

PTGW

DATE IN 12.30.10 SUSPENSE ENGINEER RE LOGGED BY 12.30.10 TYPE CTB APP NO. 10.36438184

ABOVE THIS LINE FOR DIVISION USE ONLY

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



Alamo Resources (274841)

ADMINISTRATIVE APPLICATION CHECKLIST

4 wells

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 [X] CTB [] PLC [] PC [] OLS [] OLM [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery [] WFX [] PMX [] SWD [] IPI [] EOR [] PPR [D] Other: Specify [2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or [] Does Not Apply [A] [X] Working, Royalty or Overriding Royalty Interest Owners [B] [] Offset Operators, Leaseholders or Surface Owner [C] [] Application is One Which Requires Published Legal Notice [D] [X] Notification and/or Concurrent Approval by BLM or SLO U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office [E] [X] 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.

Joanne Keating Print or Type Name Signature Regulatory Affairs Title Coordinator 12/16/2010 Date jkeating@alamoresources.com e-mail Address

CTB - 624



December 20, 2010

To: Interest Owners:

Re: Alamo Resources II, LLC
Application for Approval of Surface Commingling
Parts of Section 7, 8, 17 and 18, T18S, R28E,
West Artesia Grayburg Unit, Donnelly Kelly State #1 Well,
State B Well #2, State N Well #1 and Jennings Fee Well #1
Eddy County, New Mexico

#2 is 30-05-02644

30015-23842

30-05-02643

Ladies and gentlemen:

Please be advised that Alamo Resources II, LLC ("Alamo") has requested approval for a surface commingling application. You have been identified as owing an interest in the above referenced lands therefore, requiring notification of this application. Enclosed for you review, is a copy of the submitted application. Please be advised that any objections must be made in writing to the New Mexico Oil Conservation Division, 1220 S. St. Francis Drive, Santa Fe, NM 87504 within twenty (20) days of filing of this application.

Please do not hesitate to contact us should you have any questions. Thank you for your attention to this matter.

Sincerely,

Carl D. Campbell
Chief Operating Officer

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: Alamo Permian Resources, LLC
OPERATOR ADDRESS: 415 W. Wall Street, Suite 500 Midland, TX 79701
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. ARTESIA; Q-G-SA 2323
(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) See attached - Commingled Battery Testing & Allocation Procedures

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

(1) Complete Sections A and E.

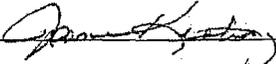
(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

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

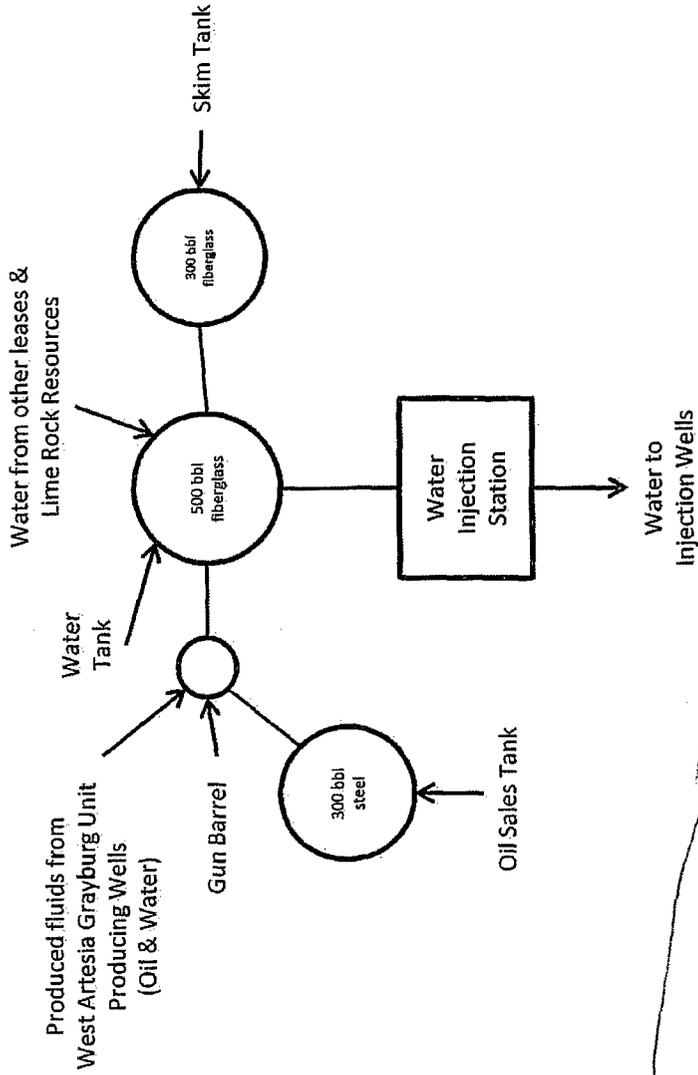
(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

