

ABOVE THIS LINE FOR DIVISION USE ONLY

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



Devon Eng -

Strawberry 7 Fed #2

Strawberry 7 Fed 5H

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

30-015-32375-

30-015-37257

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 _____ Central Tank Battery _____

[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

CTB - 613

[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

01/13/2010
 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

January 13th, 2010

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

**Re: Central Tank Battery, Lease Commingling, Off Lease Measurement & Sales
Strawberry 7 Federal 2 & Strawberry 7 Federal 5H
Sec 7-T19S-R31E: NMNM54112 & NMNM-0560355
API # 30-015-32375 & 30-015-37257
Hackberry; Bone Spring, North - Pool Code: 97056
Eddy County, New Mexico**

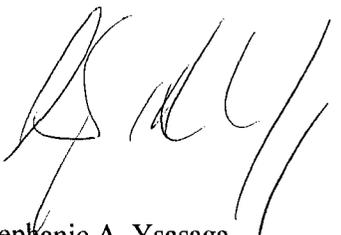
Dear Mr. Ezeanyim:

Please find attached the OCD Form C-103, OCD Form C-107A and BLM Form 3160-5 Sundry Notice of Intent to Surface Commingle the aforementioned wells. The working interest, royalty interest and overriding royalty interest owners in both leases is not uniform; parties have been notified via certified mail.

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 SURFACE COMMINGLING OFF-LEASE STORAGE & OFF-LEASE MEASUREMENT APPROVAL & CENTRAL TANK BATTERY

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

Central tank battery & surface commingling proposal for Strawberry leases:

Devon Energy Production Company, LP is requesting approval for surface lease commingle, off-lease storage and off-lease measurement of oil & gas hydrocarbon production from the Hackberry; Bone Spring, North (97056) Pool from the following wells:

Federal Lease NMNM54112

Well Name	Location	API #	Pool 97056
Strawberry 7 Federal 2	NWNE Sec 7-T19S-R31E	30-015-32375	Hackberry; Bone Spring, North

Federal Lease NMNM-0560355

Well Name	Location	API #	Pool 97056
Strawberry 7 Federal 5H	SENE Sec 7-T19S-R31E	30-015-37257	Hackberry; Bone Spring, North

Well Name	BOPD	Oil Gravity	MCFPD	BTU
Strawberry 7 Federal 2	20	38.5° API	60	1352
Strawberry 7 Federal 5H*	n/a	n/a	n/a	n/a

* Well is currently being drilling and/or completed.

A map (Exhibit A) is enclosed showing the Federal leases and well locations in Section 7 of T19S R31E. The BLM's interest in both wells are the same and the BTU's are equivalent. The ownership in the Strawberry leases is not identical; all affected working interest owners have been notified of this proposal (Exhibit B).

Oil & Gas metering:

Oil, gas and water volumes from each well producing to this battery will be determined by using a test separator/heater treater and test gas meter at the proposed facility so that one well is always producing through the testing equipment. Production will be allocated on a daily basis based on the most recent individual well test of oil, gas and water. Well tests for each well will be conducted at least once per month. The oil and gas hydrocarbon production from the Strawberry 7 Federal 2 and 5H will be commingled, measured and sold off lease; using the Well Test Method.

A central tank battery will be located at the Strawberry 7 Federal 2 in the NWNE of Section 7, T19S, R31E on Federal Lease NMNM-54112 in Eddy County, New Mexico (Exhibit C). A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 18-T19S-R31E approximately 1200' southwest of the Strawberry 7 Federal 2. These meters will be calibrated on a regular basis per API, NMOCD and BLM specifications. The BLM and OCD will be notified of any future changes in the facility.

Process and Flow Descriptions:

Please see attached diagram for the proposed Strawberry 7 Federal 2 battery. 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, application for ROW made by Devon Energy Production Co., LP when submitting its' application to drill to the BLM. Application to Drill approved by the BLM 08/26/2009 with ROW approved within APD.

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 Company, L.P.
OPERATOR ADDRESS: 20 N. Broadway, Oklahoma City, OK 73102-8260
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 Springs, North (97056)
(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 - Well Test

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

(1) Complete Sections A and E.

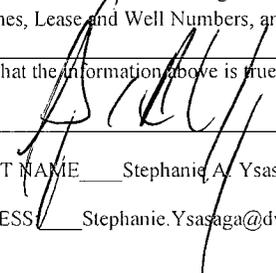
(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? Yes No
(2) Include proof of notice to all interest owners. (See attached notification list with tracking numbers)

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

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

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

SIGNATURE:  TITLE: Sr. Staff Engineering Technician DATE: 01/13/2010
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. 30-015-32375 & 30-015-37257
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 Strawberry 7 Federal
8. Well Number 2 & 5H
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: <input type="checkbox"/>
OTHER: CENTRAL TANK BATTERY: LEASE COMMINGLE, OFF-LEASE MEASUREMENT & SALES <input checked="" 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, off lease measurement and sales of oil & gas hydrocarbon production from the following wells:

- * Strawberry 7 Federal 2: API # 30-015-32375 Sec 7-T19S-R31E Lease NMNM-54112 Hackberry: Bone Spring, North (97056)
- * Strawberry 7 Federal 5H: API # 30-015-37257 Sec 7-T19S-R31E Lease NMNM-0560355 Hackberry: Bone Spring, North (97056)

A central tank battery will be located at the Strawberry 7 Federal Com 2. The Well Test Method will be used to allocate production back to the wells (see current & proposed facility schematics). Oil, gas and water volumes from each well producing to this battery will be determined by using a test separator/heater treater and test gas meter at the proposed facility so that one well is always producing through the testing equipment. A common gas sales meter associated with a DCP central delivery point (CDP) is in Sec 18-T19S-R31E. Waste is not induced and no correlative rights are impaired.

ROW approved within APD; approved by the BLM 08/26/2009.

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 01/13/2010

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.
NMNM54112 & NMNM-0560355

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well

Oil Well Gas Well Other

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

8. Well Name and No.
Strawberry 7 Federal 2 & 5H

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

9. API Well No.
30-015-32375 & 30-015-37257

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 (97056)

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

See below

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 <u>Central Tank Battery</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Lease Com, Off-Lease</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Measurement & Sales</u>

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 recompleat 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 recompleat 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, off lease measurement and sales of oil & gas hydrocarbon production from the following wells:

- * Strawberry 7 Federal 2: API # 30-015-32375 Sec 7-T19S-R31E Lease NMNM-54112 Hackberry: Bone Spring, North (97056)
- * Strawberry 7 Federal 5H: API # 30-015-37257 Sec 7-T19S-R31E Lease NMNM-0560355 Hackberry: Bone Spring, North (97056)

A central tank battery will be located at the Strawberry 7 Federal Com 2. The Well Test Method will be used to allocate production back to the wells (see current & proposed facility schematics). Oil, gas and water volumes from each well producing to this battery will be determined by using a test separator/heater treater and test gas meter at the proposed facility, so that one well is always producing through the testing equipment. The oil and gas hydrocarbons from each location will be commingled, measured and sold off lease. A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 18-T19S-R31E approximately 1200' southwest of the Strawberry 7 Federal 2. Waste is not induced and no correlative rights are impaired.

ROW approved within APD; approved by the BLM 08/26/2009.

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

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

Name (Printed/Typed)
Stephanie A. Ysasaga

Title Sr. Staff Engineering Technician

Signature

Date 01/13/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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

