

DATE IN 9.29.10	SUSPENSE	ENGINEER RE	LOGGED IN 9.29.10	TYPE CTB	PTG-W APP NO. 1027236360
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RECEIVED OGD
 ABOVE THIS LINE FOR DIVISION USE ONLY

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



ConocoPhillips
 217817

Maltzman, Yero, West
 44500

ADMINISTRATIVE APPLICATION CHECKLIST

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

Application Acronyms:

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

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

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

Check One Only for [B] or [C]

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

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

[D] Other: Specify SURFACE LEASE COMMINGLING

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

[A] ☐ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

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

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

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

JALYN N. FISKE

Print or Type Name

Signature

REGULATORY SPECIALIST

Title

9/29/10

Date

jalyne.fiske@conocophillips.com
 e-mail Address

CTB-623

Ezeanyim, Richard, EMNRD

From: Fiske, Jalyn N [Jalyn.Fiske@conocophillips.com]
Sent: Tuesday, November 09, 2010 2:04 PM
To: Ezeanyim, Richard, EMNRD
Subject: Surface Commingling Notice Tickets
Attachments: 2010110914452194.pdf; 2010110915030606.pdf

Richard, as requested, here's the certified mail tickets and the notice letter. The notice letter was sent out with a complete copy of the application.

Jalyn N. Fiske
Regulatory Specialist
ConocoPhillips Company
432.688.6813
jalyn.fiske@conocophillips.com

Ezeanyim, Richard, EMNRD

From: Fiske, Jalyn N [Jalyn.Fiske@conocophillips.com]
Sent: Monday, November 08, 2010 12:01 PM
To: Ezeanyim, Richard, EMNRD
Subject: RE: Tourmaline/Aquamarine Surface Commingling

I guess we're playing phone tag, I just left you another message. Here's the situation: The facility is being built now, so that is why I assume the legals were left off the facility diagram. We are wanting to surface commingle the oil and gas production from two neighboring leases, the Tourmaline State and Aquamarine State leases. These wells are not yet completed - they are in the process of being drilled now.

Facility Location:
Sec. 16, T17S, R32E, Unit Letter "O"
175' FSL & 1318' FEL
Lea County, NM



Jalyn N. Fiske
Regulatory Specialist
ConocoPhillips Company
432.688.6813
jalyn.fiske@conocophillips.com

From: Ezeanyim, Richard, EMNRD [<mailto:richard.ezeanyim@state.nm.us>]
Sent: Monday, November 08, 2010 12:06 PM
To: Fiske, Jalyn N
Subject: RE: Tourmaline/Aquamarine Surface Commingling

Jalyn:

I am waiting for your call to get this order out to you.

Richard

From: Fiske, Jalyn N [<mailto:Jalyn.Fiske@conocophillips.com>]
Sent: Monday, November 08, 2010 7:58 AM
To: Ezeanyim, Richard, EMNRD
Subject: Tourmaline/Aquamarine Surface Commingling

I gave you a call this morning, Richard. I was out of town on business last week. In regards to the surface commingling application, I see now that the facility diagram included in the application is missing the legal location. I will get that to you today. I am in conference calls all this morning, so please email me if you need to contact me. I will give you another call this afternoon to discuss any other problems with the application.

Thanks,

Jalyn N. Fiske
Regulatory Specialist
ConocoPhillips Company
432.688.6813
jalyn.fiske@conocophillips.com

Confidentiality Notice: This e-mail, including all attachments is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited unless specifically provided under the New Mexico Inspection of Public Records Act. If you are not the intended recipient, please contact the sender and destroy all copies of this message. -- This email has been scanned by the Sybari - Antigen Email System.

September 1, 2010

**NOTICE OF PROPOSED SURFACE COMMINGLING OF TOURMALINE STATE AND
AQUAMARINE STATE LEASES, LOCATED IN SEC. 16, T27S, R32E, OF LEA COUNTY, NEW
MEXICO.**

To All Working Interest Owners:

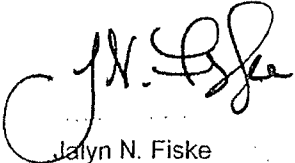
ConocoPhillips Company is seeking approval from the NMOCD to commingle production from the Tourmaline lease and the Aquamarine lease, both leases producing out of the Maljamar; Yeso, West pool (44500). Please see the attached Surface Commingling Application for the following four wells:

Tourmaline State #1 30-025-39820
Tourmaline State #2 30-025-39821

Aquamarine State #1 30-025-39849
Aquamarine State #2 30-025-39850

Surface Commingling will be initiated in the November 2010 timeframe.