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

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

SIGNATURE:  TITLE: Regulatory Affairs Coordinator DATE: 12/16/2010
TYPE OR PRINT NAME Joanne Keating TELEPHONE NO.: 432.897.0673
E-MAIL ADDRESS: jkeating@alamoresources.com

COMMINGLE PRODUCTION FACILITY
West Artesia Grayburg Unit
 CURRENT WATERFLOOD STATION



Handwritten signature/initials

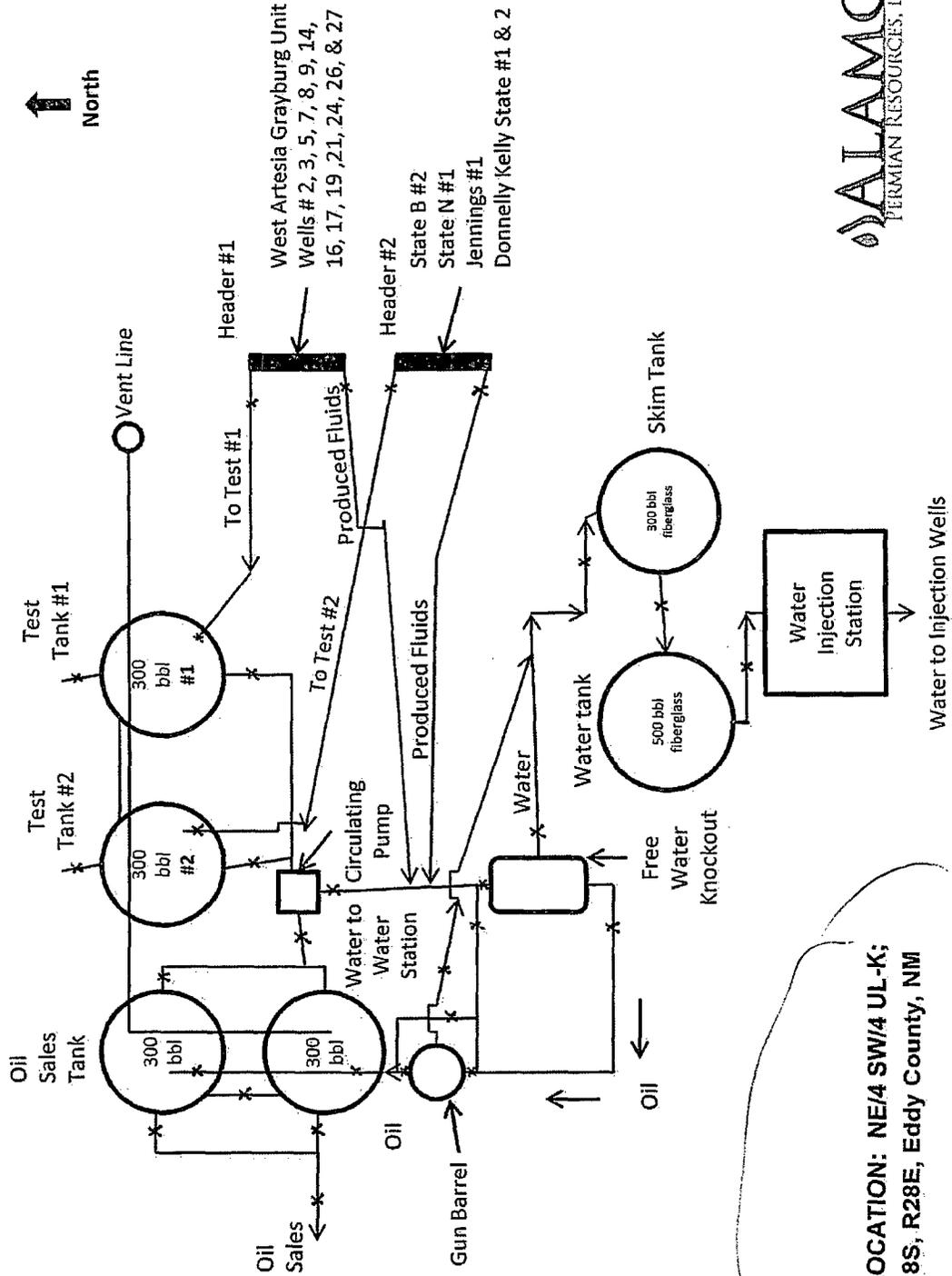
**LEGAL LOCATION: NE/4 SW/4 UL-K;
 Sec 8, T18S, R28E, Eddy County, NM**



