

ABOVE THIS LINE FOR DIVISION USE ONLY

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



RECEIVED OGD
 Devan
 JAN 14 A 9:24

ADMINISTRATIVE APPLICATION CHECKLIST

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

Application Acronyms:

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

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR

- [D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

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

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

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

Stephanie A. Ysasaga
 Print or Type Name

Signature

Sr. Staff Engineering Technician
 Title

11/23/2009
 Date

Stephanie.Ysasaga@dvn.com
 e-mail Address



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@dvm.com

November 23rd, 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
Keohane Etal Fed 1 & Littlefield EM Fed 1
API # 30-015-22131 & 30-015-21996
Sec 21-T18S-R31E - NMNM-025778-A & Sec 20-T18S-31E - NM-12210
Shugart; Atoka, North, Gas - Pool Code: 85290
Eddy County, New Mexico**

Dear Mr. Ezeanyim:

Please find attached the OCD Form C-107B, OCD Form C-103 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

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 Keohane & Littlefield leases:

Devon Energy Production Company, LP is requesting approval for lease commingling, off-lease storage and off-lease measurement of hydrocarbon gas production from the Shugart; Atoka, North Gas (85290) from the following wells:

Federal Lease NMNM-025778-A

Well Name	Location	API #	Pool 85290	MCFPD	BTU
Keohane Etal Fed 1	NWSW Sec 21-T18S-R31E	30-015-22131	Shugart; Atoka, North Gas	4591	1231

Federal Lease NM-12210

Well Name	Location	API #	Pool 85290	MCFPD	BTU
Littlefield EM Fed 1	NWSE Sec 20-T18S-R31E	30-015-21996	Shugart; Atoka, North Gas	1730	1160

A map (Exhibit A) is enclosed showing the Federal leases and well locations in Section 20 and 21 of T18S R31E. The ownership in the Keohane and Littlefield 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 Keohane Etal Fed 1 and Littlefield EM Fed 1 will be the only hydrocarbon being lease commingled, measured and sold off-lease. Each location has its' own facility located in the NWSW and NWSE of Section 21 and 10 (respectively) in T18S, R31E on Federal Leases NMNM-025778-A and NM-12210 in Eddy County, New Mexico (see facility diagrams). Each location has it own EFM to verify gas rates. A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 20-T18S-R31E just east of the Littlefield EM Fed 1 (see Exhibit C). The BLM's interest in both wells is the same. Waste is not induced and no correlative rights are impaired.

These meters will be calibrated on a regular basis per API, NMOCD and BLM specifications. ROW has been obtained according to Exhibit C to transport gas production to the DCP CDP. 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 Keohane Etal Fed 1 and Littlefield EM Fed 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.

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, Ste 1500
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. Shugart, Atoka, North Gas (85290)
(2) Is all production from same source of supply? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No
(4) Measurement type: Metering Other (Specify)

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

(1) Complete Sections A and E.

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

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

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

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

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

SIGNATURE: [Signature] TITLE: Sr. Staff Engineering Technician DATE: 11/23/2009
TYPE OR PRINT NAME: Stephanie A. Ysasaga TELEPHONE NO.: (405)-552-7802
E-MAIL ADDRESS: Stephanie.Ysasaga@dmn.com

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. 30-015-31020 & 30-015-31876
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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <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.

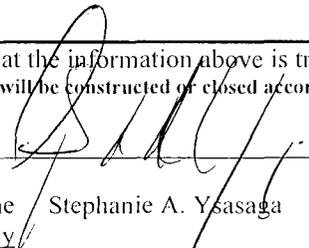
Devon Energy Production Co., LLP respectfully requests approval for lease commingle and off lease sales and measurement of gas hydrocarbon production from the following wells:

- * Keohane Etal Fed 1: API # 30-015-22131 Sec 21-T18S-R31E Lease NM-025778-A Shugart; Atoka, North Gas (85290)
- * Littlefield EM Fed 1: API # 30-015-21996 Sec 20-T18S-R31E Lease NM-12210 Shugart; Atoka, North Gas (85290)

Each location has its' own tank battery and EFM. A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 20-T18S-R31E just east of the Littlefield EM Fed 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 11/23/2009

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): _____

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.
NM-025778-A & NM-12210

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

Oil Well Gas Well Other

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

3a. Address
20 North Broadway
OKC, OK 73102

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 & 21-T18S-R31E
(See Below)

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

8. Well Name and No.
see below

9. API Well No.
see below

10. Field and Pool or Exploratory Area
Shugart; Atoka, North Gas (85290)

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 Measurement & Gas Sales
	<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 recomplate 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 recomplate 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 lease commingle and off lease sales and measurement of gas hydrocarbon production from the following wells:

- * Keohane Etal Fed 1: API # 30-015-22131 Sec 21-T18S-R31E Lease NM-025778-A Shugart; Atoka, North Gas (85290) **CA NM 72013**
- * Littlefield EM Fed 1: API # 30-015-21996 Sec 20-T18S-R31E Lease NM-12210 Shugart; Atoka, North Gas (85290) **CA NM 71976**

Each location has its' own tank battery and EFM. A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 20-T18S-R31E just east of the Littlefield EM Fed 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 11/23/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