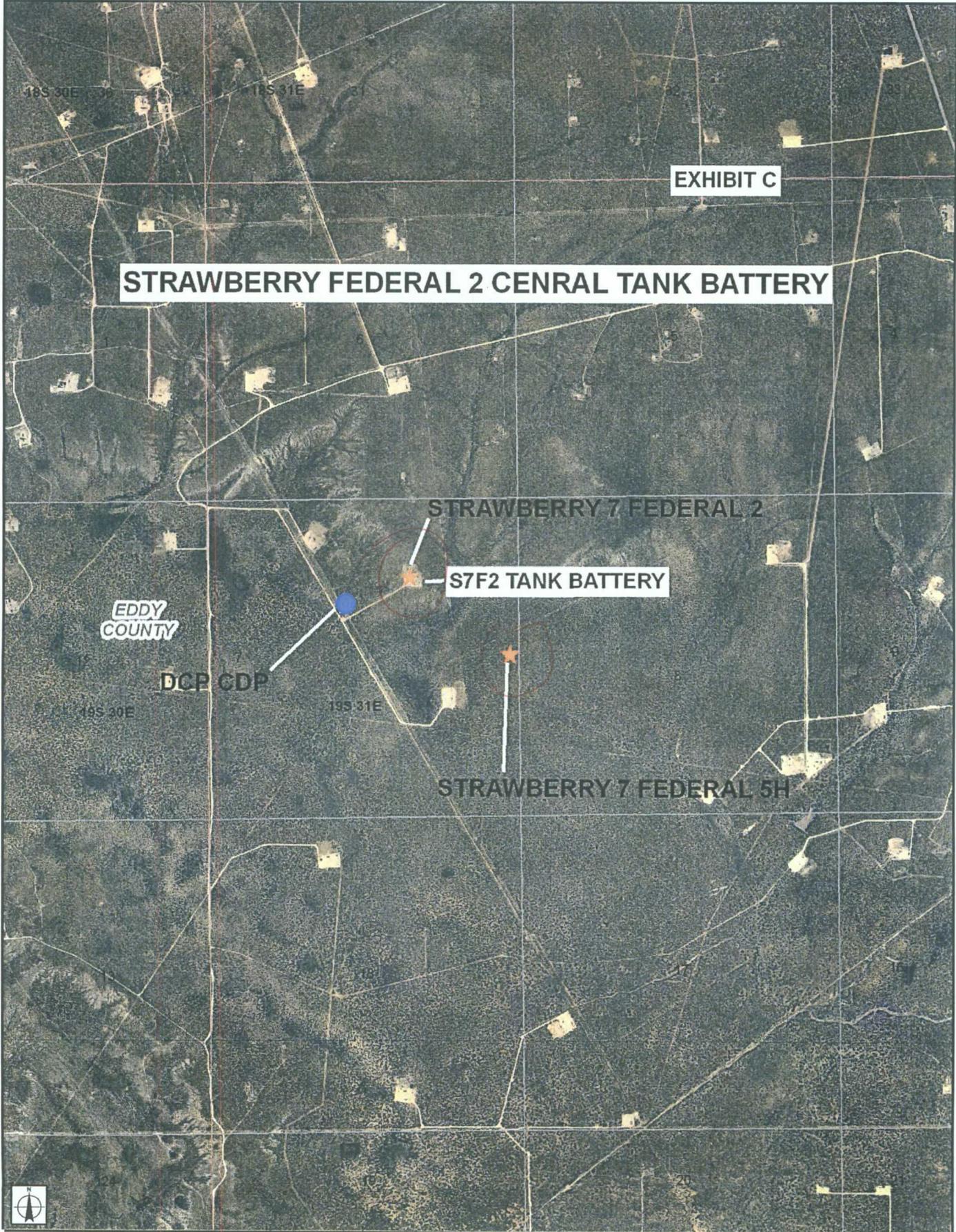
Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, 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.

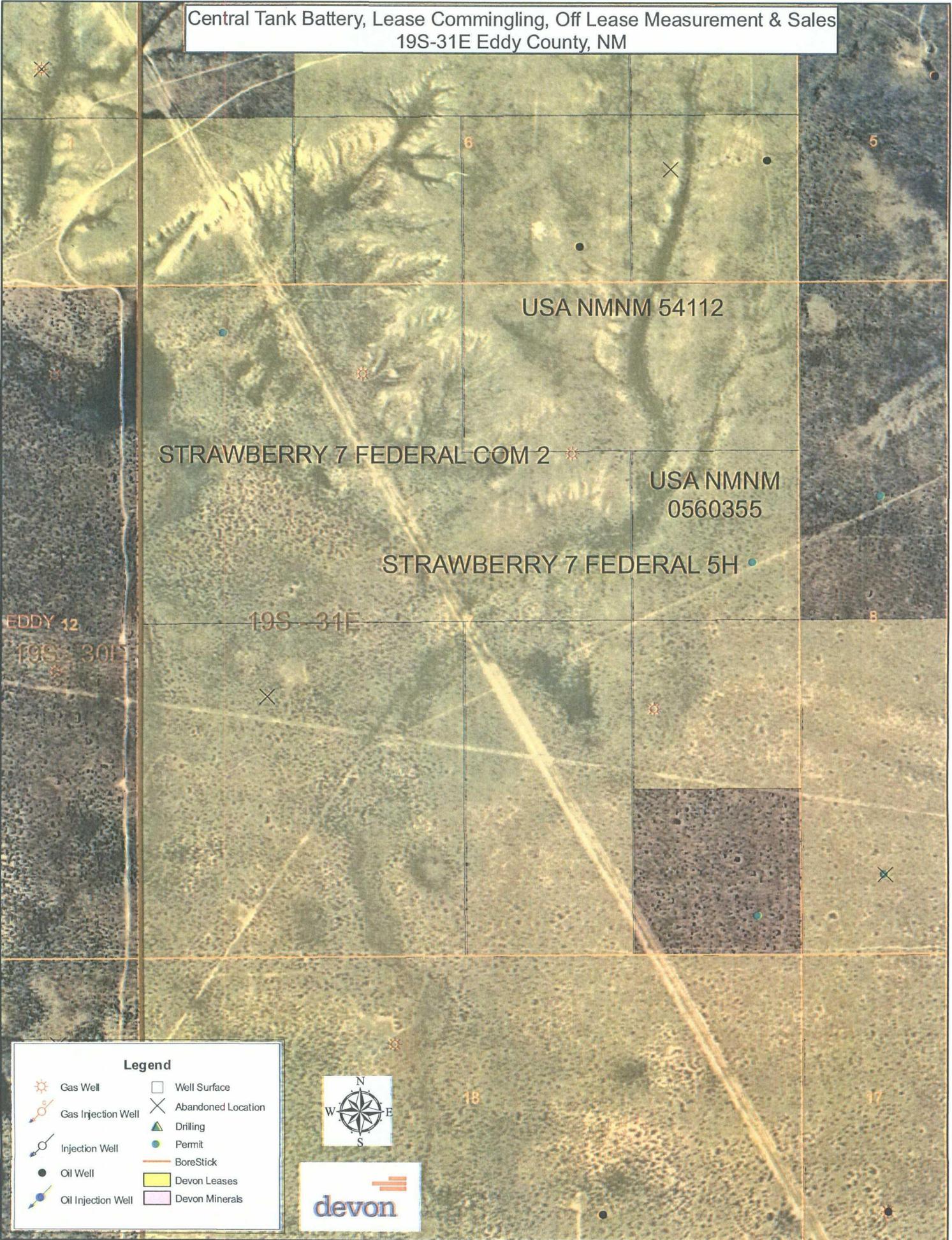


EXHIBIT C

STRAWBERRY FEDERAL 2 CENRAL TANK BATTERY



Central Tank Battery, Lease Commingling, Off Lease Measurement & Sales
19S-31E Eddy County, NM



STRAWBERRY 7 FEDERAL COM 2

USA NMNM 54112

USA NMNM
0560355

STRAWBERRY 7 FEDERAL 5H

EDDY 12
19S-30E

19S-31E

Legend

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



Joan M Voight
7 Sherborn Wood
San Antonio, TX 78218
7008-1830-0002-7421-8591

Marbob Energy Corporation
P.O. Box Drawer 227
Artesia, NM 88211-0227
7008-1830-0002-7421-7488

Todd M Wilson
3608 S County Rd 1184
Midland, TX 79706-6468
7008-1830-0002-7421-7471

Standford University c/o Bank of American
P.O. Box 480738
Dallas, TX 75284-0738
7008-1830-0002-7421-7464

Minerals Management Service Royalty Mgmt Prgrm
P.O. Box 5810
Denver, CO 80217-5810
7008-1830-0002-7421-7457

Pitch Energy Corp Western Oil Producers Inc.
P.O. Box 227
Artesia, NM 88211-0227
7008-1830-0002-7421-7440

PBR Properties Joint Venture
P.O. Box 2802
Midland, TX 79702
7008-1830-0002-7421-7433

Wallfam Limited Partnership
1811 Heritage Blvd, Ste 200
Midland, TX 79707
7008-1830-0002-7421-7426

Hanson Operating Co. Inc
P.O. Box 1515
Roswell, NM 88202-1515
7008-1830-0002-7421-7419

Constance B Cartwright Trustee - Wells Fargo Building
UWO George F Bauerdorf 2444 Wilshire Building, Ste 508
Santa Monica, CA 90403-5808
7008-1830-0002-7421-7402

Willis R Hartsock - c/o Bank of America
P.O. Box 620020
Dallas, TX 75262
7008-1830-0002-7421-7396

Ward C. Hartsock - c/o Bank of America
P.O. Box 620020
Dallas, TX 75262
7008-1830-0002-7421-7389

Jeanne (Jean) Edna Hunt
P.O. Box 251406
Plano, TX 75025-1406
7008-1830-0002-7421-7334

Franklin Thompson Family Agcy
Bank of America - Trust 4012
P.O. Box 840738 Dallas, TX 75284-0738
7008-1830-0002-7421-7372

Jane Landreth Russell Agency
Farmers National Co. Agent
Lock Box 3480 Omaha, NE 68103-0480
7008-1830-0002-7421-7365

Lynda L Shropshire Trust - Farmers National Co. Agent 7884
Oil & Gas Management
P.O. Box 3480 Omaha, NE 68103-0489
7008-1830-0002-7421-7358