Thank you.



Jalyn N. Fiske
Regulatory Specialist
Jalyn.fiske@conocophillips.com
432.688.6813

ConocoPhillips Company
3300 N. "A" Street, Building 6
Midland, Texas 79705

Warnell, Terry G, EMNRD

From: Warnell, Terry G, EMNRD
Sent: Wednesday, September 29, 2010 8:25 AM
To: 'Fiske, Jalyn N'
Cc: Jones, William V., EMNRD
Subject: Lease Commingling?

Hi Jalyn,

Will Jones gave me your paperwork C-107-B etc. for what I think is a lease Commingle?
Before it can be logged in and entered into the OCD database I need an application
<http://www.emnrd.state.nm.us/OCD/documents/admnapp.pdf>

Sincerely
Terry G. Warnell
New Mexico Oil Conservation Division
1220 South St. Francis
Santa Fe, NM 87505
505-476-3466

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

RECEIVED OGD

2010 SEP -7 P 1:11

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: ConocoPhillips Company

OPERATOR ADDRESS: 3300 N. "A" St., Bldg. 6 Midland, TX 79705

APPLICATION TYPE:

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

LEASE TYPE: ☐ Fee ☒ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If #Yes#, please include the appropriate Order No. _____

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☐ Yes ☐ No

(A) POOL COMMINGLING

Please attach sheets with the following information

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

(2) Are any wells producing at top allowables? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.

(4) Measurement type: ☐ Metering ☐ Other (Specify) _____

(5) Will commingling decrease the value of production? ☐ Yes ☐ No If #yes#, describe why commingling should be approved _____

(B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code. MALJAMAR; YESO, WEST (44500)

(2) Is all production from same source of supply? ☒ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No

(4) Measurement type: ☒ Metering ☐ Other (Specify) _____

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

(1) Is all production from same source of supply? ☐ Yes ☐ No

(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.

(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.

(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: J. N. Fiske TITLE: Regulatory Specialist

DATE: 09/01/2010

TYPE OR PRINT NAME Jalyn N. Fiske

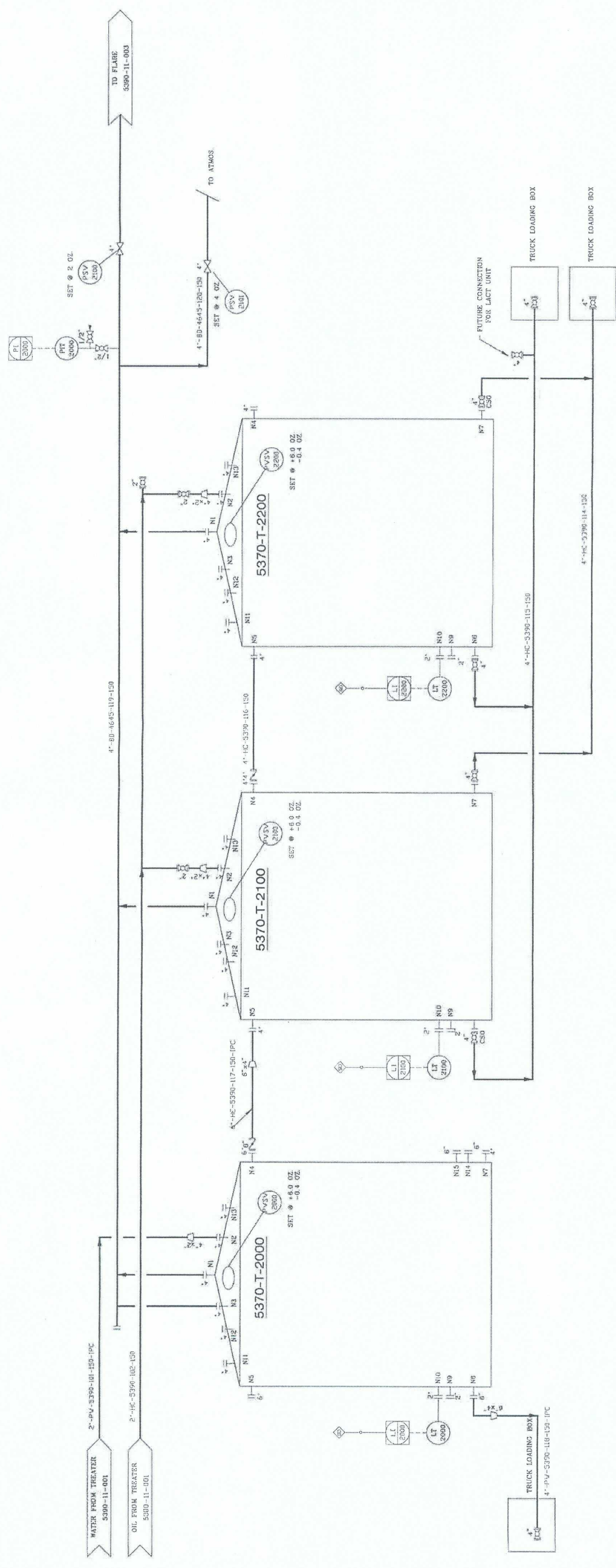
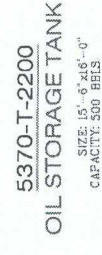
TELEPHONE NO.: (432)688-6813