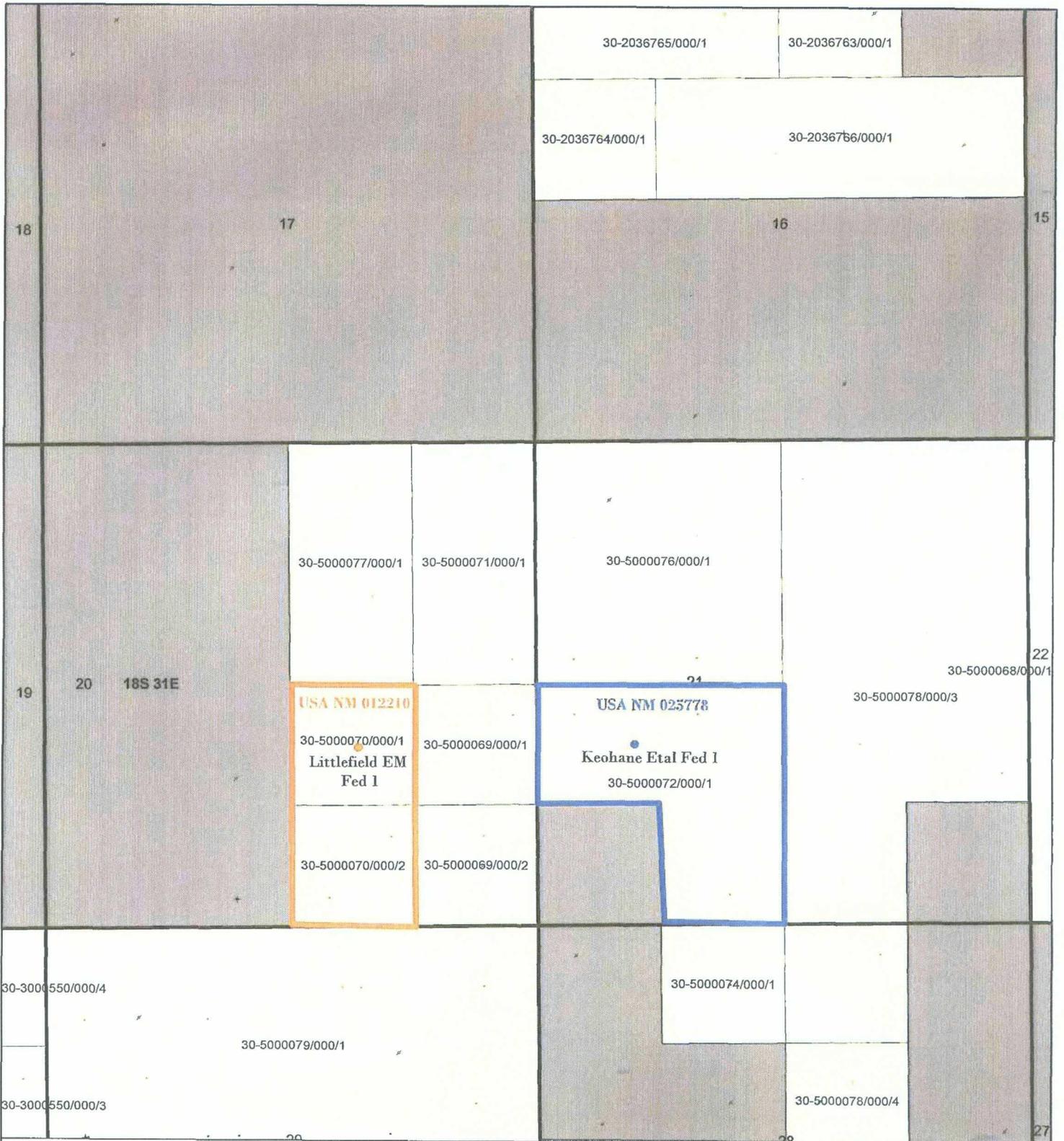
**Bureau of Land Management
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972**

Off-Lease Measurement, Sales 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.



0 1,650 3,300 Feet



Littlefield-Keohane Lease Commingle
Section 20-21, T18S - R31E
Eddy County, New Mexico

Marbob Energy Corporation
P.O. Box 227
Artesia, NM 88211-0227
7008-1140-0004-6108-9199

Katherine Mary Scott
809 Sheridan Street
Altoona, PA 16602
7008-1140-0004-6108-9182

Mary Elizabeth Baish Westin
220 Fran Street
Lilly, PA 15938
7008-1140-0004-6108-9175

Margaret B Masters
47 Oakwood Drive
Wormlysburg, PA 17043
7008-1140-6108-9168

Ralph Albert Shugart Trust c/o Michael McCannon
Elizabeth Shugart Duncan Trustee
501 S Cherry St, Ste 570 Denver, CO 80246-1327
7008-1140-0004-6108-9151

Patsy Ann Iverson Page
1155 Muirlands Vista Way
La Jolla, CA 92037
7008-1140-0004-6108-9144

Robert W Kent
P.O. Box 131524
Houston, TX 77219-1524
7008-1140-0004-6108-8260

Michael R McGuire
8815 Mendocino CT NE
Albuquerque, NM 87122
7008-1140-0004-6108-8253

Mary Ellen Johnston
2715 North Kentucky, #16
Roswell, NM 88201-5868
7008-1140-0004-6108-8246

Iverson III Inc c/o Steve Iverson
3454 S Zunis
Tulsa, OK 74105
7008-1140-0004-6108-8239

P A I Incorporated c/o Paul D Iverson Jr
4437 Northwest 32 Place
Oklahoma City, OK 73112
7008-1140-0004-6108-8222

Nortex Corporation
1415 Louisiana, Ste 3100
Houston, TX 77002
7008-1140-0004-6108-8215

S J I Jr 1990 Trust c/o Pamela Burke Succ Trustee
P.O. Box 10508
Midland, TX 79702
7008-1140-0004-6108-8208

W W I 1990 Trust
Pamela Burke Succ Trustee
P.O. Box 10508 Midland, TX 79702
7008-1140-0004-6108-8192

P I P 1990 Trust
P.O. Box 10508
Midland, TX 79702
7008-1140-0004-6108-8185

Higgins Trust Inc. c/o William P. Edwards
P.O. Box 6905
Thomasville, GA 31758
7008-1140-0004-6108-8178

Minerals Management Service
Royalty Management Program
P.O. Box 5810 Denver, CO 80217
7008-1140-0004-6108-8161

Rojo Inc
P.O. Box 1120
Roswell, NM 88201
7008-1140-0004-6108-8154

Garel Ray/Myrtle Myra Westfall Rev Trust, Myrtle Myra
Westfall/Sandra Westfall Shank Co-Trustee
704 Bullock Artesia, NM 88210
7008-1140-0004-6108-8147

George Westall
P.O. Box 70
Ruidoso Downs, NM 88346
7008-1140-0004-6108-8130

Margaret H Naylor Rev Trust - Zia Trust Inc Trustee
4131 Camino Coyote, Ste A
Las Cruces, NM 88001
7008-1140-0004-6108-8123

Van S Welch II
2207 Fairway Drive
Duncan, OK 73533
7008-1140-0004-6108-8116

Canadian Kenwood Company a Limited Partnership
730 2nd Avenue, Ste 1300
Minneapolis, MN 55402
7008-1140-0004-6108-8109

Mark James Frost
P.O. Box 1120
Roswell, NM 88202-1120
7008-1140-0004-6108-8093

Marianne Keohane Frost
P.O. Box 1120
Roswell, NM 88202-1120
7008-1140-0004-6108-8086