Robert H Tennant
9563 Doliver
Houston, TX 77063
7008-1830-0002-7421-7341

Robert H Tennant Jr. Testament
Robert H Tennant Trustee
9563 Doliver Houston, TX 77063
7008-1830-0002-7421-7150

Bordan Hamilton Tennant Trust
Robert H Tennant Trustee
9563 Doliver Houston, TX 77063
7008-1830-0002-7421-7143

Mary Elizabeth Tennant Trust
Robert H Tennant Trustee
9563 Doliver Houston, TX 77063
7008-1830-0002-7421-7136

Joseph A. Tennant
P.O. Box 382
Marathon, TX 79842
7008-1830-0002-7421-7129

Carol J Christensen
19026 N. 2nd Ave
Phoenix, AZ 85027
7008-1830-0002-7421-7112

David Donnelly Trust
P.O. Box 1150
Lebanon, MO 65536
7008-1830-0002-7421-7105

David F. Stout
1645 W Baseline Rd Unit 2146
Mesa, AZ 85202
7008-1830-0002-7421-7099

William & Dorthy Henderson Family Trust Dated 09/10/1996
William & Dorthy Henderson Trustees c/o Springfield Trust Co
1906 W. Battlefield Rd Springfield, MO 65804
7008-1830-0002-7421-7082

Dillard Fisher & Dillard Partnership
415 West Wall, Ste 703
Midland, TX 79701
7008-1830-0002-7421-7075

Sue Hanson McBride - Separate Property
P.O. Box 1515
Roswell, NM 88202-1515
7008-1830-0002-7421-7068

Julie Scott McBride
P.O. Box 1515
Roswell, NM 88202-1515
7008-1830-0002-7421-7051

David G & Jean A Willis 1998 Trust Dated 05/23/1998
c/o Jean A Willis Trustee
98 Reservoir Road Atherton, CA 94027
7008-1830-0002-7421-7044

The THW & ADW Living Trust UTA Dated 07/03/1997
c/o Theodore & Agnes Willis Trustee
1763 Royal Oaks Drive N E305 Bradbury, CA 91010-1999
7008-1830-0002-7421-7037

Anne W Briggs – Rancho Del Oso
3610 Pacific Coast Highway
Davenport, CA 95017
7008-1830-0002-7421-7259

Thomas F. McKenna Sr Credit Shelter Trust
Jane E McKenna Trustee
281 Genevieve Drive Tijeras, NM 87059
7008-1830-0002-7421-7242

W A Landreth Jr
3207 W 4th Street
Ft. Worth, TX 76102
7008-1830-0002-7421-7235

Mary Lindsey Kesterson Agency
Farmers National Co. Agent
Lock Box 3480 Omaha, NE 68103-0480
7008-1830-0002-7421-7228

Mary Adele Landreth Smith
c/o Edward Landreth Smith
1675 Highway 591 Dublin, TX 76446
7008-1830-0002-7421-7211

William Locke Allison III
2641 Fines Creek Drive
Stateville, NC 28625
7008-1830-0002-7421-7204

Elizabeth Foster Tennant
701 Bering Drive # 204
Houston, TX 77057
7008-1830-0002-7421-7198

WB Kindelsparger Estate
Gladys E Kindelsparger Executrix
P.O. Box 1148 Odessa, TX 79760-1148
7008-1830-0002-7421-7181

John T. Landreth
P.O. Box 180
Engle, CO 81631-0180
7008-1830-0002-7421-7174

Mary Adele Landreth Trust
504 Fort Worth Club Bldg
306 West 7th Street Fort Worth, TX 76102-4905
7008-1830-0002-7421-7167

R D Mellard Estate
P.O. Box 1506
Hope, NM 88250
7008-1830-0002-7421-8652

Thomas Ausley Allison
1122 Dogwood Road
Statesville, NC 28677-3463
7008-1830-0002-7421-8621

Gesler Grandchildren's Trust Dated 08/20/1998
4605 E Shomi St
Phoenix, AZ 85044
7008-1830-0002-7421-8683

Trust UWO Bettie Allison Rand – William G Rand,
William G Rand Jr & Allison Guess – Trustees
P.O. Box 4325 Rocky Mount, NC 28703
7008-1830-0002-7421-8638

Clarence G Neal Jr
3451 School Street
Fortuna, CA 95540-3623
7008-1830-0002-7421-8737

Phylliss M Wolfe
P.O. Box 14432
Phoenix, AZ 85063-4432
7008-1830-0002-7421-8706

Hazel N Collins Family Trust Texas Bank Attn: Ed Fritz
2525 Ridgmar, Blvd, Ste 100
Fort Worth, TX 76116
7008-1830-0002-7421-8645

John Michael Esses
10 Via Slano
Rancho Santa Monica, CA 92688-1330
7008-1830-0002-7421-7501

Ella Joan Neal Living Trust
6235 E Sea Breeze Drive
Long Beach, CA 90803
7008-1830-0002-7421-8713

Florence B Clark Hall
c/o Minerals Services Inc. Agent
P.O. Box 244 St. Jacob, IL 62281-0244
7008-1830-0002-7421-8720

Barbara C. Larimore
c/o Minerals Services Inc. Agent
P.O. Box 244 St. Jacob, IL 62281-0244
7008-1830-0002-7421-8843

Harold G Hartsock Living Trust – Harold G, Mary Louise
Hartsock Trustee Dated 02/12/2002
P.O. Box 1449 Sanford, FL 32772-1449
7008-1830-0002-7421-8836

Helen Joy Smith LLC c/o Adam B. Smith
5410 26th Street West
Bradenton, FL 34207
7008-1830-0002-7421-8829

Billie J David, Life Tennant
P.O. Box 7706
Midland, TX 79708
7008-1830-0002-7421-8874

Edith A Shelton Marital Trust – Bill Shelton Trustee
218 W. Glen Eagles Road
Stateville, NC 28625
7008-1830-0002-7421-8850

Nedina S. Clark Dupont c/o Horseshoe Investments
P.O. Box 190811-6811
St. Louis, MO 63119
7008-1830-0002-7421-8867

Babe Development LLC
P.O. Box 758
Roswell, NM 88202-0758
7008-1830-0002-7421-8768

Riall S. Moore
124 Kelton Ave
San Carlos, CA 94070
7008-1830-0002-7421-8782

Shannon Moore
124 Merrydale #36
San Rafael, CA 94901
7008-1830-0002-7421-8775

McBride Oil & Gas Corporation
P.O. Box 1515
Roswell, NM 88202-1515
7008-1830-0002-7421-8799

Lobos Energy Partners LLC
J.C. Welch AIF & VP - Dept 2213
P.O. Box 122213 Dallas, TX 75312-2213
7008-1830-0002-7421-5200

Stephanie P Troth
5714 E Acoma Drive
Scottsdale, AZ 85254
7008-1830-0002-7421-5217

Robin Frederick Hill
1836 Shaded Wood
Walnut, CA 91789
7008-1830-0002-7421-5224

McCombs Energy Ltd – A Texas Lmted Partnership
Ricky Haiken Vice President
5599 San Felipe, Ste 1200 Houston, TX 77056
7008-1830-0002-7421-5231

Steven P. Thompson
P.O. Box 14596
Odessa, TX 79768
7008-1830-0002-7421-5248

Martha Watson Linnell
3950 Copperfield Ridge CT
Winston-Salem, NC 27106
7008-1830-0002-7421-5255

Fred A Watson Jr
5404 Crown Ridge Rd NW
Albuquerque, NM 87114-5790
7008-1830-0002-7421-5262

Patti Watson Leake
7824 Osuna NE
Albuquerque, NM 87109-3042
7008-1830-0002-7421-5279

John N Eddy Trust ~ Jean C Eddy & Thomas
B Catron III Trustees
645 Camino Rancheros Santa Fe, NM 87505
7008-1830-0002-7421-5286

Anne H Deal
7044 50th Ave NE
Seattle, WA 98115
7008-1830-0002-7421-5293

Mary Virginia H Baer
1101 Arlington Ridge Rd – Unit 402
Arlington, VA 22202
7008-1830-0002-7421-5309

Richard K Barr
P.O. Box 847
Boerne, TX 78006
7008-1830-0002-7421-5316

Scott E. Wilson
4601 Mirador Drive
Austin, TX 78735-1554
7008-1830-0002-7421-5323

Cannon Exploration Company
3608 S County Road 1184
Midland, TX 79706-6468
7008-1830-0002-7421-5330

Kathleen Irwin Schuster Separate Property
3213 Pepperwood Ln
Fort Collins, CO 80525-2944
7008-1830-0002-7421-5347

Dan W Irwin Separate Property
118 N Grant St
Hinsdale, IL 60521
7008-1830-0002-7421-5354

Melinda Anne Benagh Separate Property
2007 Big Horn Drive
Austin, TX 78734
7008-1830-0002-7421-5361