E-MAIL ADDRESS: Jalyn.Fiske@conocophillips.com

LEASE INFORMATION

(B) (1) Maljamar, Yeso, West (44500)

(E) (3) <u>Lease Name</u>	<u>S/T/R</u>	<u>Footage Calls</u>	<u>API #</u>
Tournaline State #1	Sec 16, T17S, R32E, Unit Letter "O"	380' FSL & 1650' FEL	30-025-39820
Tournaline State #2	Sec 16, T17S, R32E, Unit Letter "O"	990' FSL & 2310' FEL	30-025-39821
Aquamarine State #1	Sec 16, T17S, R32E, Unit Letter "P"	343' FSL & 432' FEL	30-025-39849
Aquamarine State #2	Sec 16, T17S, R32E, Unit Letter "P"	990' FSL & 740' FEL	30-025-39850



DESS

MAR 27 1944

FOR CONSTRUCTION

[illegible]



N. 2+00'-0"

N. 1+50'-0"

N. 1+00'-0"

N. 0+50'-0"

0+00'-0"

W. 0+50'-0"

E. 0+50'-0"

E. 1+00'-0"

E. 1+50'-0"

E. 2+00'-0"

E. 2+50'-0"

E. 3+00'-0"

E. 3+50'-0"

E. 4+00'-0"

E. 0+25'-0"

E. 1+50'-0"

E. 0+90'-0"

E. 1+50'-0"

E. 2+20'-0"

E. 2+40'-0"

E. 2+100'-0"

E. 2+200'-0"

E. 2+60'-0"

E. TRUCK LOADOUT BOXES
N. 1+40'-0"

E. DIKE

E. DIKE

E. DIKE

E. DIKE

ISSUED
MAR 27 2010
FOR CONSTRUCTION

NOTE:

REFERENCE DRAWINGS

NO.

FIRM

DATE

DESCRIPTION

BY

DATE

ENGINEERING RECORD

ConocoPhillips
ODDESSA, TEXAS

PLOT PLAN
DOLLARHIDE NORTH

NEW MEXICO

DWG. NO. D-6211-C03-100

REV. 0

SAULSBURY
ENGINEERING & CONSTRUCTION
A SAULSBURY INDUSTRIES COMPANY
TEXAS REGISTERED ENGINEERING FIRM F-518



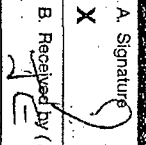
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John Corey
10 Edinburg Ct
The Woodlands, TX 77384

COMPLETE THIS SECTION ON DELIVERY

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



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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-40

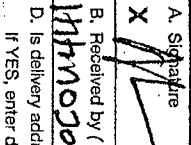
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron Usa Inc
15 Smith Road
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