M F Pearsall
59 Main Street 11-2 Cranberry Knoll
Dennis, MA 02638
7008-1140-0004-6108-8079

Sue Saunders Graham
P.O. Box 987
Roswell, NM 88202
7008-1140-0004-6108-8062

John Michael Frost
P.O. Box 1120
Roswell, NM 88202-1120
7008-1140-0004-6108-8055

Theresa Ann Frost
8672 NE 123rd Place
Kirkland, WA 98034-6030
7008-1140-0004-6108-8048

The Toles Company LLC – Perry S Toles
P.O. Box Drawer 1300
Roswell, NM 88202
7008-1140-0004-6108-8031

Estate of T R Parker, Justin B George & William
G Parker Co Personal Reps
221 Stewart Ave, Ste 301 Medford, OR 97501
7008-1140-0004-6108-9496

Michael Irvin Welch
8610 Kenosha Drive
Lubbock, TX 79423
7008-1140-0004-6108-9489

Wendell T Welch
P.O. Box 8428
Nikinski, AK 99635-8428
7008-1140-0004-6108-9472

Sanders Thomas Welch
12701 Smokey Road
La Mesa, NM 88044
7008-1140-0004-6108-9465

Phoebe Jane Welch IV
P.O. Box 495
La Mesa, NM 88044
7008-1140-0004-6108-9458

Billie Lewis & Becky Rankin Jtwors
1748 Terrace Circle
Caca Grande, 85222
7008-1140-0004-6108-9441

Carolyn N Iverson Separate Property
P.O. Box 10508
Midland, TX 79702-7508
7008-1140-0004-6108-9434

Fidelity Exploration & Prod Co.
P.O. Box 5602
Bismarck, ND 58506-5602
7008-1140-0004-6108-9427

Alvin M Iverson Jr. Trust
Peter Martin Iverson Successor Trustee
5073 S 76 East Ave, Apt D Tulsa, OK 74145-6232
7008-1140-0004-6108-9410

S J Iverson III
P.O. Box 4095
Midland, TX 79704
7008-1140-0004-6108-9403

Claire Iverson
2005 Kidwell Street
Dallas, Texas 75214
7008-1140-0004-6108-9397

James Gary Welch
15714 Winding Moss Drive
Houston, Texas 77068
7008-1140-0004-6108-9380

Marion Welch Pendergrass
2705 Gaye Drive
Roswell, NM 88201
7008-1140-0004-6108-9373

Robert Welch Gillespie
186 Sierra View
Pasadena, CA 91105
7008-1140-0004-6108-9366

Bryan W Welch
1764 S Paige Creek Place
Tucson, AZ 85748
7008-1140-0004-6108-9359

Becky Welch Panack c/o Edward Jones
Acct # 60014636-1-8
P.O. Box 52516 Mesa, AZ 85208
7008-1140-0004-6108-9342

Stacy Welch Green
HC 1 Box 565
Elgin, AZ 85611
7008-1140-0004-6108-9335

Phoebe Welch
20350 Marsh Creek Road
Brentwood, CA 94513-4808
7008-1140-0004-6108-9328

Eileen Mary Kunkel Rev Living Trust
Eileen Mary Kunkel Trustee
46183 State Hwy 74, Apt 19 Palm Dessert, CA 92260
7008-1140-0004-6108-9311

Claire Ann Iverson Rev Living Trust
Pamela J Burke Successor Trustee
P.O. Box 10508 Midland, TX 79702
7008-1140-0004-6108-9304

Siegfried James Iverson III Rev Trust
Pamela J Burke Successor Trustee
P.O. Box 10508 Midland, TX 79702
7008-1140-0004-6108-9298

Elyse Saunders Patterson Trusts Inv LLC
P.O. Box 3480 Oil & Gas Dept
Omaha, NE 68103-0480
7008-1140-0004-6108-9281

TIG Properties LP – Iverson Exploration Inc Gen Partner Andrews
S Iverson Pres
P.O. Box 10508 Midland, TX 79702
7008-1140-0004-6108-9274

Suzanne M Harrington
261 River Birch Circle
 Mooresville, NC 28115
7008-1140-0004-6108-9267

Jewell D Iverson Rev Trust, Richard R Sullivan, Trustee
Intervivos Trust U/T/A09/22/81
4870 South Lewis, Suite 200 Tulsa, OK 74105
7008-1140-0004-6108-9250

Iverson Family Inter-Vivas Test Dated 10/22/92-Peter C & Billie
H Iverson Co-Trustees
206 Bell Meade Circle Eufaula, OK 74432-2071
7008-1140-0004-6108-9243

Jeanette Y Keohane
P.O. Box 51722
Albuquerque, NM 87181
7008-1140-0004-6108-9236

Betty Baish Strohmeier Estate
James S Strohmeier Frgn Pr
5311 E 5th Street Tucson, AZ 85711-2331
7008-1140-0004-6108-9229

Donald S Iverson
3454 S Zunis Ave
Tulsa, OK 74105-2727
7008-1140-0004-6108-9212

Maurice M Pippin
P.O. Box 12972
Odessa, TX 79768-2972
7008-1140-0004-6108-9205

Energen 1994 Pennzoil
20 North Broadway
Oklahoma City, OK 73102
7008-1140-0004-6108-8024

18 31 Inc.
P.O. Box 1120
Roswell, NM 88202-1120
7008-1140-0004-6108-8017

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 Gary Welch
 15714 Winding Moss Drive
 Houston, Texas 77068

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
J. G. Welch
- B. Received by (Printed Name) C. Date of Delivery
J. G. Welch *11/8*
- 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 6108 9380

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:

P A I Incorporated c/o Paul D Iverson Jr
 4437 Northwest 32 Place
 Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
[Signature]
- B. Received by (Printed Name) C. Date of Delivery
[Signature]
- 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 6108 8222

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:

Van S Welch II
 2207 Fairway Drive
 Duncan, OK 73533

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
[Signature]
- B. Received by (Printed Name) C. Date of Delivery
[Signature] *11-21-8*
- 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 6108 8116

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:

Iverson Family Inter-Vivas Test Dated 10/22/92-
 Peter C & Billie H Iverson Co-Trustees
 206 Bell Meade Circle Eufaula, OK 74432-207

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9243

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

PETER C IVERSON

C. Date of Delivery

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

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:

Jewell D Iverson Rev Trust, Richard R Sullivan,
 Trustee Intervivos Trust U/T/A 09/22/81
 4870 South Lewis, Suite 200 Tulsa, OK 74105