John Eric Thickstun As His Separate Property
6672 Michaeljohn Drive
La Jolla, CA 92037
7008-1830-0002-7421-5378

Mary Susan Thickstun Her Separate Property
5690 Arbor Grove CT
San Diego, CA 92121
7008-1830-0002-7421-5385

Thomas Lusk Thickstun As His Separate Property
312 Foxglove
Kyle, TX 78640
7008-1830-0002-7421-5392

Patricia Benaugh White As Her Separate Property
806 Lari Dawn
San Antonio, TX 78258
7008-1830-0002-7421-5408

Jennifer Thickstun Fessler
2557 Roscomare Road
Los Angeles, CA 90077
7008-1830-0002-7421-5415

Kathryn Ann Thickstun Leff
3131 Xenophon St
San Diego, CA 92106-1537
7008-1830-0002-7421-5422

Edward Landreth Smith
1675 Hwy 591
Dublin, TX 76446
7008-1830-0002-7421-5439

Roger T. & Holly L. Elliot Family Ltd Partnership LP
Family Ltd Partnership LP Hollyhock Corp Gen Ptnr
4105 Baybrook Drive Midland, TX 79707
7008-1830-0002-7421-8669

Oxy USA WTP LP
Lock Box 841735
Dallas, TX 75284-1735
7008-1830-0002-7421-8614

Joyco Investments LLC
Hanson Operating Co. Inc Mgr
P.O. Box 2104 Roswell, NM 88202-2104
7008-1830-0002-7421-8607

Estate of Lonye Marie Williams Deceased
William T McGee Personal Rep
1701 River Run Rd, Ste 501 Fort Worth, TX 76107-6548
7008-1830-0002-7421-7495

Cimarex Energy Co. – Mike Wallace
600 N Marienfield Street, Suite 600
Midland, Texas 79701-4405
7008-1830-0002-7421-8751

Occidental Permian Ltd – Robbie Abraham
P.O. Box 4294 Houston, TX 77210-4294
7008-1830-0002-7421-9000

Wright NM Partners – Gene Shumate
P.O. Box 752
Stanton, TX 79782-0782
7008-1830-0002-7421-8973

John N Eddy Trust
Jean C. Eddy & Thomas B Cantrom Trustees
645 Camino Rancheros Santa Fe, NM 87505
7008-1830-0002-7421-8942

Thomas F. McKenna
1200 Eubank Ave NE
Albuquerque, NM 87112
7008-1830-0002-7421-8911

Julie Scott Graham
P.O. Box 1515
Roswell, NM 88202
7008-1830-0002-7421-8881



Laboratory Services, Inc.
 2609 West Marland
 Hobbs, New Mexico 88240
 Telephone: (505) 397-3713

H

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

SAMPLE: Sta. # 721434-00
 IDENTIFICATION Strawberry 7 Fed. #2
 COMPANY: Devon Energy
 LEASE:
 PLANT:

SAMPLE DATA: DATE SAMPLED: 7/17/08 10:05am
 ANALYSIS DATE: 7/18/08
 PRESSURE - PSIA 32
 SAMPLE TEMP. °F 88
 ATMOS. TEMP. °F

GAS (XX) LIQUID ()
 SAMPLED BY: Lemmons
 ANALYSIS BY: Vicki McDaniel

REMARKS: H2S = 0

COMPONENT ANALYSIS

COMPONENT		MOL PERCENT	GPM
Hydrogen Sulfide (H2S)		0.000	
Nitrogen (N2)		2.308	
Carbon Dioxide (CO2)		0.061	
Methane (C1)		71.512	
Ethane (C2)		13.312	3.552
Propane (C3)		6.965	1.915
I-Butane (IC4)		0.849	0.277
N-Butane (NC4)		2.365	0.744
I-Pentane (IC5)		0.650	0.237
N-Pentane (NC5)		0.757	0.274
Hexane Plus (C6+)		1.221	0.530
		100.000	7.529
BTU/CU.FT. - DRY	1352		MOLECULAR WT. 23.2308
AT 14.650 DRY	1348		
AT 14.650 WET	1325		
AT 14.73 DRY	1355		
AT 14.73 WET	1332		
SPECIFIC GRAVITY -			
CALCULATED	0.800		
MEASURED			

Strawberry 7 Federal #2
 Sec7,T19S,R31E
 1300FNL & 1750FWL
 Eddy, N.M
 API# 30-015-32375

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 unaccessible.

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: Sies Line 5

Valve #6: BS&W Load Line 6

Buried Lines: _____

Firewall:

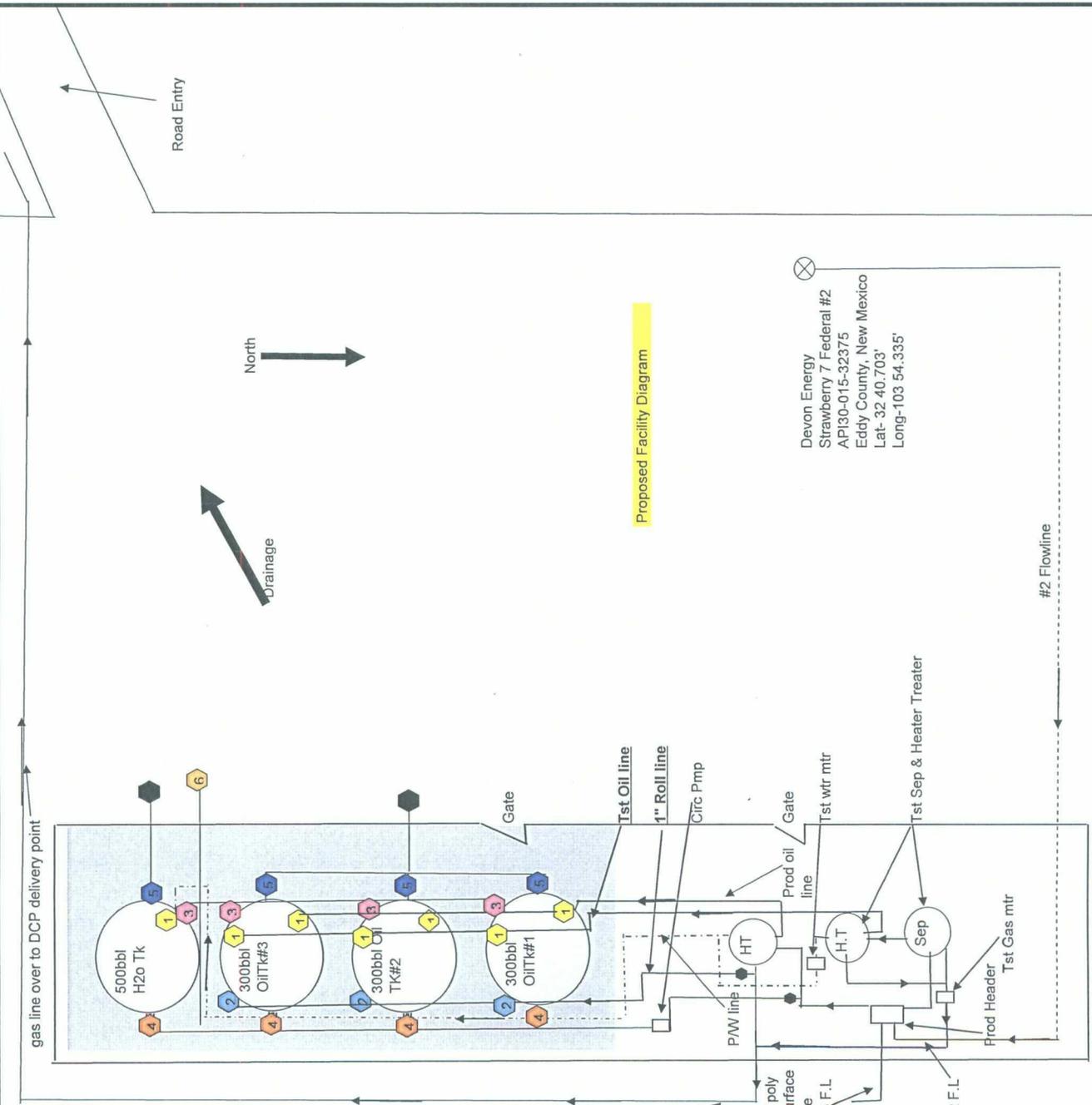
Wellhead:

Stak-pak:

Production line: _____

Water line: _____

Gas Meter



Devon Energy
 Strawberry 7 Federal #2
 API30-015-32375
 Eddy County, New Mexico
 Lat-32 40 703'
 Long-103 54.335'

Strawberry 7 Federal #2
 Sec7, T19S, R31E
 1300FNL & 1750FWL
 Eddy, N.M
 API# 30-015-32375

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: [Grey Box]