COMMINGLE PRODUCTION FACILITY

West Artesia Grayburg Unit

PROPOSED CENTRAL OIL FACILITY



LEGAL LOCATION: NE/4 SW/4 UL-K;
 Sec 8, T18S, R28E, Eddy County, NM



ALAMO PERMIAN RESOURCES, LLC

**Commingled Battery Testing & Allocation Procedures
West Artesia Grayburg Unit
Eddy County, NM**

Alamo Permian Resources, LLC ("Alamo Permian Resources") proposes the surface commingling of its wells on the West Artesia Grayburg Unit and four (4) offset adjacent producing leases, the State "N", the State "B", the Donnelly Kelly State, and Jennings leases, into a single Commingled Battery (the "Battery") located on the West Artesia Grayburg Unit located at the NE/4 SW/4 UL-K, Section 8, Township 18S, Range 28E in Eddy County, New Mexico. Central to this proposal, Alamo Permian Resources seeks the approval of the New Mexico Oil Conservation Division ("the Division") for the implementation of an alternative method for determining production from the wells producing into this Battery based on allocation factors determined from individual well test results. As requested by the Division, Alamo Permian Resources submits the following discussion which outlines the basic equipment that will be installed in the Battery, as well as the basic procedures that will be instituted by Alamo Permian Resources to test producing wells and equitably allocate monthly oil and water production to each well based on well test results.

Battery Equipment & Vessels

A Commingled Battery permitted and constructed by Alamo Permian Resources with the basic equipment, vessels, and facilities in its design in order to test producing wells on a regular basis and equitably allocate oil and water production between all wells producing into the Battery. This Battery equipment will include:

- Inlet Well Header(s) which allow the switching of each well tied into the Battery from production to the Test Tank(s) individually;
- Test Tank(s) for the isolation and testing of each well. The number of Test Tanks will be dependent on the number of wells producing into the Battery;
- At least 2 steel Oil Tanks where total oil production is gauged and oil is sold;
- 1 – 2 fiberglass Water Tanks, depending on the amount of water produced on a daily basis from the wells and how it is handled;
- A primary separation vessel, such as a Free-Water-Knockout ("FWKO"), Separator, or Heater-Treater Separator, to remove the majority of water production from oil production;
- A Gun Barrel as a secondary separation vessel to separate the remaining water from the oil and send the oil to the Oil Tanks; and
- A Circulating Pump to allow for transfer of oil and water between Test Tanks, separation vessels, Oil Tanks, and Water Tanks in the Battery.

Tank Gauging

Each day, each Oil Tank, Water Tank, and Test Tank in the Battery will be gauged by the Alamo Permian Resources Pumper using a steel tape line. The amount of oil and water is measured by using water-finding paste ("color-cut") on the steel tape line. The gauge levels

of oil and water in the battery tanks are recorded in the daily field gauge report and used to calculate the total daily and monthly oil and water production volumes for the Battery. The daily Battery oil and water production are sent to the Alamo Permian Resources – Midland, Texas office each day and are used at the end of each month to determine the Total Monthly Battery Production – oil and water production volumes.

Additionally, a record is kept of the number of Producing Days each month for each well. This information is recorded by the Pumper each day on a monthly “Days On and Off Report” form which tracks the days on production and the days off production for each well over the course of the month. This report is sent to the Alamo Permian Resources – Midland, Texas office at the end of each month to be used in the allocation process.

Well Testing

Prior to each Well Test, the Test Tank is emptied using Circulating Pump to move contents to the FWKO. The remaining volume in the Test Tank, if any, is gauged and color-cut to determine the oil and water volumes in the tank at the start of the Well Test.

- At the Well Header at the entry to the Battery, the well selected to be tested is switched from Production to Test by opening and closing the appropriate valves on the header manifold to route the produced fluids from the well to a Test Tank.
- Each well producing into the Battery is to be tested at least once per month, but will be tested as many times as practical.
- The well will be left “on test” until a stabilized daily production rate is established, with a minimum test time of 48 hours.
- After the well has been on test a minimum of 24 hours, the produced fluids in the Test Tank will be gauged and color-cut. If the color-cut demarcation between oil and water is not clear, a fluid sample will be taken from the Test Tank using a “thief” sample catcher which allows the sampling of fluids in the tank at any desired depth in order to verify the composition of the produced fluids in the tank, both oil and water.
- Once the volumes of oil and water in the Test Tank have been determined, the well’s Test Volumes over the preceding 24 hours are determined by subtracting the Test Tank volumes at the start of the test period from the Test Tank volumes recorded at the end of the period.
- The 24-hour Test Volumes of Oil and Water production from the well are recorded and sent to the Alamo Permian Resources – Midland, Texas office.
- At the conclusion of each Well Test, the produced oil and water volumes in the Test Tank are sent to the Battery FWKO by Circulating Pump.