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9250

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/23

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:

Iverson III Inc c/o Steve Iverson
 3454 S Zunis
 Tulsa, OK 74105

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 8239

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

STEVE IVERSON

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

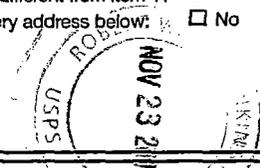
Return Receipt for Merchandise

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:

Donald S Iverson
 3454 S Zunis Ave
 Tulsa, OK 74105-2727

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donald S Iverson* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Energen 1994 Pennzoil
 20 North Broadway
 Oklahoma City, OK 73102

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 8024

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Keen* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/29/09

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:

Marion Welch Pendergrass
 2705 Gaye Drive
 Roswell, NM 88201

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9373

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bob Pendergrass* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/23

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:

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

2. Article Number
(Transfer from service label) **7008 1140 0004 6108 9199**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Monissa Ville

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

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 Ellen Johnston
2715 North Kentucky, #16
Roswell, NM 88201-5868

2. Article Number
(Transfer from service label) **7008 1140 0004 6108 8246**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mary Johnston

B. Received by (Printed Name) C. Date of Delivery *11/23*

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:

Sue Saunders Graham
P.O. Box 987
Roswell, NM 88202

2. Article Number
(Transfer from service label) **7008 1140 0004 6108 8062**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Sue S. Graham

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Betty Baish Strohmeyer Estate
James S Strohmeyer Frgn Pr
5311 E 5th Street Tucson, AZ 85711-2331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Jim Strohmeyer

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

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 6108 9229

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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:

George Westall
P.O. Box 70
Ruidoso Downs, NM 88346

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Natalia Campanella

B. Received by (Printed Name) C. Date of Delivery
Natalia Campanella 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 6108 8130

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:

Phoebe Jane Welch IV
P.O. Box 495
La Mesa, NM 88044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Phoebe Jane Welch

B. Received by (Printed Name) C. Date of Delivery
Phoebe Jane Welch *NOV 23 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 6108 9458

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

SENDER: COMPLETE THIS SECTION

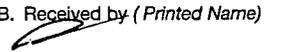
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fidelity Exploration & Prod Co.
 P.O. Box 5602
 Bismarck, ND 58506-5602

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name)  C. Date of Delivery **11-23-07**

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 6108 9427**

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:

Jeanette Y Keohane
 P.O. Box 51722
 Albuquerque, NM 87181

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) **JEANETTE Y KEOHANE** C. Date of Delivery **11/23/07**

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 6108 9236**

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

SENDER: COMPLETE THIS SECTION

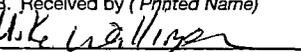
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Theresa Ann Frost
 8672 NE 123rd Place
 Kirkland, WA 98034-6030

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1140 0004 6108 8048**

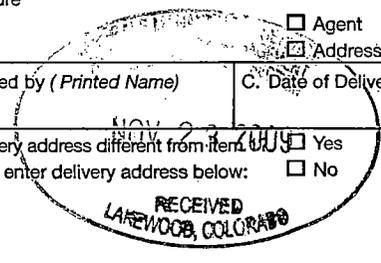
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Claire Iverson</i>	C. Date of Delivery <i>11/25/09</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 6108 9397		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

Claire Iverson
2005 Kidwell Street
Dallas, Texas 75214

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	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 6108 8161		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	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 6108 8253		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

Michael R McGuire
8815 Mendocino CT NE
Albuquerque, NM 87122

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <input checked="" type="checkbox"/> Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery NOV 03 2009</p>
<p>1. Article Addressed to:</p> <p>Patsy Ann Iverson Page 1155 Muirlands Vista Way La Jolla, CA 92037</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Number (Transfer from service label) 7008 1140 0004 6108 9144</p> <p>811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <input checked="" type="checkbox"/> Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery NOV 23 2009</p>
<p>1. Article Addressed to:</p> <p>Robert Welch Gillespie 186 Sierra View Pasadena, CA 91105</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1140 0004 6108 9366</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i> Received by (Printed Name) C. Date of Delivery 11/23/09</p>
<p>1. Article Addressed to:</p> <p>Margaret B Masters 47 Oakwood Drive Wormlysburg, PA 17043</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 1140 0004 6108 9168</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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 mail or on the front if space permits.

1. Article Addressed to:

Ralph Albert Shugart Trust c/o Michael McCannon
 Elizabeth Shugart Duncan Trustee
 501 S Cherry St, Ste 570 Denver, CO 80246-1327

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9151

PS Form 3811, February 2004

Domestic Return Receipt

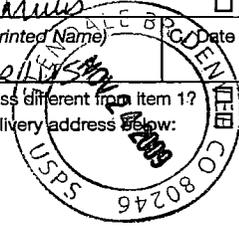
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *A. Karius* 11-24-09 Agent Addressee

B. Received by (Printed Name) *A. Karius* 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

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 mail or on the front if space permits.

1. Article Addressed to:

Canadian Kenwood Company a Limited Partnership
 730 2nd Avenue, Ste 1300
 Minneapolis, MN 55402

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 8109

PS Form 3811, February 2004

Domestic Return Receipt

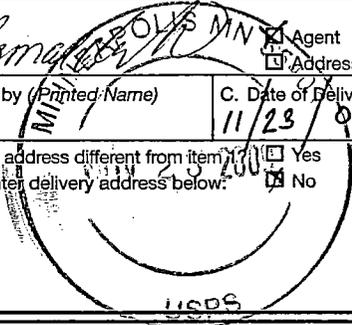
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *B. M...* 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)

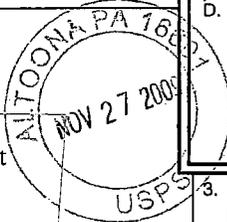
Yes

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:

Katherine Mary Scott
 809 Sheridan Street
 Altoona, PA 16602



COMPLETE THIS SECTION ON DELIVERY

A. Signature *Katherine M Scott* 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 6108 9182

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:

Nortex Corporation
1415 Louisiana, Ste 3100
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) *J. N. York* C. Date of Delivery *11/23/05*

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 6108 8215

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 Elizabeth Baish Westin
220 Fran Street
Lilly, PA 15938

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) *M. E. Westin, Jr.* C. Date of Delivery *11-24-07*

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 6108 9175

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:

Michael Irvin Welch
8610 Kenosha Drive
Lubbock, TX 79426

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) *Michael Irvin Welch* C. Date of Delivery *11/25/07*

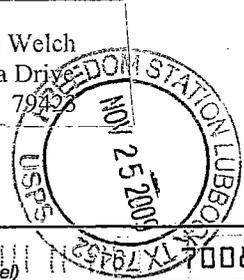
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 6108 9489

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:

Bryan W Welch
 1764 S Paige Creek Place
 Tucson, AZ 85748

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9359

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bryan W Welch* Agent Addressee

B. Received by (Printed Name)

BRYAN W WELCH

C. Date of Delivery

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

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 T R Parker, Justin B George & William
 G Parker Co Personal Repts
 221 Stewart Ave, Ste 301 Medford, OR 97501

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9496

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donna S Ayers* Agent Addressee

B. Received by (Printed Name)

Donna S Ayers

C. Date of Delivery

Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Toles Company LLC - Perry S Toles
 P.O. Box Drawer 1300
 Roswell, NM 88202

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 8031

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Myrlene Chance* Agent Addressee

B. Received by (Printed Name)

R. Myrlene Chance

C. Date of Delivery

11-24-09

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:

Garel Ray/Myrtle Myra Westfall Rev Trust, Myrtle
 Myra Westfall/Sandra Westfall Shank Co-Trustee
 704 Bullock Artesia, NM 88210

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 8147

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Myrtle Westfall Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Myrtle Westfall 11/23

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:

Sanders Thomas Welch
 12701 Smokey Road
 La Mesa, NM 88044

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9465

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Sanders T. Welch Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elyse Saunders Patterson Trusts Inv LLC
 P.O. Box 3480 Oil & Gas Dept
 Omaha, NE 68103-0480

2. Article Number

(Transfer from service label)

7008 1140 0004 6108 9281

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

ES Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

OK

D. Is delivery address different from item 1? Yes

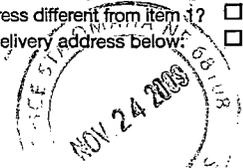
If YES, enter delivery address below: No

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:

Higgins Trust Inc. c/o William P. Edwards
 P.O. Box 6905
 Thomasville, GA 31758

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 _____ 11-25-09

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 6108 8178

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:

1831 Inc.
 P.O. Box 1120
 Roswell, NM 88202-1120

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 Pat Greenwald 11/30/09

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 6108 8017

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:

Marianne Keohane Frost
 P.O. Box 1120
 Roswell, NM 88202-1120

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 Pat Greenwald 11/30/09

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 6108 8086

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 Frost
 P.O. Box 1120
 Roswell, NM 88202-1120

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) *Pat Greenwald* C. Date of Delivery *11/30/09*
- 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 6108 8055**

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:

Mark James Frost
 P.O. Box 1120
 Roswell, NM 88202-1120

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) *Pat Greenwald* C. Date of Delivery *11/30/09*
- 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 6108 8093**

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:

Wendell T Welch
 P.O. Box 8428
 Nikinski, AK 99635-8428

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) *Kate Toleff* 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

2. Article Number (Transfer from service label) **7008 1140 0004 6108 9472**

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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Rojo Inc P.O. Box 1120 Roswell, NM 88201 </div>		B. Received by (Printed Name) <u>Pat Greenwald</u>	C. Date of Delivery <u>11/30/09</u>
		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) <u>7008 1140 0004 6108 8154</u>			
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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; transform: rotate(-15deg); margin: 10px auto;"> Siegfried James Iverson III Rev Trust Pamela J Burke Successor Trustee P.O. Box 10508 Midland, TX 79702 </div>		B. Received by (Printed Name) <u>PAM BURKE</u>	C. Date of Delivery <u>12-1-09</u>
		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) <u>7008 1140 0004 6108 9298</u>			
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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; transform: rotate(-15deg); margin: 10px auto;"> Claire Ann Iverson Rev Living Trust Pamela J Burke Successor Trustee P.O. Box 10508 Midland, TX 79702 </div>		B. Received by (Printed Name) <u>PAM BURKE</u>	C. Date of Delivery <u>12-1-09</u>
		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) <u>7008 1140 0004 6108 9304</u>			
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:

TIG Properties LP -- Iverson Exploration Inc Gen
 Partner Andrews S Iverson Pres
 P.O. Box 10508 Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Pam Burke Agent
 Addressee

B. Received by (Printed Name)
 PAM BURKE

C. Date of Delivery
 12-1-09

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 6108 9274

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:

Carolyn N Iverson Separate Property
 P.O. Box 10508
 Midland, TX 79702-7508

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Pam Burke Agent
 Addressee

B. Received by (Printed Name)
 PAM BURKE

C. Date of Delivery
 12-1-09

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 6108 9434

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:

S J I Jr 1990 Trust c/o Pamela Burke Succ Trustee
 P.O. Box 10508
 Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Pam Burke Agent
 Addressee

B. Received by (Printed Name)
 PAM BURKE

C. Date of Delivery
 12-1-09

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 6108 8208

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:

PIP 1990 Trust
 P.O. Box 10508
 Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Pam Burke Agent
 Addressee

B. Received by (Printed Name) *PAM BURKE* C. Date of Delivery *12-1-09*

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 7008 1140 0004 6108 8185
 (Transfer from service label)

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.W.I 1990 Trust
 Pamela Burke Succ Trustee
 P.O. Box 10508
 Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Pam Burke Agent
 Addressee

B. Received by (Printed Name) *PAM BURKE* C. Date of Delivery *12-1-09*

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 7008 1140 0004 6108 8192
 (Transfer from service label)

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:

Stacy Welch Green
 HC 1 Box 565
 Elgin, AZ 85611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Stacy Green Agent
 Addressee

B. Received by (Printed Name) *STACY GREEN* C. Date of Delivery *12/4/09*

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.