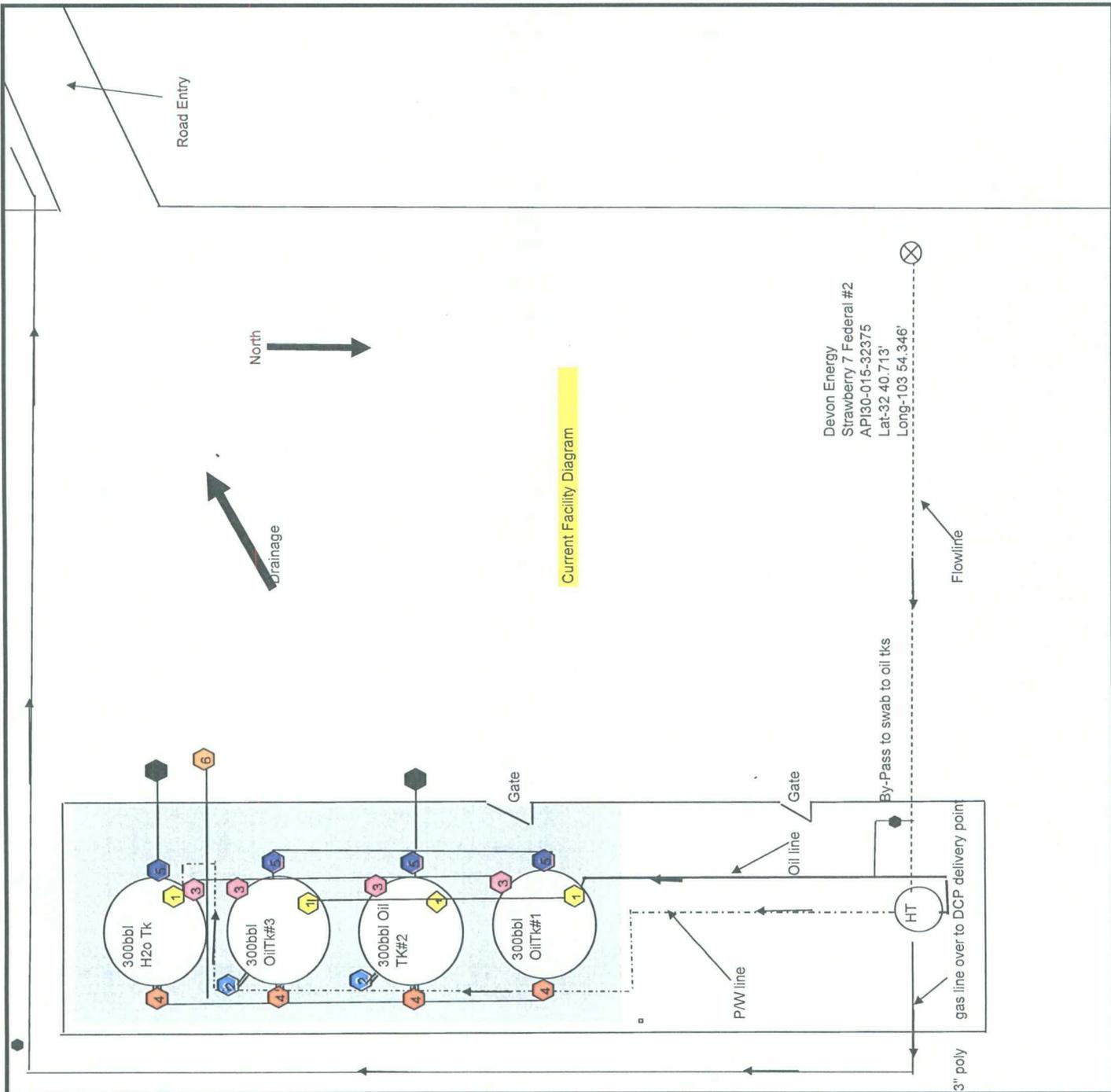
Wellhead: [X in Circle]

Stak-pak: [Rectangular Box]

Production line: _____

Water line: - - - - -

Gas Meter: (A) (M) (C)



Current Facility Diagram

Devon Energy
 Strawberry 7 Federal #2
 API130-015-32375
 Lat-32 40.713'
 Long-103 54.346'

STRAWBERRY 7 FEDERAL 2

Date	Actual Oil Production	Actual Gas Production	Actual Water Production
10/1/2009	28	72	5
10/2/2009	22	71	3
10/3/2009	20	71	3
10/4/2009	18	72	6
10/5/2009	20	71	6
10/6/2009	23	70	6
10/7/2009	23	69	6
10/8/2009	23	72	6
10/9/2009	20	71	6
10/10/2009	23	70	6
10/11/2009	0	66	0
10/12/2009	30	48	18
10/13/2009	17	79	5
10/14/2009	12	75	3
10/15/2009	26	72	7
10/16/2009	22	70	3
10/17/2009	22	70	7
10/18/2009	22	71	5
10/19/2009	22	71	7
10/20/2009	18	70	3
10/21/2009	0	61	3
10/22/2009	26	53	7
10/23/2009	27	77	5
10/24/2009	28	72	3
10/25/2009	20	70	3
10/26/2009	20	69	3
10/27/2009	27	21	3
10/28/2009	20	70	3
10/29/2009	0	64	3
10/30/2009	23	42	3
10/31/2009	32	73	3
	634	2073	150
11/1/2009	15	76	5
11/2/2009	30	73	5
11/3/2009	20	71	5
11/4/2009	22	71	5
11/5/2009	25	70	5
11/6/2009	18	71	5
11/7/2009	20	73	5
11/8/2009	20	70	5
11/9/2009	22	70	5
11/10/2009	22	69	5
11/11/2009	23	69	3
11/12/2009	20	69	2
11/13/2009	18	67	2
11/14/2009	23	68	20
11/15/2009	18	70	13
11/16/2009	30	68	5
11/17/2009	21	68	5
11/18/2009	20	69	5
11/19/2009	22	68	5
11/20/2009	22	67	5
11/21/2009	20	70	5

STRAWBERRY 7 FEDERAL 2

Date	Actual Oil Production	Actual Gas Production	Actual Water Production
11/22/2009	15	69	5
11/23/2009	22	68	5
11/24/2009	17	67	5
11/25/2009	20	67	5
11/26/2009	23	66	5
11/27/2009	23	67	5
11/28/2009	20	66	5
11/29/2009	20	66	5
11/30/2009	17	65	5
	627	2068	165
12/1/2009	0	59	0
12/2/2009	0	39	0
12/3/2009	0	22	0
12/4/2009	0	18	0
12/5/2009	0	41	0
12/6/2009	0	49	0
12/7/2009	0	39	0
12/8/2009	0	29	0
12/9/2009	5	37	3
12/10/2009	28	77	6
12/11/2009	40	78	6
12/12/2009	47	78	8
12/13/2009	45	78	56
12/14/2009	32	75	7
12/15/2009	15	74	7
12/16/2009	33	72	8
12/17/2009	25	72	6
12/18/2009	23	69	5
12/19/2009	18	70	5
12/20/2009	23	70	5
12/21/2009	23	69	15
12/22/2009	5	56	10
12/23/2009	20	69	5
12/24/2009	25	64	5
12/25/2009	23	64	3
12/26/2009	32	63	3
12/27/2009	20	62	6
12/28/2009	27	63	6
12/29/2009	8	60	3
12/30/2009	8	44	3
12/31/2009	20	59	3
	546	1820	184

OPERATOR'S COPY

Form 3160-5
(February 2005)

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. 100561 *BA*
NMNM54112 & NMNM-~~0560355~~

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit of CA/Agreement, Name and/or No.
2. Name of Operator Devon Energy Production Co., LP		8. Well Name and No. Strawberry 7 Federal 2 & 5H
3a. Address 20 North Broadway OKC, OK 73102	3b. Phone No. (include area code) (405)-552-7802	9. API Well No. 30-015-32375 & 30-015-37257
4. Location of Well (Footage, Sec., T..R..M., or Survey Description) See below		10. Field and Pool or Exploratory Area Hackberry; Bone Springs; North (97056)
		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 <u>Central Tank Battery</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Lease Com, Off-Lease</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Measurement & Sales</u>

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 recompletion 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, off lease measurement and sales of oil & gas hydrocarbon production from the following wells:

- * Strawberry 7 Federal 2: API # 30-015-32375 Sec 7-T19S-R31E Lease NMNM-54112 Hackberry: Bone Spring, North (97056)
- * Strawberry 7 Federal 5H: API # 30-015-37257 Sec 7-T19S-R31E Lease NMNM-~~0560355~~ 100561 Hackberry: Bone Spring, North (97056)

A central tank battery will be located at the Strawberry 7 Federal Com 2. The Well Test Method will be used to allocate production back to the wells (see current & proposed facility schematics). Oil, gas and water volumes from each well producing to this battery will be determined by using a test separator/heater treater and test gas meter at the proposed facility, so that one well is always producing through the testing equipment. The oil and gas hydrocarbons from each location will be commingled, measured and sold off lease. A common gas sales meter associated with a DCP central delivery point (CDP) is located in Sec 18-T19S-R31E approximately 1200' southwest of the Strawberry 7 Federal 2. Waste is not induced and no correlative rights are impaired.