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

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-40

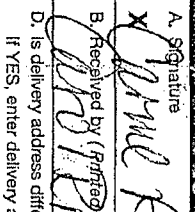
SENDER: COMPLETE THIS SECTION

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3. Print your name and address on the reverse so that we can return the card to you.
4. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fuel Products Inc
PO Box 3098
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

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

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

2. Article Number

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Domestic Return Receipt

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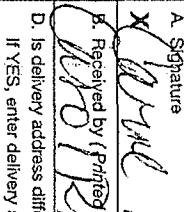
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wayne Luna
PO Box 1889
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

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

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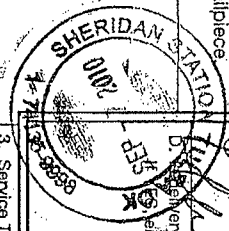
Domestic Return Receipt

102595-02-M-15-40

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Frontier Field Services LLC
4200 E. Skelly Dr. 700
Tulsa, OK 74135



COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) John E. Corey ☐ Addressee
- C. Date of Delivery SEP 08 2004
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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Article Number
(Transfer from service label)
Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) John E. Corey ☐ Addressee
- C. Date of Delivery SEP 08 2004
- 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.
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Article Addressed to:
John E. Corey Agency
PO box 841549
Dallas, TX 75284

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) John E. Corey ☐ Addressee
- C. Date of Delivery SEP 08 2004
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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Article Number
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Form 3811, February 2004

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- A. Signature [Signature] ☐ Agent
- B. Received by (Printed Name) John E. Corey ☐ Addressee
- C. Date of Delivery SEP 08 2004
- 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)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-0

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-0

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:

Concho
Fasken Center, Tower II
550 W. TX Ave. Ste 100
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

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:

Jewell Iverson Trust
4870 S Lewis Ste 200
Tulsa, Ok 74105

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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:

Mack Energy Corp.
11352 Lovington HWY
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

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102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Harold E Jones
2305 Stutz Pl
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Iverson III Inc.
3454 S Zunis Ave
Tulsa OK 74105

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery 9-7-2010
- C. Date of Delivery
- D. Is delivery address different from item 1? ☒ Yes ☐ No
- If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Francis Hudson Trusts
63000 Ridgle, Ste 1005A
Ft Worth TX 76116

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery 9/7/10
- C. Date of Delivery
- D. Is delivery address different from item 1? ☒ Yes ☐ No
- If YES, enter delivery address below:

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

2. Article Number

(Transfer from service label)

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Domestic Return Receipt

102595-02-M-1540

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Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Iverson Family Trust
206 Belle Meade Cr
Eufaula, OK 74432

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery 9/7/10
- C. Date of Delivery
- D. Is delivery address different from item 1? ☒ Yes ☐ No
- If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Edward R Hudson Trusts
616 Texas St
Ft worth tx 76116

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery 9/7/10
- C. Date of Delivery
- D. Is delivery address different from item 1? ☒ Yes ☐ No
- If YES, enter delivery address below:

2. Article Number
(Transfer from service label)

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Domestic Return Receipt

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102595-02-M-1540

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)

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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:

Pear Resources
PO Box 11044
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9-14-10*

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)

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:

WMI 1990 Trust
PO Box 10508
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *RAM BURKE* C. Date of Delivery *9-14-10*

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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Pip 1990 Trust
PO Box 10508
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *RAM BURKE* C. Date of Delivery *9-14-10*

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)

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:

SJI JR 1990 Trust
PO Box 10508
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *RAM BURKE* C. Date of Delivery *9-14-10*

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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p> A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <div style="display: flex; align-items: center;"> <div style="flex: 1;"> X </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 5px;"> C. Date of Delivery 9/10/11 </div> </div> </p> <p> B. Received by (Printed Name) K. E. Grupp </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 style="text-align: center; margin-top: 20px;"> The Edward R. Hudson Trust 222 W. 4th ST 313 Ft Worth TX 76102 </p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p> A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <div style="display: flex; align-items: center;"> <div style="flex: 1;"> X </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 5px;"> C. Date of Delivery </div> </div> </p> <p> B. Received by (Printed Name) Alvin M Iverson Jr. </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 style="text-align: center; margin-top: 20px;"> Alvin M Iverson Jr. Trust 5073 S 76th E Ave., Apt D Tulsa, Ok 74145 </p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div>	