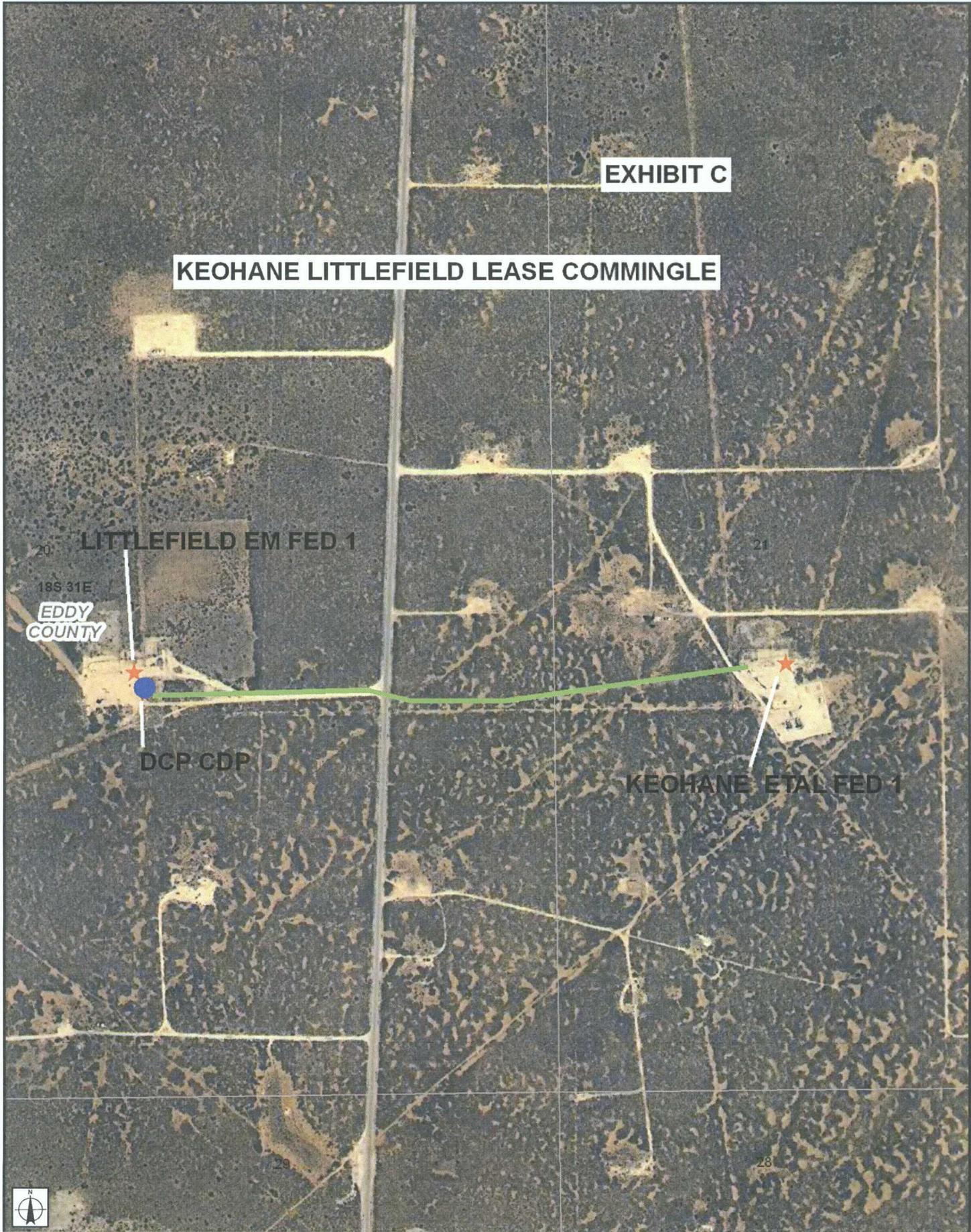
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7008 1140 0004 6108 9335
 (Transfer from service label)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Phillip Coleman</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Becky Welch Panack c/o Edward Jones Acct # 60014636-1-8 P.O. Box 52516 Mesa, AZ 85208	B. Received by (Printed Name) <i>Phillip Coleman</i>	C. Date of Delivery <i>12-20-07</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7008 1140 0004 6108 9342	
	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 <input checked="" type="checkbox"/> <i>Patricia Pippin</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Maurice M Pippin P.O. Box 12972 Odessa, TX 79768-2972	B. Received by (Printed Name) <i>Patricia Pippin</i>	C. Date of Delivery <i>12-20-07</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7008 1140 0004 6108 9205	
	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 <input checked="" type="checkbox"/> <i>Ellen Skylark</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Phoebe Welch 20350 Marsh Creek Road Brentwood, CA 94513-4808	B. Received by (Printed Name) <i>Ellen Skylark</i>	C. Date of Delivery <i>12/10/09</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7008 1140 0004 6108 9328	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	



Keohane ET ALC Federal #1
 Section 21, T18S,R31E
 1980FSL&990FWL
 Eddy County, N.m
 API#30-015-22131

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

(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. 2

Ledger for Site Diagram

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

Buried Lines: - - - - -

Firewall: 