ROW approved within APD; approved by the BLM 08/26/2009.

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

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

**SUBJECT TO LIKE
APPROVAL BY STATE**

14. I hereby certify that the foregoing is true and correct.	
Name (Printed/Typed) Stephanie A. Ysasaga	Title Sr. Staff Engineering Technician
Signature <i>[Signature]</i>	Date 01/13/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <i>[Signature]</i>	Title <u>LPE7</u>	Date <u>2/19/2010</u>
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 <u>CFO</u>	

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)

Strawberry 7 Federal #2 and #5H

Devon Energy Production Co., LP

February 19, 2010

Condition of Approval
Commingle on and off lease

1. This approval is subject to like approval by the New Mexico Oil Conservation Division.
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 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.
5. 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.
6. All above ground structures on the lease shall be painted Shale Green (5Y 4/2), or as per approved APD stipulations. This is to be done within 90 days, if you have not already done so.
7. Gas measurement for allocation must be measured as per Onshore Order #5 for sales meters.
8. All gas and oil subject to royalty shall be measured as per federal regulations and shall be reported to MMS as required. All gas which is vented, flared or used on lease shall be reported as per NTL-4A to MMS. All gas which is vented or flared shall be subject to royalty, unless prior approval was given by the authorized officer.

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Cherry Canyon	4418'	4432'	Trace of oil & gas after perforating & acidizing. Too small to be commercial.	Salado/GYP	0	
				Anhydrite	651	
Cherry Canyon	4110'	4137'	Completion Zone	Salt	1863	
				Anhydrite	2035	
				Salt	2118	
				Sand & Anhydrite	2405	
				Delaware Lime	2616	
				Delaware Sand	2662	
				Cherry Canyon	3492	

38. GEOLOGIC MARKERS

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	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Bordan Hamilton Tennant Trust Robert H Tennant Trustee 9563 Doliver Houston, TX 77063	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7008 1830 0002 7421 7143

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	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Mary Elizabeth Tennant Trust Robert H Tennant Trustee 9563 Doliver Houston, TX 77063	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7008 1830 0002 7421 7136

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	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
Billie J David, Life Tennant P.O. Box 7706 Midland, TX 79708	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7008 1830 0002 7421 8874

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:

Dan W Irwin Separate Property
118 N Grant St
Hinsdale, IL 60521

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) *DAN IRWIN* C. Date of Delivery *2/8/10*

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 1830 0002 7421 5354

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 - Wells Fargo Building
UWO George F Bauerdorf
2444 Wilshire Building, Ste 508
Santa Monica, CA 90403-5808

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) *Constance B Cartwright* C. Date of Delivery *2-10-10*

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 1830 0002 7421 7402

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 Virginia H Baer
1101 Arlington Ridge Rd - Unit 402
Arlington, VA 22202

COMPLETE THIS SECTION ON DELIVERY

A. Signature *front desk*
[Signature] Agent
 Addressee

B. Received by (Printed Name) *CARIA Humea* C. Date of Delivery *2/8/10*

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 1830 0002 7421 5309

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jean C. Eddy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jean C. Eddy</i></p> <p>C. Date of Delivery FEB 10 2010 CORONADO STAT</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>John N Eddy Trust – Jean C Eddy & Thomas B Catron III Trustees <i>Thomas</i> 645 Camino Rancheros Santa Fe, NM 87505 87505</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 1830 0002 7421 5286</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 <input checked="" type="checkbox"/> <i>Jennifer Thickstun Fessler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jennifer Thickstun Fessler</i></p> <p>C. Date of Delivery FEB 10</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>1. Article Addressed to:</p> <p>Jennifer Thickstun Fessler 2557 Roscomare Road Los Angeles, CA 90077</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 1830 0002 7421 5415</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 <input checked="" type="checkbox"/> <i>T.R. Bullocks</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>TR Bullocks</i></p> <p>C. Date of Delivery 2/10/10</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>1. Article Addressed to:</p> <p>Harold G Hartsock Living Trust – Harold G. Mary Hartsock Trustee Dated 02/12/2002 <i>Louise</i> P.O. Box 1449 Sanford, FL 32772-1449</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 1830 0002 7421 8836</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	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 <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 2-20
David F. Stout 1645 W Baseline Rd Unit 2146 Mesa, AZ 85202	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail
2. Article Number (Transfer from service label)	7008 1830 0002	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
PS Form 3811, August 2001	Domestic Return Receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No 7421 7099 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 <i>[Signature]</i>
1. Article Addressed to:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Helen Joy Smith LLC c/o Adam B 5410 26 th Street West Bradenton, FL 34207	B. Received by (Printed Name) <i>[Signature]</i>
2. Article Number (Transfer from service label)	C. Date of Delivery 2-9
PS Form 3811, February 2004	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Domestic Return Receipt	<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
	7008 1830 0002 7421 8829
	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 <i>[Signature]</i>
1. Article Addressed to:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Patti Watson Leake 7824 Osuna NE Albuquerque, NM 87109-3042	B. Received by (Printed Name) <i>[Signature]</i>
2. Article Number (Transfer from service label)	C. Date of Delivery 2-9-10
PS Form 3811, February 2004	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Domestic Return Receipt	<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
	7008 1830 0002 7421 5279
	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>William Allison III</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>William Allison III</i> 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	
William Locke Allison III 2641 Fines Creek Drive Stateville, NC 28625	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0002 7421 7204		
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>Wm B Shelton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Wm B Shelton</i> C. Date of Delivery <i>FEB 9 2010</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Edith A Shelton Marital Trust - Bill Shelton Trust 218 W. Glen Eagles Road Stateville, NC 28625	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0002 7421 8850		
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>Thomas McKenna</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>THOMAS MCKENNA</i> C. Date of Delivery <i>02/10/10</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
Thomas F. McKenna Sr Credit Shelter Trust Jane E McKenna Trustee 281 Genevieve Drive Tijeras, NM 87059	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0002 7421 7242		
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 Kathleen I. Schuster <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) Kathleen I. Schuster	C. Date of Delivery 2/10/10
1. Article Addressed to: Kathleen Irwin Schuster Separate Property 3213 Pepperwood Ln Fort Collins, CO 80525-2944	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) <u>7008 1830 0002 7421 5347</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 X Jannine Celey <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) Jannine Celey	C. Date of Delivery 2-9-10
1. Article Addressed to: PBR Properties Joint Venture P.O. Box 2802 Midland, TX 79702	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) <u>7008 1830 0002 7421 7433</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 X Margareta M. <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) MARGARETA M.	C. Date of Delivery 2-8-10
1. Article Addressed to: The THW & ADW Living Trust UTA Dated 1997 07/03/1997 c/o Theodore & Agnes Willis Trustee 1763 Royal Oaks Drive N E305 Bradbury, CA 91010	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) <u>7008 1830 0002 7421 7037</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"/> <i>Thomas P Lehr</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Thomas P Lehr</i>	C. Date of Delivery <i>2/6/10</i>
1. Article Addressed to: Joseph A. Tennant P.O. Box 382 Marathon, TX 79842	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 1830 0002 7421 7129		
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>Kanda Robinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Kanda Robinson</i>	C. Date of Delivery
1. Article Addressed to: Marbob Energy Corporation P.O. Box Drawer 227 Artesia, NM 88211-0227	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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 1830 0002 7421 7488		
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>Kanda Robinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Kanda Robinson</i>	C. Date of Delivery
1. Article Addressed to: Pitch Energy Corp Western Oil Producers Inc. P.O. Box 227 Artesia, NM 88211-0227	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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 1830 0002 7421 7440		
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 Ausley Allison
1122 Dogwood Road
Statesville, NC 28677-3463

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Thomas A. Allison* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Thomas A. Allison *2-8-10*

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 1830 0002 7421 8621**

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:

Roger T. & Holly L. Elliot Family Ltd Partnership
Family Ltd Partnership LP Hollyhock Corp Gen I
4105 Baybrook Drive Midland, TX 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Roger T. Elliot* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Roger T. Elliot *2/9/10*

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 1830 0002 7421 8669**

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 Voight
7 Sherborn Wood
San Antonio, TX 78218

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Joan M Voight* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
JOANES VOIGHT *2-9-10*

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 1830 0002 7421 8591**

PS Form 3811, February 2004 Domestic Return Receipt 1025

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:

Joyco Investments LLC
 Hanson Operating Co. Inc Mgr
 P.O. Box 2104 Roswell, NM 88202-2104

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8607

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jan Starnes* Agent
 Addressee