Monthly Production Allocations

Each month, the Total Monthly Battery oil and water production volumes are allocated to each producing well producing into the Battery based on the well’s Well Tests during the month and its number of Producing Days during the month. The Monthly Production Allocations methodology is as follows:

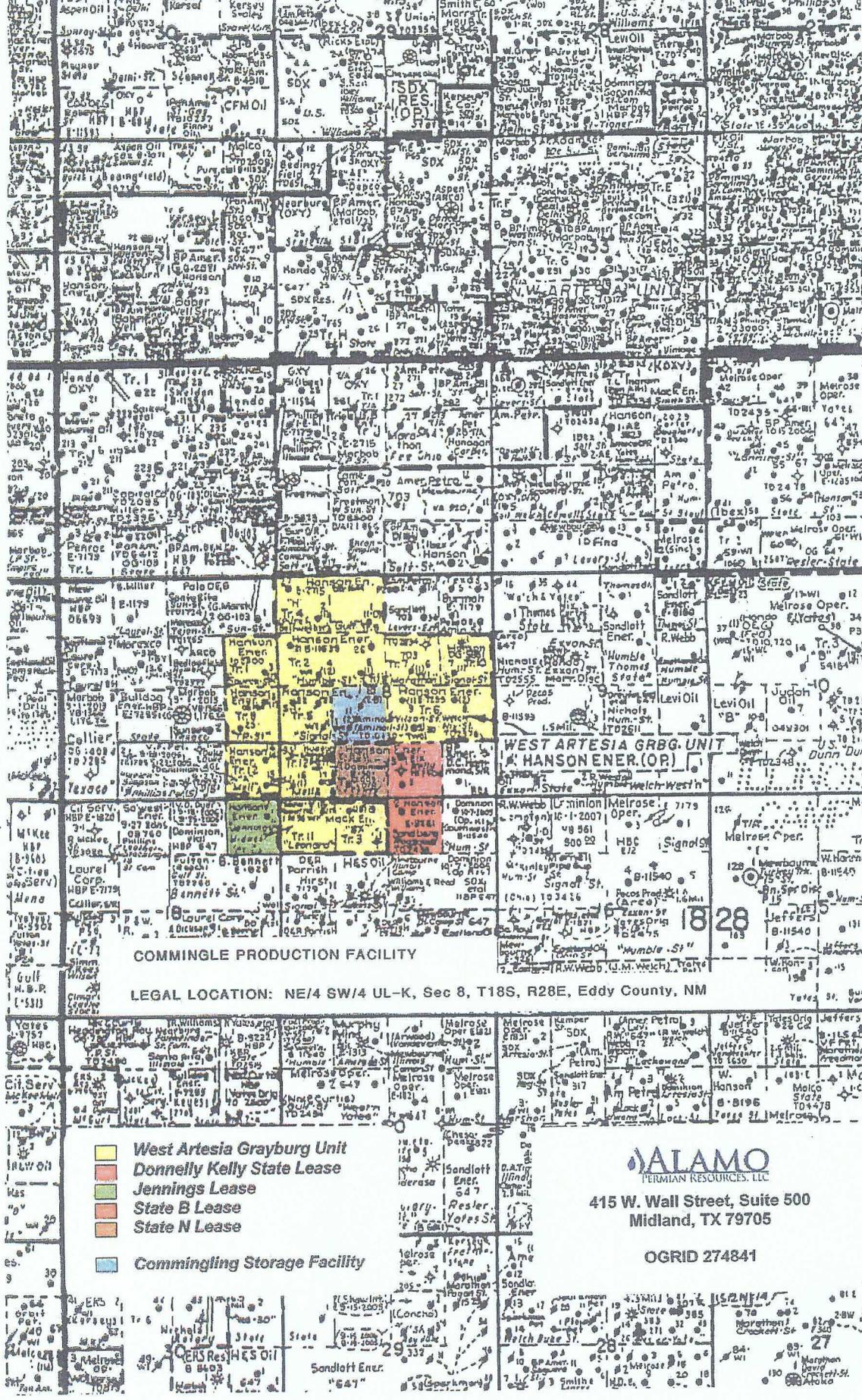
- The Total Monthly Battery Production (oil and water) is determined from the daily field gauge reports from the Pumper.