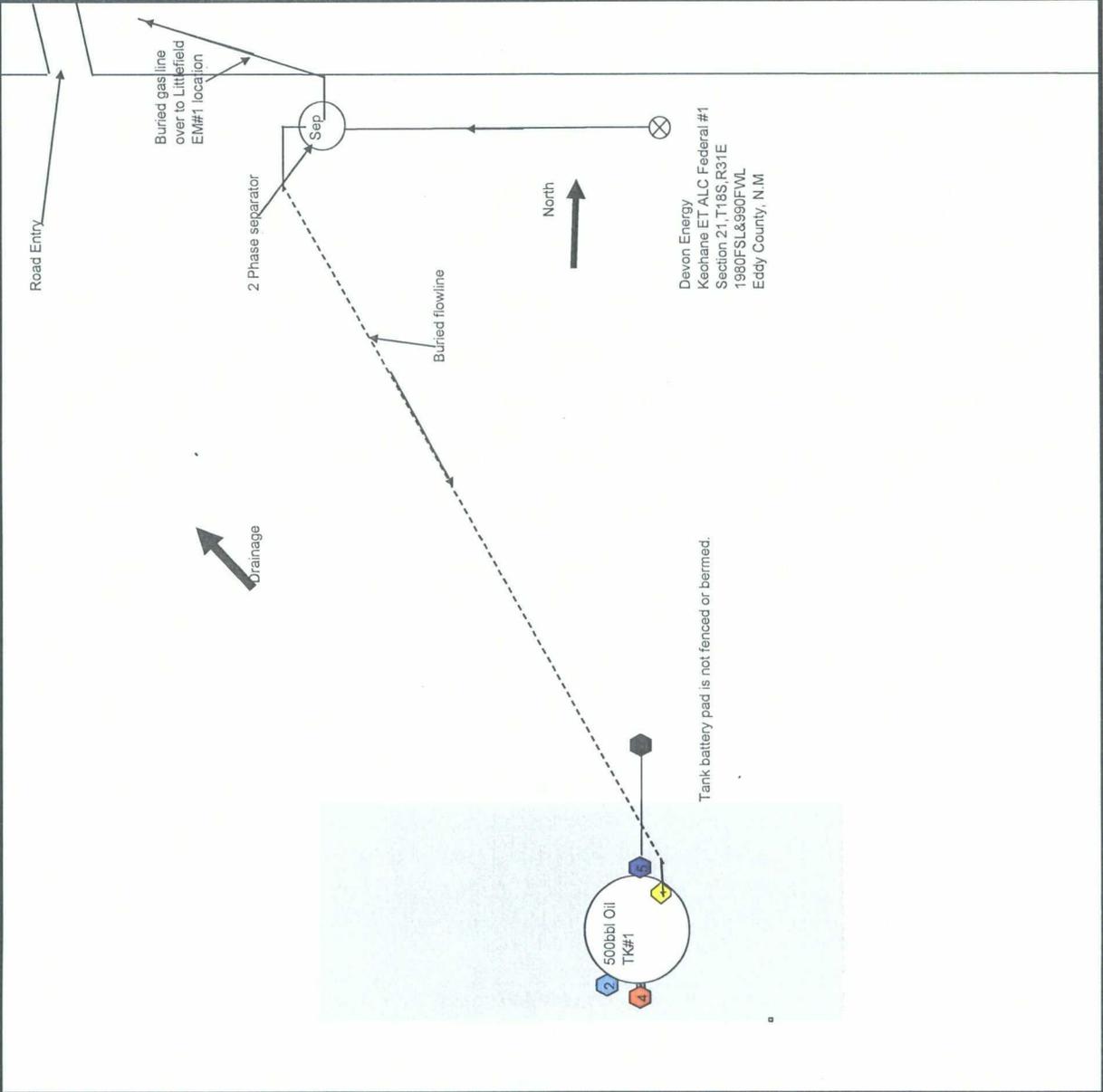
Wellhead: 

Stak-pak: 

Production line: _____

Water line: - - - - -

Gas Meter 



Littlefield EM#1
 Section 20, T18S, R31E
 1980FSL&1980FEL
 Eddy County, N.M
 API#30-015-21996

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.

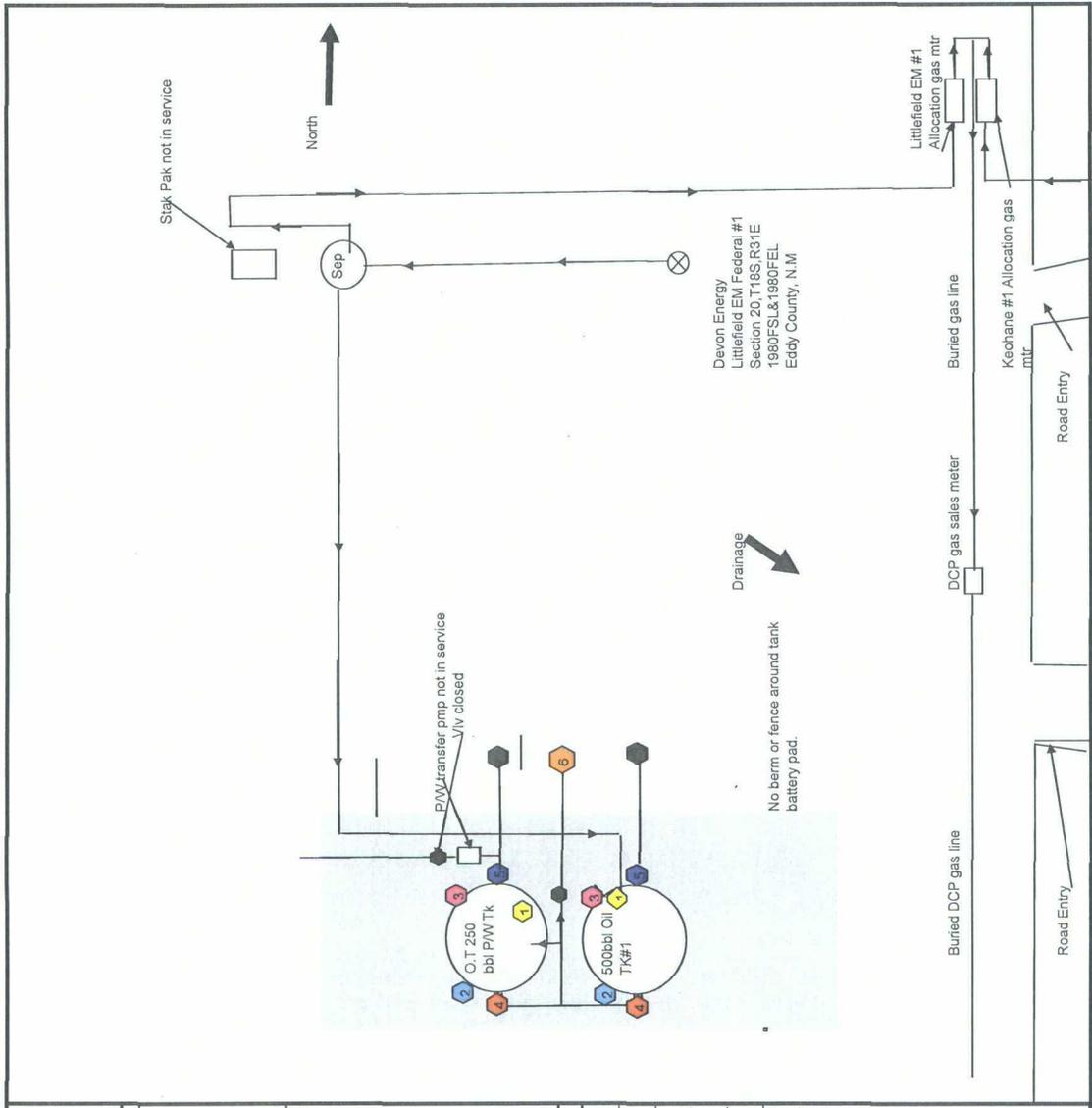
Sales Phase: On Tank being hauled.