B. Received by (Printed Name)

Jan Starnes

C. Date of Delivery

2-9-10

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

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:

McBride Oil & Gas Corporation
 P.O. Box 1515
 Roswell, NM 88202-1515

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8799

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jan Starnes* Agent
 Addressee

B. Received by (Printed Name)

Jan Starnes

C. Date of Delivery

2-9-10

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

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:

Babe Development LLC
 P.O. Box 758
 Roswell, NM 88202-0758

2. Article Number

(Transfer from service label)

7008 1830 0002 7421 8768

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jan Starnes* Agent
 Addressee

B. Received by (Printed Name)

Jan Starnes

C. Date of Delivery

2-9-10

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

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>Jan Starnes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Jan Starnes</i>	C. Date of Delivery <i>2-9-10</i>
1. Article Addressed to: Julie Scott McBride P.O. Box 1515 Roswell, NM 88202-1515	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 1830 0002 7421 7051		
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>Jan Starnes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Jan Starnes</i>	C. Date of Delivery <i>2-9-10</i>
1. Article Addressed to: Sue Hanson McBride -- Separate Property P.O. Box 1515 Roswell, NM 88202-1515	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 1830 0002 7421 7068		
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>Jan Starnes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Jan Starnes</i>	C. Date of Delivery <i>2-9-10</i>
1. Article Addressed to: Hanson Operating Co. Inc P.O. Box 1515 Roswell, NM 88202-1515	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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 1830 0002 7421 7419		
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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>K-T-Leff</u> C. Date of Delivery <u>2/8/10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Kathryn Ann Thickstun Leff 3131 Xenophon St San Diego, CA 92106-1537</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7008 1830 0002 7421 5422</u></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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J.A. Willis</u> C. Date of Delivery <u>2/9/10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>David G & Jean A Willis 1998 Trust Dated 05/23 c/o Jean A Willis Trustee <u>1998</u> 98 Reservoir Road Atherton, CA 94027</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7008 1830 0002 7421 7044</u></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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>FORNEY</u> C. Date of Delivery <u>2/8/10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>McCombs Energy Ltd - A Texas Lmted Partnership Ricky Haiken Vice President 5599 San Felipe, Ste 1200 Houston, TX 77056</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7008 1830 0002 7421 5231</u></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>Barbara Lusk</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 4? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
1. Article Addressed to:	<p>Thomas Lusk Thickstun As His Separate Prop 312 Foxglove Kyle, TX 78640</p>	
2. Article Number (Transfer from service label)	7008 1830 0002 7421 5392	
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. 	<p>A. Signature <i>John Landreth</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
1. Article Addressed to:	<p>John T. Landreth P.O. Box 180 Engle, CO 81631-0180</p>	
2. Article Number (Transfer from service label)	7008 1830 0002 7421 7174	
PS Form 3811, August 2001		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. 	<p>A. Signature <i>Chesene Phillips</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____ <i>CHESENE PHILLIPS 2-8-2010</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
1. Article Addressed to:	<p>W A Landreth Jr 3207 W 4th Street Ft. Worth, TX 76102</p>	
2. Article Number (Transfer from service label)	7008 1830 0002 7421 7235	
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 <i>Judy Sten</i>	
1. Article Addressed to: David Donnelly Trust P.O. Box 1150 Lebanon, MO 65536	B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Judy Sten</i>	
	C. Date of Delivery <i>2/18/10</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:		
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 1830 0002 7421 7105		
PS Form 3811, August 2001 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 <i>Fred A. Watson Jr</i>	
1. Article Addressed to: Fred A Watson Jr 5404 Crown Ridge Rd NW Albuquerque, NM 87114-5790	B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Fred Watson</i>	
	C. Date of Delivery <i>2/16/10</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:		
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 1830 0002 7421 5262		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

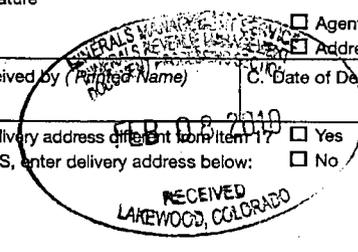
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Todd M. Wilson</i>	
1. Article Addressed to: Cannon Exploration Company 3608 S County Road 1184 Midland, TX 79706-6468	B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Todd M Wilson</i>	
	C. Date of Delivery <i>02/06/10</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:		
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 1830 0002 7421 5330		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

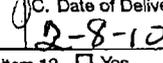
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Steven P. Thompson</i>	
1. Article Addressed to: Steven P. Thompson P.O. Box 14596 Odessa, TX 79768		B. Received by (Printed Name) <i>STEVE THOMPSON</i> C. Date of Delivery FEB 8 2010	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input 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 1830 0002 7421 5248	
PS Form 3811, February 2004		Domestic Return Receipt	

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 checked="" type="checkbox"/> Addressee <i>Stephanie P Troth</i>	
1. Article Addressed to: Stephanie P Troth 5714 E Acoma Drive Scottsdale, AZ 85254		B. Received by (Printed Name) <i>S. T.</i> C. Date of Delivery <i>2/8/10</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input 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 1830 0002 7421 5217	
PS Form 3811, February 2004		Domestic Return Receipt	

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 checked="" type="checkbox"/> Addressee <i>Gary Schaeffer</i>	
1. Article Addressed to: Anne H Deal 7044 50 th Ave NE Seattle, WA 98115		B. Received by (Printed Name) <i>GARY SCHAEFFER</i> C. Date of Delivery <i>2/8</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 1830 0002 7421 5293	
PS Form 3811, February 2004		Domestic Return Receipt	

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>Carol J Christensen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Carol J Christensen</i> C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Carol J Christensen 19026 N. 2 nd Ave Phoenix, AZ 85027		
	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 1830 0002 7421 7112		
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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>[Name]</i> C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Minerals Management Service Royalty Mgmt Pr P.O. Box 5810 Denver, CO 80217-5810		
	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 1830 0002 7421 7457		
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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>[Name]</i> C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Barbara C. Larimore c/o Minerals Services Inc. Agent P.O. Box 244 St. Jacob. IL 62281-0244		
	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 1830 0002 7421 8843		
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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Harold Shultz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____ 2-8-10</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>1. Article Addressed to:</p> <p>Florence B Clark Hall c/o Minerals Services Inc. Agent P.O. Box 244 St. Jacob, IL 62281-0244</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 1830 0002 7421 8720</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 <input checked="" type="checkbox"/> <i>Richard K Barr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Richard K Barr P.O. Box 847 Boerne, TX 78006</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 1830 0002 7421 5316</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 <input checked="" type="checkbox"/> <i>Todd M Wilson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>Todd M Wilson</i> 02/02/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Todd M Wilson 3608 S County Rd 1184 Midland, TX 79706-6468</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 1830 0002 7421 7471</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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Hazel N Collins Family Trust Texas Bank Attn: Ed Fritz 2525 Ridgmar, Blvd, Ste 100 Fort Worth, TX 76116	B. Received by (Printed Name) F. Holleman	C. Date of Delivery 2/8/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input 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 1830 0002 7421 8645		
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 checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Dillard Fisher & Dillard Partnership 415 West Wall, Ste 703 Midland, TX 79701	B. Received by (Printed Name) Raquel Romero	C. Date of Delivery 2/8/10
	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 1830 0002 7421 7075		
PS Form 3811, August 2001	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 checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Lynda L Shropshire Trust - Farmers National Co. Agent Oil & Gas Management P.O. Box 3480 Omaha, NE 68103-0489	B. Received by (Printed Name) Rick L Hoyer	C. Date of Delivery FEB - 8 2010
	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 1830 0002 7421 7358		
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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Smore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Smore</i> C. Date of Delivery <i>2/20</i></p>
<p>1. Article Addressed to:</p> <p>Estate of Lonye Marie Williams Deceased William T McGee Personal Rep 1701 River Run Rd, Ste 501 Fort Worth, TX 76107-6548</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)</p>	<p>7008 1830 0002 7421 7495</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

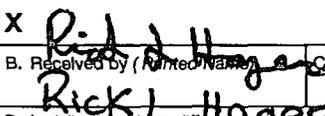
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Anne W Briggs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ANNE W BRIGGS</i> C. Date of Delivery <i>2/18/10</i></p>
<p>1. Article Addressed to:</p> <p>Anne W Briggs – Rancho Del Oso 3610 Pacific Coast Highway Davenport, CA 95017</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)</p>	<p>7008 1830 0002 7421 7259</p>
<p>PS Form 3811, August 2001 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>FEB 07 2010</i></p>
<p>1. Article Addressed to:</p> <p>Oxy USA WTP LP Lock Box 841735 Dallas, TX 75284-1735</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)</p>	<p>7008 1830 0002 7421 8514</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