- The representative Well Test for each well is selected from the Well Tests run during the month. If more than one Well Test is run on a well during the month and all are determined to be representative, then the arithmetic average of the individual Well Tests is used as the Well Test for the well during the month.
- For each well producing into the Battery, the Well Test for the month is multiplied by the well's Producing Days during the month to calculate the Well Pseudo-Production for the month.
- The Well Pseudo-Production for each well is calculated and then all are summed for the month to calculate the Total Battery Pseudo-Production for the month.
- The Monthly Well Allocation Factor is then calculated for each well by dividing the Well Pseudo-Production for the month by the Total Battery Pseudo-Production for the month. Individual allocation factors are determined for both oil and water production for each well in the Battery by this method.
- The Monthly Allocated Production for each well is then calculated by multiplying the well's Monthly Well Allocation Factor by the Total Monthly Battery Production. Individual monthly oil and water allocated production volumes for each well in the Battery are determined by this method.
- Monthly Oil Sales for each well are also determined using the Monthly Well Allocation Factors and the Total Monthly Battery Oil Sales volumes for the Battery.

Example Monthly Well Allocation

The Gusher #1 well is producing into the Battery. Determine the Monthly Allocated Production (oil and water) for the Gusher #1:

- Total Monthly Battery Production: 4,500 BO & 3,000 BW
- Gusher #1 Well Test for the month: 20 BOPD & 10 BWPD
- Gusher #1 Producing Days in the month: 25 Days
- Gusher #1 Well Pseudo-Production: (20 BOPD x 25 Days) = 500 PBO
(10 BWPD x 25 Days) = 250 PBW
- Total Battery Pseudo-Production: 6,250 PBO & 5,000 PBW
- Gusher #1 Monthly Well Allocation Factor: (500 PBO / 6,250 PBO) = 0.08 for Oil
(250 PBW / 5,000 PBW) = 0.05 for Water
- Gusher #1 Monthly Allocated Production: (0.08 x 4,500 BO) = 360 BO
(0.05 x 3,000 BW) = 150 BW



COMMINGLING PRODUCTION FACILITY
 LEGAL LOCATION: NE/4 SW/4 UL-K, Sec 8, T18S, R28E, Eddy County, NM

- West Artesia Grayburg Unit
- Donnelly Kelly State Lease
- Jennings Lease
- State B Lease
- State N Lease
- Commingling Storage Facility

ALAMO
 PERMIAN RESOURCES, LLC
 415 W. Wall Street, Suite 500
 Midland, TX 79705

OGRID 274841

ALAMO PERMIAN RESOURCES, LLC

OGRID: 274841

Surface Commingle - West Artesia Grayburg Unit Tank Battery, including - Donnelly Kelly, Jennings, State B & State N Leases