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

Ledger for Site Diagram

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

- Buried Lines: -----
- Firewall:
- Wellhead:
- Stak-pak:
- Production line: _____
- Water line: -----
- Gas Meter:



Littlefield EM#1
 Section 20, T18S, R31E
 1980FSL&1980FEL
 Eddy County, N.M
 API#30-015-21996

OFF LEASE PRODUCTION - EDDY COUNTY

Well Name	01/01/09	02/01/09	03/01/09	04/01/09	05/01/09	06/01/09	07/01/09	08/01/09	09/01/09
	Sum Est Gas								
KEOHANE ET AL C FED COM #1	4,213.	4,536.	4,664.	3,278.	3,789.	4,366.	4,547.	4,552.	4,591.
LITTLEFIELD EM COM #1	2,007.	1,952.	2,146.	2,028.	2,101.	1,612.	1,482.	1,512.	1,730.

H



Laboratory Services, Inc.

2609 West Marland
Hobbs, New Mexico 88240

Telephone: (505) 397-3713

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

SAMPLE: Sta. #677-33-003
IDENTIFICATION Littlefield EM
COMPANY: Devon Energy
LEASE:
PLANT:

SAMPLE DATA. DATE SAMPLED: 9/18/08 10:40 am
ANALYSIS DATE: 9/19/08
PRESSURE - PSIA 29
SAMPLE TEMP. °F 82
ATMOS. TEMP. °F

GAS (XX) LIQUID ()
SAMPLED BY: Jared Pittman/AFM
ANALYSIS BY: Vickie Sullivan

REMARKS: H2S = 0

COMPONENT ANALYSIS

COMPONENT		MOL PERCENT	GPM
Hydrogen Sulfide (H2S)		0.000	
Nitrogen (N2)		0.459	
Carbon Dioxide (CO2)		0.527	
Methane (C1)		86.345	
Ethane (C2)		7.635	2.037
Propane (C3)		3.014	0.829
I-Butane (IC4)		0.327	0.107
N-Butane (NC4)		0.768	0.242
I-Pentane (IC5)		0.182	0.066
N-Pentane (NC5)		0.210	0.076
Hexane Plus (C6+)		0.533	0.231
		100.000	3.588
BTU/CU.FT. - DRY	1160		MOLECULAR WT. 19.2475
AT 14.650 DRY	1156		
AT 14.650 WET	1136		
AT 14.73 DRY	1162		
AT 14.73 WET	1142		
SPECIFIC GRAVITY - CALCULATED	0.664		
MEASURED			



Laboratory Services, Inc.

2609 West Marland
Hobbs, New Mexico 88240

Telephone: (575) 397-3713

H

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

SAMPLE: Sta. #67733002
IDENTIFICATION Koehane C Fed. #1
COMPANY: Devon Energy
LEASE:
PLANT:

SAMPLE DATA: DATE SAMPLED: 12/31/08 10:45 am
ANALYSIS DATE: 1/7/09
PRESSURE - PSIG 41.2
SAMPLE TEMP. °F 51.8
ATMOS. TEMP. °F

GAS (XX) LIQUID ()
SAMPLED BY: David Powell/AFM
ANALYSIS BY: Vicki McDaniel

REMARKS:

COMPONENT ANALYSIS

COMPONENT	MOL PERCENT	GPM
Hydrogen Sulfide (H2S)		
Nitrogen (N2)	2.072	
Carbon Dioxide (CO2)	0.225	
Methane (C1)	80.067	
Ethane (C2)	9.283	2.477
Propane (C3)	4.585	1.260
I-Butane (IC4)	0.669	0.218
N-Butane (NC4)	1.398	0.440
I-Pentane (IC5)	0.426	0.155
N-Pentane (NC5)	0.384	0.139
Hexane Plus (C6+)	<u>0.891</u>	<u>0.387</u>
	100.000	5.076
BTU/CU.FT. - DRY	1231	MOLECULAR WT. 20.9454
AT 14.650 DRY	1227	
AT 14.650 WET	1205	
AT 14.73 DRY	1233	
AT 14.73 WET	1212	
SPECIFIC GRAVITY -		
CALCULATED	0.721	
MEASURED		

REVENUE DIVISION ORDER PRINT REQUESTS

PROPERTY DECK MO/YR OWNER SQ	PROPERTY NAME BURDEN	DESCRIPTION	INFLATED INTEREST	PAY STAT	EX CL	WP CRT	PY CD	RT CD	LAST DATE CHANGED	LEASE INTEREST
530807-001 AA 11/98	LITTLEFIELD E M COM 1	MASTER DECK								
53612	CONSOL	MINERALS MANAGEMENT SERVICE ROYALTY MANAGEMENT PROGRAM PO BOX 5810 DENVER CO 80217-5810 84-0848646	.12500000	2-ROY	GF				7/25/06	.12500000
55297	CONSOL	ROJO INC P O BOX 1120 ROSWELL NM 88201- 85-0172015	.00174250	3-ORR	PA				7/25/06	.00174250
55298	CONSOL	GAREL RAY & MYRTLE MYRA WESTALL REV TRUST, MYRTLE MYRA WESTALL & SANDRA WESTALL SHANK CO-TTEES 704 BULLOCK ARTESIA NM 88210- 585-03-2025	.00028000	3-ORR	PA				7/25/06	.00028000
55299	CONSOL	GEORGE WESTALL P O BOX 70 RUIDOSO DOWNS NM 88346- 525-03-1270	.00042000	3-ORR	PA				7/25/06	.00042000
60211	CONSOL	MARGARETT H NAYLOR REV TR ZIA TRUST INC TTEE 4131 CAMINO COYOTE STE A LAS CRUCES NM 88001- 85-6117969	.00034750	3-ORR	PA				7/25/06	.00034750
63754	CONSOL	VAN S WELCH II 2207 FAIRWAY DR DUNCAN OK 73533- 585-01-2222	.00137500	1-WI	PA				7/25/06	.00137500
63754	CONSOL	VAN S WELCH II 2207 FAIRWAY DR DUNCAN OK 73533- 585-01-2222	.00013937	3-ORR	PA				7/25/06	.00013937
178272	CONSOL	VAN P WELCH JR 2259-C VIA PUERTA LAGUNA WOODS CA 92653- 572-44-2701	.00137500	1-WI	PA				7/25/06	.00137500
178272	CONSOL	VAN P WELCH JR 2259-C VIA PUERTA LAGUNA WOODS CA 92653- 572-44-2701	.00013937	3-ORR	PA				7/25/06	.00013937