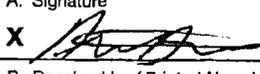
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Girum Desta</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Girum Desta</i> C. Date of Delivery <i>FEB 07 2010</i>	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Lobos Energy Partners LLC J.C. Welch Alf & VP - Dept 2213 P.O. Box 122213 Dallas, TX 75312-2213	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7008 1830 0002 7421 5200	
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>Rick L Hager</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Rick L Hager</i> C. Date of Delivery <i>FEB 11 2010</i>	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Mary Lindsey Kesterson Agency Farmers National Co. Agent Lock Box 3480 Omaha, NE 68103-0480	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7008 1830 0002 7421 7228	
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>Shelly Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Shelly Smith</i> C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Wallfam Limited Partnership 1811 Heritage Blvd. Ste 200 Midland, TX 79707	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7008 1830 0002 7421 7426	
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 checked="" type="checkbox"/> Addressee 	
1. Article Addressed to:	B. Received by (Printed Name) Rick L. Hager	C. Date of Delivery
Jane Landreth Russell Agency Farmers National Co. Agent Lock Box 3480 Omaha, NE 68103-0480	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 1830 0002 7421 7365	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		
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		

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 checked="" type="checkbox"/> Addressee 	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Franklin Thompson Family Agcy Bank of America - Trust 4012 P.O. Box 840738 Dallas, TX 75284-0738	FEB 07 2010	
2. Article Number (Transfer from service label)	7008 1830 0002 7421 7372	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		
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		

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 checked="" type="checkbox"/> Addressee 	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Standford University c/o Bank of American P.O. Box 480738 Dallas, TX 75284-0738	FEB 07 2010	
2. Article Number (Transfer from service label)	7008 1830 0002 7421 7464	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		
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		

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Robert Tennant</u> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Robert H Tennant Jr. Testament Robert H Tennant Trustee 9563 Doltiver Houston, TX 77063</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><u>R</u></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) <u>7008 1830 0002 7421 7150</u></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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>ROBERT LINNELL</u> C. Date of Delivery <u>2/6/05</u></p>
<p>1. Article Addressed to:</p> <p>Martha Watson Linnell 3950 Copperfield Ridge CT Winston-Salem, NC 27106</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) <u>7008 1830 0002 7421 5255</u></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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JOHN MICHAEL ESSES</u> C. Date of Delivery <u>2/6/10</u></p>
<p>1. Article Addressed to:</p> <p>John Michael Esses 10 Via Slano Rancho Santa Monica, CA 92688-1330</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) <u>7008 1830 0002 7421 7501</u></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. 	A. Signature X <i>R. Gesler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>R. GESLER</i>	C. Date of Delivery <i>2/6/10</i>
Gesler Grandchildren's Trust Dated 08/20/1998 4605 E Shomi St Phoenix, AZ 85044	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0002 7421 8683		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery FEB 06 2010
John Eric Thickstun As His Separate Property 6672 Michaeljohn Drive La Jolla, CA 92037	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0002 7421 5378		
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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>TRACY STACY</i>	C. Date of Delivery <i>2/6/10</i>
Scott E. Wilson 4601 Mirador Drive Austin, TX 78735-1554	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0002 7421 5323		
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 White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 2-6-10
Patricia Benaugh White As Her Separate Prop 806 Lari Dawn San Antonio, TX 78258	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 1830 0002 7421 5408	
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>Joan Neal</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 2-6-10
Ella Joan Neal Living Trust 6235 E Sea Breeze Drive Long Beach, CA 90803	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 1830 0002 7421 8713	
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>Mary Susan Thickstun</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Mary Susan Thickstun Her Separate Property 5690 Arbor Grove CT San Diego, CA 92121	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 1830 0002 7421 5385	
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>Elizabeth Tennant</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) ELIZABETH TENNANT	C. Date of Delivery 2/11/04
Elizabeth Foster Tennant 701 Bering Drive # 204 Houston, TX 77057	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 1830 0002 7421 7198	
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>A</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) JOHNSON	C. Date of Delivery FEB 17 2007
Willis R. Har... c/o Bank of America P.O. Box 620020 Dallas, TX 75262	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	620020 03-28-07 BANK OF AMERICA PO BOX 31900 FEB 17 2007 TAMPA, FL 33631	
2. Article Number (Transfer from service label)	7008 1830 0002 7421 7396	
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>A</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) JOHNSON	C. Date of Delivery FEB 17 2007
Ward C. Har... c/o Bank of America P.O. Box 620020 Dallas, TX 75262	D. Is delivery address different from item 12? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	620020 03-28-07 BANK OF AMERICA PO BOX 31900 TAMPA, FL 33631	
2. Article Number (Transfer from service label)	7008 1830 0002 7421 7389	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

C/SF

BUREAU OF LAND MANAGEMENT

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 for such proposals.)

WELL TYPE: OIL WELL OTHER

NAME OF OPERATOR

Wayne Moore

ADDRESS OF OPERATOR

403 N. Marienfeld, Midland, Texas 79701

See also Space 17 below
At Bureau

660' FNL 2310' FEL
Sec. 11, T26S, R28E

RECEIVED BY
NOV 26 1985
O. C. D.
ARTESIA, OFFICE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NM - 17046

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR B.L.R. AND SURVEY OR AREA

Sec. 11, T26S, R28E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

14. REPORT BY

15. ELEVATION (show whether

2975' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF

PLUG OR ALTER CASING

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE DEPTH

(Other)

OTHER

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. SOURCE PRODUCTION OR OTHER INFORMATION: (If any, state all pertinent items and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The above captioned well contains no commercially productive zones. We propose to plug the well in the following manner:

- A. Set cement plug from 4582' to 2500'.
- B. Set 15 sk plug at surface with 9.5 lb. brine between 2500' and 15 sk. surface plug.
- C. Clear location as required and set marker as required.
- D. The plugs will be spotted thru the tubing and tagged as necessary.

The plugging procedures will be commenced as soon as possible after receiving BLM approval.

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

SIGNED

John

TITLE

Sup.

DATE

10-26-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

11-24-86

*See Instructions on Reverse Side

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
AUG 28 1984
O.C.D.
ARTESIA, OFFICE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Fed

5. State Oil & Gas Lease No.

NAME OF WELL
Operator

OIL WELL GAS WELL DRY OTHER

TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. REVR. OTHER

7. Unit Agreement Name
DELAWARE RIVER UNIT

8. Form or Lease Name
DELAWARE RIVER UNIT

9. Well No.
#2

10. Field and Pool, or Wildcat
Wildcat (Mor=?)

Name of Operator
WAYNE MOORE

Address of Operator
403 N. Marienfeld, Midland, Texas 79701

Location of Well

SECTION LETTER E LOCATED 1980 FEET FROM THE N LINE AND 990 FEET FROM

E LINE OF SEC. 11 TWP. 26S RGE. 28E NMPM

12. County
Eddy

13. Date Spudded 3/10/84 16. Date T.D. Reached 3/25/84 17. Date Compl. (Ready to Prod.) 8/10/84 18. Elevations (DF, RKII, RT, GR, etc.) 2972 GL 19. Elev. Casinghead 2975

20. Total Depth 4954' 21. Plug Back T.D. 4954' 22. If Multiple Compl., How Many
23. Intervals Drilled By: Rotary Tools 0-4954' Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name
4467-4601 Bell Canyon 25. Was Directional Survey Made Yes

26. Type Electric and Other Logs Run
Directional Survey-Densilog Neutron Gamma Ray - Dual Laterlog 27. Was Well Corod

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	64#	401'	17 1/2"	425 Sx	0
8 5/8"	24#	2459'	12 1/2"	200 Sx	0
7 7/8"	15.5#	4954'	7 7/8"	775 Sx	0

LINER RECORD

30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					<u>2 3/8</u>	<u>4954</u>	

28. Perforation Record (Interval, size and number)
4467-70-73-76-78-80-82-4601-03-05
4607-09
1.4" Shot Per Interval

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
<u>4467-4482</u>	<u>500 Gals Acid, Frac Good Gal</u>
	<u>Form Frac 12,500# Sand</u>
<u>4601-09</u>	<u>500 Gals Acid, Frac 7,500</u>
	<u>Form Frac 12,000 # Sand</u>

PRODUCTION

29. First Production 8/10/84 Production Method (*Flowing, gas lift, pumping - Size and type pump*) Pumping Well Status (Prod. or Shut-in) Prod.

31. Date of Test 8/10/84 Hours Tested 24 Choke Size
Prod'n. For Test Period
Oil - Bbl. 15 Gas - MCF 75 Water - Bbl. 50 Gas-Oil Ratio 1666-1

Flow Tubing Press. Casing Pressure
Calculated 24-Hour Rate
Oil - Bbl. 15 Gas - MCF 25 Water - Bbl. 50 Oil Gravity @ API (Corr.) 32

33. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented Test Witnessed By Tom E. Moore

34. List of Attachments
Directional Survey-Densilog Neutron Gamma Ray - Dual Laterlog

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Co-Owner DATE 8/24/84