LEASE NAME	WELL No./	WELL LEASE TYPE	WELL API NUMBER	Lease Serial No.	FIELD; POOL(s)	LOCATION						WELL TYPE	WELL TD (feet)				
						LOT	UNIT	SEC	TOWNSHIP	RANGE	Feet			N or S	Feet	E or W	COUNTY
DONNELLY KELLY STATE	2	S	3001502644	703-69	3230 - ARTESIA; Queen-Grayburg-San Andres		O	8	18.0S	28E	330	S	2310	E	Eddy	NM	2,510
DONNELLY KELLY STATE	3	S	3001523815	703-69	3230 - ARTESIA; Queen-Grayburg-San Andres		O	8	18.0S	28E	990	S	2270	E	Eddy	NM	2,510
JENNINGS	1	P	3001523842		3230 - ARTESIA; Queen-Grayburg-San Andres		A	18	18.0S	28E	406	N	330	E	Eddy	NM	2,634
STATE B	2	S	3001501896	E-9261	3230 - ARTESIA; Queen-Grayburg-San Andres		B	17	18.0S	28E	330	N	2310	E	Eddy	NM	2,478
STATE N	1	S	3001502643	30578	3230 - ARTESIA; Queen-Grayburg-San Andres		N	8	18.0S	28E	330	S	1650	W	Eddy	NM	2,167
WEST ARTESIA GRAYBURG UNIT	1	S	3001502645	OG-1644	3230 - ARTESIA; Queen-Grayburg-San Andres		C	8	18.0S	28E	990	N	2310	W	Eddy	NM	2,297
WEST ARTESIA GRAYBURG UNIT	2	S	3001502640	E-2715	3230 - ARTESIA; Queen-Grayburg-San Andres		D	8	18.0S	28E	990	N	990	W	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	3	S	3001502630	B-6043	3230 - ARTESIA; Queen-Grayburg-San Andres		H	7	18.0S	28E	2310	N	330	E	Eddy	NM	2,235
WEST ARTESIA GRAYBURG UNIT	4	S	3001502648	B-11539	3230 - ARTESIA; Queen-Grayburg-San Andres		E	8	18.0S	28E	2310	N	990	W	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	5	S	3001502647	B-11539	3230 - ARTESIA; Queen-Grayburg-San Andres		F	8	18.0S	28E	2310	N	1980	W	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	6	S	3001510328	OG-703	3230 - ARTESIA; Queen-Grayburg-San Andres		G	8	18.0S	28E	2310	N	1980	E	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	7	S	3001502639	OG-581	3230 - ARTESIA; Queen-Grayburg-San Andres		H	8	18.0S	28E	2310	N	990	E	Eddy	NM	2,309
WEST ARTESIA GRAYBURG UNIT	8	S	3001502659	E-7266	3230 - ARTESIA; Queen-Grayburg-San Andres		I	8	18.0S	28E	2310	S	990	E	Eddy	NM	2,366
WEST ARTESIA GRAYBURG UNIT	9	S	3001502658	E-7265	3230 - ARTESIA; Queen-Grayburg-San Andres		J	8	18.0S	28E	2310	S	2310	E	Eddy	NM	2,345
WEST ARTESIA GRAYBURG UNIT	12	S	3001502649	E-7179	3230 - ARTESIA; Queen-Grayburg-San Andres		L	8	18.0S	28E	1650	S	990	W	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	13	S	3001502636	OG-780	3230 - ARTESIA; Queen-Grayburg-San Andres		I	7	18.0S	28E	2310	S	330	E	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	14	P	3001502635		3230 - ARTESIA; Queen-Grayburg-San Andres		P	7	18.0S	28E	990	S	330	E	Eddy	NM	2,215
WEST ARTESIA GRAYBURG UNIT	16	P	3001502641		3230 - ARTESIA; Queen-Grayburg-San Andres		M	8	18.0S	28E	400	S	330	W	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	17	P	3001502642		3230 - ARTESIA; Queen-Grayburg-San Andres		M	8	18.0S	28E	330	S	987	W	Eddy	NM	2,128
WEST ARTESIA GRAYBURG UNIT	18	P	3001501899		3230 - ARTESIA; Queen-Grayburg-San Andres		D	17	18.0S	28E	330	N	990	W	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	19	S	3001501897	E-1820	3230 - ARTESIA; Queen-Grayburg-San Andres		C	17	18.0S	28E	330	N	1650	W	Eddy	NM	2,145
WEST ARTESIA GRAYBURG UNIT	20	S	3001523113	E-7265	3230 - ARTESIA; Queen-Grayburg-San Andres		J	8	18.0S	28E	1650	S	1980	E	Eddy	NM	2,500
WEST ARTESIA GRAYBURG UNIT	21	S	3001523819	B-11539	3230 - ARTESIA; Queen-Grayburg-San Andres		E	8	18.0S	28E	1650	N	330	W	Eddy	NM	2,520
WEST ARTESIA GRAYBURG UNIT	22	S	3001523639	E-7179	3230 - ARTESIA; Queen-Grayburg-San Andres		L	8	18.0S	28E	2269	S	330	W	Eddy	NM	2,551
WEST ARTESIA GRAYBURG UNIT	24	P	3001523724		3230 - ARTESIA; Queen-Grayburg-San Andres		M	8	18.0S	28E	970	S	330	W	Eddy	NM	2,325
WEST ARTESIA GRAYBURG UNIT	26	S	3001523764	B-11535	3230 - ARTESIA; Queen-Grayburg-San Andres		F	8	18.0S	28E	1710	N	2274	W	Eddy	NM	2,539
WEST ARTESIA GRAYBURG UNIT	27	S	3001523869	E-2715	3230 - ARTESIA; Queen-Grayburg-San Andres		D	8	18.0S	28E	330	N	330	W	Eddy	NM	2,520

WLF

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Barbara Wickham
3301 Maxwell Drive
Midland, TX 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number (Transfer from service label) 7010 1870 0002 8122 4489

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:

Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504-1148

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number (Transfer from service label) 7010 1870 0002 8122 4472

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:

Betty L Hanagan Residuary Trust
Hugh E Hanagan & Michael G
Hanagan Co-Trustees
P.O. Box 1737
Roswell, NM 88202-1737

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number (Transfer from service label) 7010 1870 0002 8122 4465

