackberry; Bone Spring, NW (97020)
- * Ranger 17 Federal 1: API # 30-015-30119 Sec 17-T19S-R31E Lease NM-99040 Hackberry; Bone Spring, NW (97020)

Each location has its' own tank battery. The Subtraction Method will be used to allocate production back to the wells after commingling, instead of metering both locations, to save on costs. Gas allocation meter located at Ranger 17 Federal 1. A common gas sales meter associated with a Frontier central delivery point (CDP) is located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal 1. After subtracting Ranger gas volumes from the Frontier gas sales meter, gas volumes are given to the Hackberry 18 Federal 1. A chart recorded will be used on the Hackberry 18 Federal 1 to measure and verify the gate rate on the Hackberry 18 Federal 1. Waste is not induced and no correlative rights are impaired.

Working, royalty, and overriding interest owners have been notified via certified mail (see attached).

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE  TITLE Sr. Staff Engineering Technician DATE 10/20/2009
 Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dvn.com Telephone No. (405) 552-7802
 For State Use Only

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