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	
	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	
ML Boling Development LLC P.O. Box 1514 Roswell, NM 88202	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	
7010 1870 0002 8122 4458		
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	
	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	
Doncho Resources, Inc. 550 West Texas Ave, Suite 100 Midland, TX 79701	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	
7010 1870 0002 8122 4441		
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	
	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	
BNM Inc 4032 US Hwy 82 Mayhill, NM 88339	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	
7010 1870 0002 8122 4434		
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 X	
	B. Received by (<i>Printed 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	
Slash Exploration Ltd Partnership P.O. Box 1973 Roswell, NM 88202-1973	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (<i>Transfer from service label</i>)	7010 1870 0002 8122 4427	
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 X	
	B. Received by (<i>Printed 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	
Mindy L. Porter 8704 Little Laura Dr Austin, TX 78757	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (<i>Transfer from service label</i>)	7010 1870 0002 8122 4410	
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 X	
	B. Received by (<i>Printed 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	
State land Office P.O. Box 1148 Santa Fe, NM 87504	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (<i>Transfer from service label</i>)	7010 1870 0002 8122 4403	
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: <p style="text-align: center;">Poco Royalty Co 2602 Terrace Midland, TX 79705</p>	B. Received by (<i>Printed Name</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	
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
2. Article Number <i>(Transfer from service label)</i> 7010 1870 0002 8122 4397		
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: <p style="text-align: center;">Buckhorn Enterprises Corp 2101 W. Runyan Artesia, NM 88210-2573</p>	B. Received by (<i>Printed Name</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	
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
2. Article Number <i>(Transfer from service label)</i> 7010 1870 0002 8122 4380		
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: <p style="text-align: center;">Van Winkle Family LLC C/O Sammy Keith Van Winkle 9191 Yellowstone Road Longmont, CO 80501</p>	B. Received by (<i>Printed Name</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	
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
2. Article Number <i>(Transfer from service label)</i> 7010 1870 0002 8122 4373		
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 X	
	B. Received by (<i>Printed 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	
Tex Zia Properties P.O. Box 261427 Plano, TX 75026-1427	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 <i>(Transfer from service label)</i>	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7010 1870 0002 8122 4366		
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 X	
	B. Received by (<i>Printed 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	
J V Royalty Group P.O. Box 2035 Roswell, NM 88202-2035	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 <i>(Transfer from service label)</i>	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7010 1870 0002 8122 4359		
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 X	
	B. Received by (<i>Printed 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	
Tay-Mor Enterprises Inc. P.O. Box 4723 Midland, TX 79707-4723	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 <i>(Transfer from service label)</i>	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7010 1870 0002 8122 4342		
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"> <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. 	A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Nancy H. Stanbery 207 N. Main Jenera, OH 45841	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)	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	
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"> <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. 	A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Spurck Family Trust U/D/T 12/6/87 Barbara Hughes Childs and Dawn C Stead Co-trustees 22712 Erwin Street Woodland Hills, CA 91367	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)	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	
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"> <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. 	A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Judy N. Deans 409 Commerce Rd Artesia, NM 88210-9432	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)	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	
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 X	
	B. Received by (<i>Printed 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	
Theresa Burnside 2114 Ashgrove Drive Houston, TX 77077-6016	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 (<i>Transfer from service label</i>)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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<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 X	
	B. Received by (<i>Printed 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	
Velda J (Shepard) Gass 2507 Fontana St Odessa, TX 75763-2218	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 (<i>Transfer from service label</i>)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
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 X	
	B. Received by (<i>Printed 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	
Marathon Oil Company P.O. Box 2069 Houston, TX 77252-2069	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 (<i>Transfer from service label</i>)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
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 X	
	B. Received by (<i>Printed 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	
Tracy P. Clark P.O. Box 52067 Midland, TX 79710-2067	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 (<i>Transfer from service label</i>)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7010 1870 0002 8122 4274		
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 X	
	B. Received by (<i>Printed 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	
Sue Armstrong Chapman P.O. Box 776 Ruidoso, NM 88355	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 (<i>Transfer from service label</i>)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7010 1870 0002 8122 4267		
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 X	
	B. Received by (<i>Printed 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	
Boling Enterprises Ltd Robert Michael Boling Manager P.O. Box 2563 Roswell, NM 88202	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 (<i>Transfer from service label</i>)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7010 1870 0002 8122 4250		
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 X	
1. Article Addressed to:	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
Pitch Energy Corp P.O. Box 304 Artesia, NM 88211-0304	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 (<i>Transfer from service label</i>)	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7010 1870 0002 8122 4212</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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to:	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
Roxanna L Shepard Mills RR 1 Box 126R Decatur, TX 76234-9721	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 (<i>Transfer from service label</i>)	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7010 1870 0002 8122 4205</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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to:	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
Joyce R. Castor 31418 Helen Lane Tomball, TX 77375	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 (<i>Transfer from service label</i>)	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7010 1870 0002 8122 4199</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"> <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. 	<table border="1"> <tr> <td data-bbox="941 74 1282 159"> A. Signature X </td> <td data-bbox="1282 74 1479 159"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td data-bbox="941 159 1282 223"> B. Received by (<i>Printed Name</i>) </td> <td data-bbox="1282 159 1479 223"> C. Date of Delivery </td> </tr> </table>		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee					
B. Received by (<i>Printed Name</i>)	C. Date of Delivery					
1. Article Addressed to: <p style="text-align: center;">Exxon Corporation Attn: Royalty Owner Relations P.O. Box 2024 Houston, TX 77252-2024</p>	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 (<i>Transfer from service label</i>)	<table border="1"> <tr> <td data-bbox="941 563 1479 627"> 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. </td> </tr> <tr> <td data-bbox="941 627 1479 659"> 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes </td> </tr> </table>		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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes						
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"> <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. 	<table border="1"> <tr> <td data-bbox="941 755 1282 840"> A. Signature X </td> <td data-bbox="1282 755 1479 840"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td data-bbox="941 840 1282 904"> B. Received by (<i>Printed Name</i>) </td> <td data-bbox="1282 840 1479 904"> C. Date of Delivery </td> </tr> </table>		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee					
B. Received by (<i>Printed Name</i>)	C. Date of Delivery					
1. Article Addressed to: <p style="text-align: center;">Mossman-Midwest Co P.O. Box 597 Roswell, NM 88202-0597</p>	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 (<i>Transfer from service label</i>)	<table border="1"> <tr> <td data-bbox="941 1244 1479 1308"> 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. </td> </tr> <tr> <td data-bbox="941 1308 1479 1340"> 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes </td> </tr> </table>		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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes						
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"> <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. 	<table border="1"> <tr> <td data-bbox="941 1447 1282 1532"> A. Signature X </td> <td data-bbox="1282 1447 1479 1532"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td data-bbox="941 1532 1282 1596"> B. Received by (<i>Printed Name</i>) </td> <td data-bbox="1282 1532 1479 1596"> C. Date of Delivery </td> </tr> </table>		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee					
B. Received by (<i>Printed Name</i>)	C. Date of Delivery					
1. Article Addressed to: <p style="text-align: center;">Ann Armstrong Wagner 1103 Kachina Dr Roswell, NM 88201-8347</p>	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 (<i>Transfer from service label</i>)	<table border="1"> <tr> <td data-bbox="941 1925 1479 1989"> 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. </td> </tr> <tr> <td data-bbox="941 1989 1479 2021"> 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes </td> </tr> </table>		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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes						
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:

Headington Royalty Inc.
2711 N. Haskell Ave
Ste 2800
Dallas, TX 75204

2. Article Number

(Transfer from service label)

7010 1870 0002 8122 4151

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Chase Oil Corporation
P.O. Box 1767
Artesia, NM 88211-1767

2. Article Number

(Transfer from service label)

7010 1870 0002 8122 4144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Robert G. Hanagan D/B/A
Hanagan Properties
P.O. Box 1887
Santa Fe, NM 87504-1887

2. Article Number

(Transfer from service label)

7010 1870 0002 8122 4137

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION	COMPLETE 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: Leland Price Inc. 1511 Northgate PL Artesia, NM 88210	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7010 1870 0002 8122 4120	
	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: Texas State Comptroller F/A/O Nancy Sue Shepard Holland Unclaimed Property Division P.O. Box 12019 Austin, TX 78711-2019	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7010 1870 0002 8122 4113	
	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: Joy Shepard Parsons 119 Northwood MHP Lewisville, TX 75057	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7010 1870 0002 8122 4106	
	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:

ConocoPhillips Company
 Real Property Administration
 P.O. Box 7500
 Bartlesville, OK 74005-7500

2. Article Number
(Transfer from service label)

7010 1870 0002 8122 4090

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Myrna Sue Zumwalt
 679 Ladore St.
 Grand Junction, CO 81504-5586

2. Article Number
(Transfer from service label)

7010 1870 0002 8122 4083

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

James Warren Hanson
 P.O. Box 9
 Glencoe, NM 88324-0009

2. Article Number
(Transfer from service label)

7010 1870 0002 8122 4076

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes