

DATE IN 3.23.11 SUSPENSE ENGINEER RE LOGGED IN 3.23.11 TYPE CTB APP NO. 1108231905

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



BC Operating
110825

Rustler Bluff #

ADMINISTRATIVE APPLICATION CHECKLIST

30-015-34839

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]

Rustler Bluff #2

30-015-36552

Rustler Bluff #4

30-015-37629

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

[A] Location - Spacing Unit - Simultaneous Dedication

☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

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

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

[B] ☐ Offset Operators, Leaseholders or Surface Owner

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

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO

U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

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

[F] ☐ Waivers are Attached

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

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

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

Star Harrell
Print or Type Name

Star Harrell
Signature

Regulatory Analyst 3/21/11
Title Date

sharrell@bcoperating.com
e-mail Address

CTB-626

BC OPERATING, INC.

P.O. Box 50820
Midland, Texas 79710

303 Veterans Air Park Lane, Suite 600
Midland, Texas 79705
(432) 684-9696
Fax (432) 686-0600

RECEIVED OGD

2011 MAR 18 P 12:54

December 20, 2010

New Mexico Oil Conservation Division
~~District 1 Office~~
1625 N. French Drive
Hobbs, New Mexico 88240

Re: C-107-B
Rustler Bluff CTB
Eddy County, New Mexico

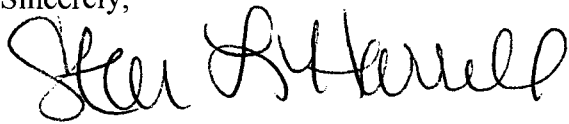
Gentlemen:

Attached are three copies of the Application for Surface Commingling (Diverse Ownership). All of the required forms, documents, and attachments are included in this package:

- C-107-B Form
- Schematic diagram of the facility
- List of lease names, lease & well number & API numbers
- Proof of notification sent to working interest and mineral owners

If you have questions please feel free to contact me at the letterhead address or phone number. Thank you for your cooperation.

Sincerely,



Star L. Harrell
Regulatory Analyst

BC OPERATING, INC.

P.O. Box 50820
Midland, Texas 79710

RECEIVED OCD

2011 MAR 18 P 12: 54

303 Veterans Air Park Lane, Suite 600
Midland, Texas 79705
(432) 684-9696
Fax (432) 686-0600

March 17, 2011

New Mexico Oil Conservation Division
1220 South St. Francis Drive
Sante Fe, New Mexico 87505
Attn: Richard Ezeanyim

Re: C-107-B
Rustler Bluff CTB
Eddy County, New Mexico

Mr. Ezeanyim:

The original request for this commingle request were sent to the Hobbs office on 12/20/10. I am attaching the package, in triplicate, to your office for approval.

Attached are three copies of the Application for Surface Commingling (Diverse Ownership). All of the required forms, documents, and attachments are included in this package:

- C-107-B Form
- Schematic diagram of the facility
- List of lease names, lease & well number & API numbers
- Proof of notification sent to working interest and mineral owners

If you have questions please feel free to contact me at the letterhead address or phone number. Thank you for your cooperation.

Sincerely,



Star L. Harrell
Regulatory Analyst

Ezeanyim, Richard, EMNRD

From: Star Harrell [sharrell@bcoperating.com]
Sent: Wednesday, May 04, 2011 2:28 PM
To: Ezeanyim, Richard, EMNRD
Cc: Jason Wacker
Subject: Rustler Bluff CTB
Attachments: Rustler Bluff CTB Well Data.xlsx; Rustler Bluff Commingle Map 1, 2 & 4.pdf

Good afternoon Richard.

Attached is a copy of the map and a list of the wells, including their locations and a current well test.

If further information is required please feel free to contact me.

Thank you.

Star

*Star L. Harrell
Regulatory Analyst
BC Operating, Inc
(432) 684-9696 x 253*

Rustler Bluff CTB Well Data.xlsx

Lease Number	Lease Name	Well #	API Number	Well Location	OIL	WATER	GAS
V07658	Rustler Bluff	1	30-015-34839	1980' FSL & 1680' FEL - Sec 6, Twn 25S, Range 29E	49.8	106	30
V07658	Rustler Bluff	2	30-015-36552	1890' FSL & 1887' FEL - Sec 6, Twn 25S, Range 29E	9.5	100	12
Fee	Rustler Bluff	4	30-015-37629	1982' FSL & 660' FEL - Sec 1, Twn 25S, Range 28E	3	140	1

15

Attachment 1

1 Sec 1 T-25-S R-28-E Sec 6 T-25-S R-29-E 6

CTB
Rustler Bluff 4
30015376290000
Private Fee Private Fee

Rustler Bluff 2
30015365520000
Rustler Bluff 1
30015348390000
State
State Oil & Gas Lease #NM V07658



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.

RECEIVED
2011 MAR 18 P 12:54

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: BC Operating, Inc.
OPERATOR ADDRESS: P.O. Box 50820, Midland TX 79710-0820
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. Willow Lake (Delaware), 64453
(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) Well Test Allocation

(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.

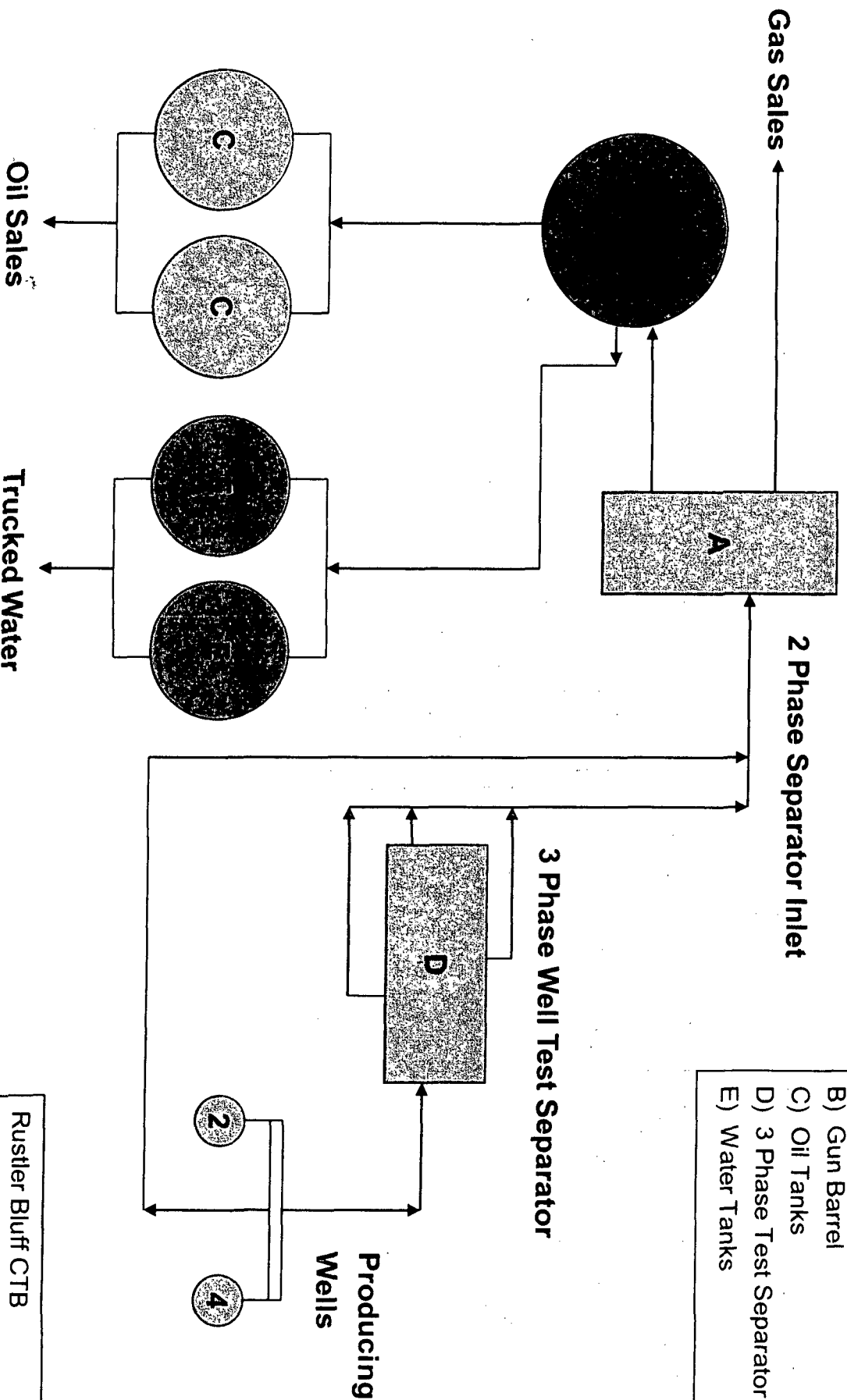
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Star L. Harrell TITLE: Regulatory Analyst DATE: 12/20/10

TYPE OR PRINT NAME Star L. Harrell TELEPHONE NO.: (432) 684-9696 x 253

E-MAIL ADDRESS: sharrell@blackoakres.com

Rustler Bluff CTB Layout



- A) 2 Phase Separator
- B) Gun Barrel
- C) Oil Tanks
- D) 3 Phase Test Separator
- E) Water Tanks

Rustler Bluff CTB
UL I, Sec 1, T25S, R28E
Eddy County, NM

Recycle, gas blanket, bypass, drain lines, meters, and controls are not shown.

Attachment 1

1

Sec 1 T-25-S R-28-E

CTB



Rustler Bluff 4

30015376290000

6

Sec 6 T-25-S R-29-E

Rustler Bluff 2

30015385520000

Rustler Bluff 1

30015348390000

State

State Oil & Gas Lease #NM V07658

Private Fee

Private Fee



Rustler Bluff CTB Well Data

Lease Number			
V07658	Rustler Bluff	1	30-015-34839
Fee	Rustler Bluff	2	30-015-36552
	Rustler Bluff	4	30-015-37629

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, front on the front if space permits.

Article Addressed to:

am Hicks Archibald
418 West Market
Silver City, New Mexico 88061

Article Number 7009 3410 0000 0957 5480
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature <input type="checkbox"/> Agent	
B. Received by (Printed Name) <input type="checkbox"/> Addressee	
C. Date of Delivery 11.15.2010	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Sender: COMPLETE THIS SECTION
COMPLETE THIS SECTION ON DELIVERY

Signature ☐ Agent

B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery 11.15.2010

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

Lancy F. Beard
826 Indian Road
Carlsbad, New Mexico 88220

Article Number 7009 3410 0000 0957 5497
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

3. Service Type <input checked="" 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	

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, front on the front if space permits.

Article Addressed to:

Ronald Coleman Black
8201 Christie Dr.
Frisco, Texas 75034

Article Number 7009 3410 0000 0957 5503
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature <input type="checkbox"/> Agent	
B. Received by (Printed Name) <input type="checkbox"/> Addressee	
C. Date of Delivery 11/24	
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 checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Sender: COMPLETE THIS SECTION
COMPLETE THIS SECTION ON DELIVERY

Signature ☐ Agent

B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery 11/12

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

Laura Owen Bower
1940 Casa Linda
Needles, California 92363

Article Number 7009 3410 0000 0957 9402
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

3. Service Type <input checked="" 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	

RECEIVER: 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:

Judy A. Brewer
1508 Munroe
Carlsbad, NM 88221

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

7009 3410 0000 0957 9419

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Judy A. Brewer ☐ Agent
- B. Received by (Printed Name) Judy Brewer ☐ Addressee
- C. Date of Delivery Nov 12 2009
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

NOV 12 2009

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Tom Campbell
7 Rodeo Spur
Clondcroft, NM 88317

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

7009 3410 0000 0957 9426

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Tom Campbell ☐ Agent
- B. Received by (Printed Name) Tom Campbell ☐ Addressee
- C. Date of Delivery Nov 12 2009
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Owen Chiappetti
5341 North 68th Place
Scottsdale, Arizona 85253

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

7009 3410 0000 0957 9433

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Mary Owen Chiappetti ☐ Agent
- B. Received by (Printed Name) Mary Owen Chiappetti ☐ Addressee
- C. Date of Delivery Nov 12 2009
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Marshall F. Cole
1907 Hilltop Drive
Russellville, Arkansas 72802

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

7009 3410 0000 0957 9440

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Marshall F. Cole ☐ Agent
- B. Received by (Printed Name) Marshall F. Cole ☐ Addressee
- C. Date of Delivery Nov 12 2009
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVER: 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, on the front if space permits.

Article Addressed to:

Cliff G. Currier
P.O. Box 1813
Artesia, NM 88211-1813

Article Number

7009 3410 0000 0957 9457

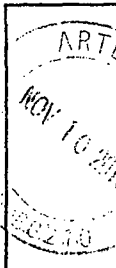
Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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, on the front if space permits.

Article Addressed to:

Ancy T. Cutter and Allen M. Tonkin, Jr.
Co-Trustees of the Nancy P. Tonkin Rev. Tr.
524 Park Avenue, SW
Albuquerque, NM 87104

Article Number

7009 3410 0000 0957 9471

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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, on the front if space permits.

Article Addressed to:

Michael C. Currier
1517 Vineyard Court
Carlsbad, NM 88220

Article Number

7009 3410 0000 0957 9464

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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

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, on the front if space permits.

Article Addressed to:

Susan H. Dade
1102 West Orchard Lane
Carlsbad, NM 88220

Article Number

7009 3410 0000 0957 9488

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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

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.

Article Addressed to:

Betty Cole Drake
415 Kenwood Road
Dammack Village, Arkansas 72207

Article Number 7009 3410 0000 0957 9495
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

Article Addressed to:

&S, LLC
11 South Country Club Lane
Dayson, Arizona 85541

Article Number 7009 3410 0000 0957 9501
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

A. Signature ☒ Betty Cole Drake ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-13-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

A. Signature ☒ Charles Michael Farrell ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-13-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

COMPLETE THIS SECTION ON DELIVERY

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

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.

Article Addressed to:

Bradley Hunter Farrell
1809 North Hollywood Way
Burbank, California 91505

Article Number 7009 3410 0000 0957 9518
Domestic Return Receipt
PS Form 3811, February 2004
102595-02-M-1540

Article Addressed to:

Charles Michael Farrell
119 Seabell Road
Belen, NM 87002

Article Number 7009 3410 0000 0957 9525
Domestic Return Receipt
PS Form 3811, February 2004
102595-02-M-1540

A. Signature ☒ Bradley Hunter Farrell ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-17-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

A. Signature ☒ Charles Michael Farrell ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

COMPLETE THIS SECTION ON DELIVERY

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

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.

Article Addressed to:

Tom A. Farrell
8203 Louisville Avenue
Lubbock, TX 79423

Article Number
(Transfer from service label)

7009 3410 0000 0957 9556

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Article Addressed to:

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.

Article Addressed to:

Ryan D. Farrell
Turkey Canyon Road
Ulsbad, NM 88221-9456

Article Number
(Transfer from service label)

7009 3410 0000 0957 9570

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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.

Article Addressed to:

Jeff Morris Graef
4904 Haley Drive
Flower Mound, TX 75028

Article Number
(Transfer from service label)

7009 3410 0000 0957 9594

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Article Addressed to:

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.

Article Addressed to:

Calvin Robert Graef III
8387 Briar Trace Way
Castle Rock, Colorado 80108

Article Number
(Transfer from service label)

7009 3410 0000 0957 9587

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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.

Article Addressed to:

John Ernest Hall
O. Box 230045
New York, NY 10023

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

7009 3410 0000 0957 9600
Domestic Return Receipt
102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 11/18/10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

athleen Elizabeth Farrell
223 Clear Meadow Place
Round Rock, TX 78665

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

7009 3410 0000 0957 9617
Domestic Return Receipt
102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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.

Article Addressed to:

Jerry and Margaret A. Hooper
705 Lakeway Dr.
El Paso, TX 79932

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

7009 3410 0000 0957 9624
Domestic Return Receipt
102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-17-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Robert Humphus
3000 Majestic Ridge, Apt. #13
Las Cruces, NM 88011

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

7009 3410 0000 0957 9648
Domestic Return Receipt
102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Debra L Kenney ☐ Addressee
C. Date of Delivery 11-12-10

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

Addie Bell Farrell Kenney
C/O Jimmy Wayne Kenney
405 West Orchard Lane
Carlsbad, NM 88220

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7009 3410 0000 0957 9655
(Transfer from service label)
S Form 3811, February 2004 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.

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Debra L Kenney ☐ Addressee
C. Date of Delivery 11-10-10

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

Jimmy Wayne Kenney
405 West Orchard Lane
Carlsbad, NM 88220

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7009 3410 0000 0957 9679
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

SENDER: COMPLETE THIS SECTION

Rusler Bluff #2 & #4

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

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Debra L Kenney ☐ Addressee
C. Date of Delivery 11-12-10

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

Debra L. Kenney
4495 Stone Pine Drive, #4
Pinetop, Arizona 85935

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7009 3410 0000 0957 9662
(Transfer from service label)
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Rusler Bluff #2 & #4

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.

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Debra L Kenney ☐ Addressee
C. Date of Delivery 11-12-10

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

Robin Marie Lawless
#10 Sand Point
Laguna Nigel, California 92677

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7009 3410 0000 0957 9686
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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.

Article Addressed to:

Carrie Hicks Linker
3402 North Calle Poco
Tucson, Arizona 85750

RECEIVED BY

A. Signature ☒ *Carrie Hicks Linker* ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery *11/13/10*
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

Article Number **7009 3410 0000 0957 9693**
(Transfer from service label)
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

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.

Article Addressed to:

Donna McCall Eli
8204 Quinault Road
Blaine, Washington 98230

RECEIVED BY

A. Signature ☒ *Donna McCall Eli* ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery *11-12*
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

Article Number **7009 3410 0000 0957 9709**
(Transfer from service label)
Domestic Return Receipt
PS Form 3811, February 2004
102595-02-M-1540

SENDER: COMPLETE THIS SIDE

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.

Article Addressed to:

Wayne McCall
201 Fort Beale Road
Ingman, Arizona 86409

ON-ON DELIVERY

A. Signature ☒ *Wayne McCall* ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery *11-12*
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

Article Number **7009 3410 0000 0957 9723**
(Transfer from service label)
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

SENDER: COMPLETE THIS SIDE

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.

Article Addressed to:

Wayne A. McCall
24400 Cleveland
Paulden, Arizona 86334

ON-ON DELIVERY

A. Signature ☒ *Wayne A. McCall* ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery *11-15-10*
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

Article Number **7009 3410 0000 0957 9730**
(Transfer from service label)
Domestic Return Receipt
PS Form 3811, February 2004
102595-02-M-1540

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.

Article Addressed to:

Kay Hicks Omand
P. O. Box 1369
Elephant Butte, New Mexico 87935

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9747
(Transfer from service label)
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION
Rustler Bluff #2 & #4
SECTION ON DELIVERY

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.

Article Addressed to:

Tobey Osgood
Trustee of the James L. and Mary E. Tyler Trust
8975 Chimney Rock Road
Paso Robles, California 93446

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9754
(Transfer from service label)
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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.

Article Addressed to:

Addison L. Owen
C/O Laura Bower
1940 Casa Linda
Needles, California 92363

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9761
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

SENDER: COMPLETE THIS SECTION
Rustler Bluff #2 & #4
SECTION ON DELIVERY

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.

Article Addressed to:

Frances Jane Owen
1829 East Morten, Apt. #114
Phoenix, Arizona 85028

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9778
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Margaret Jane Owen
39 North Arrowhead Avenue
Berrardino, California 92405

Article Number 7009 3410 0000 0957 9785
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION ON DELIVERY
Rustler Bluff #2 & #4

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.

Ris Owen Power
32 Miami Avenue
Tigman, Arizona 86401

Article Number 7009 3410 0000 0957 9792
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11/12/10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

Adam Uszynski
7 Mellow Wood Place
Woodlands, Texas 77381

Article Number 7009 3410 0000 0957 9815
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

SENDER: COMPLETE THIS SECTION ON DELIVERY
Rustler Bluff #2 & #4

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.

David Uszynski
7 Mellow Wood Place
Woodlands, Texas 77381

Article Number 7009 3410 0000 0957 9822
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

Jerry A. Warren
1068 West Long Street
Stephenville, TX 76401

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9839
Domestic Return Receipt
Form 3811, February 2004
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.

Hugh and Betty L. Hanagan
P. O. Box 1737
Roswell, NM 88202

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9853
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

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.

Jenise Jensen
P. O. Box 3201
Carlsbad, NM 88221

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9860
Domestic Return Receipt
Form 3811, February 2004
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.

Wayne S. Turner
200 Carnegie
Brownwood, TX 76801

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9877
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

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.

Article Addressed to:

Paula S. Campbell
P. O. Box 1018
Roswell, NM 88202

A. Signature		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
1011 Mary		11-10-10
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		
1. Article Addressed to:		

3. Service Type	
<input checked="" 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	

Article Number 7009 3410 0000 0957 9884
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

NUMBER: 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.

Article Addressed to:

IM & T Resources, LLC
P. O. Box 2473
Midland, TX 79702

A. Signature		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
IM & T Resources		11-15-10
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		
1. Article Addressed to:		

3. Service Type	
<input checked="" 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	

Article Number 7009 3410 0000 0957 9914
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Article Addressed to:

J. Hiram Moore, Ltd.
P. O. Box 94077
Southlake, TX 76092

A. Signature		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
J. Hiram Moore		11-11-10
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		
1. Article Addressed to:		

3. Service Type	
<input checked="" 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	

Article Number 7009 3410 0000 0957 9907
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

NUMBER: 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.

Article Addressed to:

James O. Owen
3439 North Arrowhead
San Bernardino, California 92405

A. Signature		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
James O. Owen		11-11-10
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		
1. Article Addressed to:		

3. Service Type	
<input checked="" 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	

Article Number 7009 3410 0000 0957 9921
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ANDER: 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:

Jim Tyler
324 Seventeenth Street
Paso Robles, California 93446

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

Domestic Return Receipt

102595-02-M-15-2

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery 11/15/03
- 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

7009 3410 0000 0957 9938

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:

Denise Price
415 W. Del Rio, Apt. #56
Carlsbad, NM 88220

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

Domestic Return Receipt

102595-02-M-15-2

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery 11/20/03
- 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

7009 3410 0000 0957 9945

7009 3410 0000 0957 9532

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Rustler Bluff #2 & #4

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total
Sent
508 East Diamond Street
Farmington, NM 87401-2341

PS Form 3800, August 2006

7009 3410 0000 0957 9716

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Rustler Bluff #2 & #4

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total
Sent
1811 Castro Street, Apt. #1
San Francisco, California 94131

PS Form 3800, August 2006

CERTIFIED MAIL RECEIPT

(Postage paid only. No insurance coverage.)

Rustler Bluff #2 & #4

Postage	
Return Receipt Fee (Endorsment Required)	

Restrictions (Endorse)

To: Angela Franklin
P. O. Box 144
Savoy, TX 75479

From: BC OPERATING, INC.
P. O. Box 50820
Arlington, TX 76103

109 3410 0000 0957 9846

UNC

XIE 750 DE 1 00 11/30/10
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 79710082020 *2382-07169-30-23

|||||

CERTIFIED MAIL

BC OPERATING, INC.
P. O. Box 50820

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No insurance coverage provided.)

Rustler Bluff #2 & #4

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorse)	

To: Richard Gene and Alice F. Farrell
6 Rogers Court
Arlington, TX 76103

Alice F. Farrell

109 3410 0000 0957 9891

NIXIE 750 DE 1 00 11/18/10
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 79710082020 *0134-04118-18-27

|||||

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: BC Operating, Inc.
OPERATOR ADDRESS: P.O. Box 50820, Midland TX 79710-0820
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. Willow Lake (Delaware), 64453
(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) Well Test Allocation

(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.

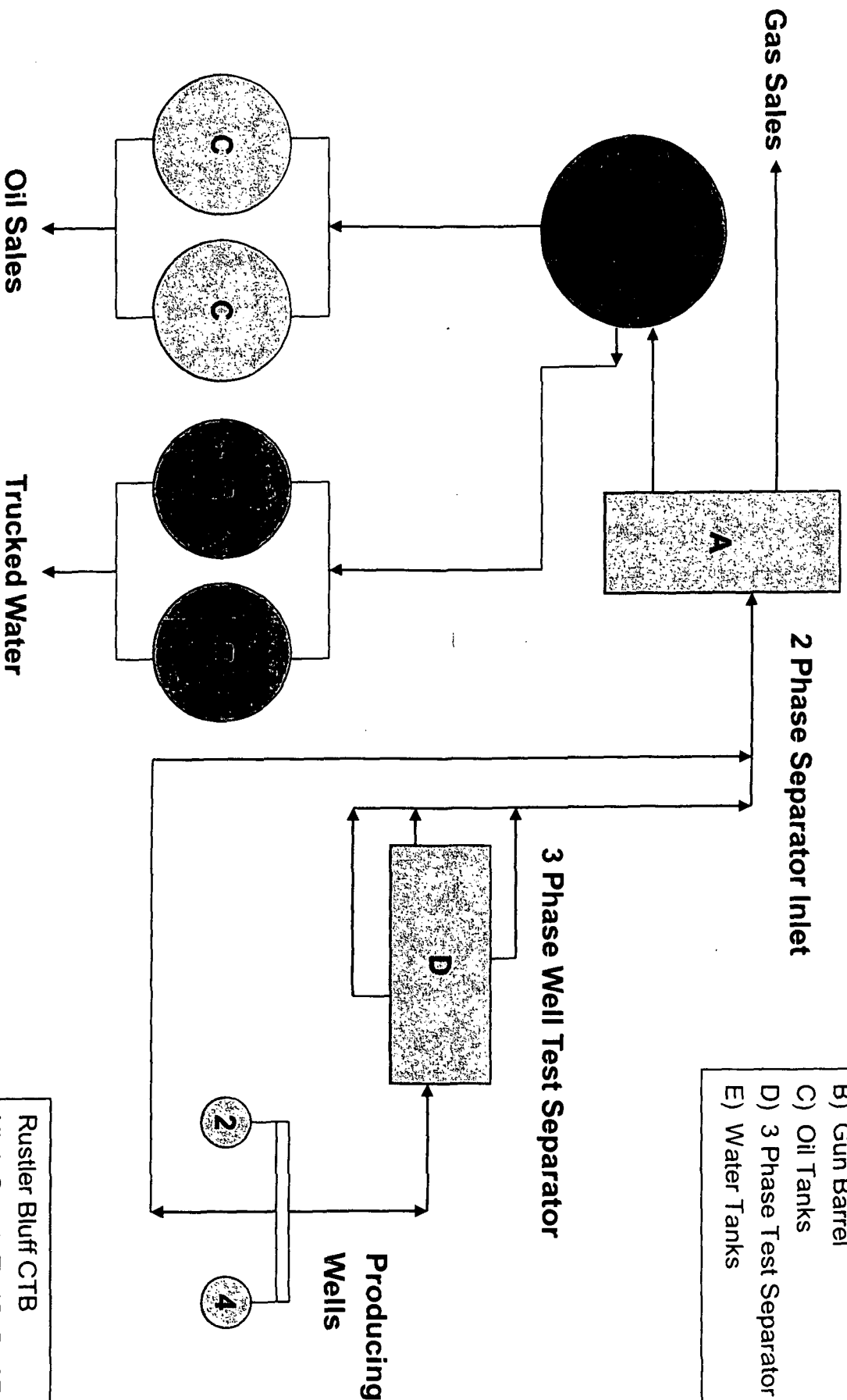
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Star L. Harrell TITLE: Regulatory Analyst DATE: 12/20/10

TYPE OR PRINT NAME Star L. Harrell TELEPHONE NO.: (432) 684-9696 x 253

E-MAIL ADDRESS: sharrell@blackoakres.com

Rustler Bluff CTB Layout



Rustler Bluff CTB
UL I, Sec 1, T25S, R28E
Eddy County, NM

Recycle, gas blanket, bypass, drain lines, meters, and controls are not shown.

Attachment 1

1 Sec 1 T-25-S R-28-E

6 Sec 6 T-25-S R-29-E

CTB



Rustler Bluff 4

30015376290000

Rustler Bluff 2

30015365520000

Rustler Bluff 1

30015348390000

State

State Oil & Gas Lease #NM V07658

Private Fee

Private Fee



Rustler Bluff CTB Well Data

Lease Number			
V07658	Rustler Bluff	1	30-015-34839
Fee	Rustler Bluff	2	30-015-36552
	Rustler Bluff	4	30-015-37629

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, front on the front if space permits.

Article Addressed to:

Sam Hicks Archibald
418 West Market
Silver City, New Mexico 88061

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Sam Hicks Archibald

B. Received by (Printed Name) ☐ C. Date of Delivery
Sam Hicks Archibald 11.15.2010

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

Article Number 7009 3410 0000 0957 5480
Transfer from service label
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, front on the front if space permits.

Article Addressed to:

Lancy F. Beard
826 Indian Road
Artsbad, New Mexico 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
Lancy F. Beard

B. Received by (Printed Name) ☐ C. Date of Delivery
Lancy F. Beard 11.15.2010

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

Article Number 7009 3410 0000 0957 5497
Transfer from service label
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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, front on the front if space permits.

Article Addressed to:

Ronald Coleman Black
8201 Christie Dr.
Frisco, Texas 75034

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
Ronald Coleman Black

B. Received by (Printed Name) ☐ C. Date of Delivery
Ronald Coleman Black 11/24

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

Article Number 7009 3410 0000 0957 5503
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, front on the front if space permits.

Article Addressed to:

Laura Owen Bower
1940 Casa Linda
Needles, California 92363

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
Laura Owen Bower

B. Received by (Printed Name) ☐ C. Date of Delivery
Laura Owen Bower 11/24

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

Article Number 7009 3410 0000 0957 9402
Transfer from service label
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Judy A. Brewer
1508 Munroe
Carlsbad, NM 88221

Article Number
(Transfer from service label)

7009 3410 0000 0957 9419

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

NOV 12 2004
88221

3. Service Type

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

Article Addressed to:

Tom Campbell
7 Rodeo Spur
Clondcroft, NM 88317

Article Number
(Transfer from service label)

7009 3410 0000 0957 9426

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Owen Chiappetti
5341 North 68th Place
Scottsdale, Arizona 85253

Article Number
(Transfer from service label)

7009 3410 0000 0957 9433

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ 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:

Marshall F. Cole
1907 Hilltop Drive
Russellville, Arkansas 72802

Article Number
(Transfer from service label)

7009 3410 0000 0957 9440

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED BY THE ADDRESSEE

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, on the front if space permits.

Article Addressed to:

Cliff G. Currier
P.O. Box 1813
Artesia, NM 88211-1813

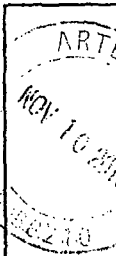
Article Number 7009 3410 0000 0957 9457
Transfer from service label

Domestic Return Receipt
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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, on the front if space permits.

Article Addressed to:

Nancy T. Cutter and Allen M. Tonkin, Jr.
Co-Trustees of the Nancy P. Tonkin Rev. Tr.
524 Park Avenue, SW
Albuquerque, NM 87104

Article Number 7009 3410 0000 0957 9471
Transfer from service label

Domestic Return Receipt
Form 3811, February 2004

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, on the front if space permits.

Article Addressed to:

Michael C. Currier
1517 Vineyard Court
Carlsbad, NM 88220

Article Number 7009 3410 0000 0957 9464
Transfer from service label

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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, on the front if space permits.

Article Addressed to:

Susan H. Dade
1102 West Orchard Lane
Carlsbad, NM 88220

Article Number 7009 3410 0000 0957 9488
Transfer from service label

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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.

Article Addressed to:

Betty Cole Drake
1415 Kenwood Road
Dammack Village, Arkansas 72207

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9495
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PS Form 3811, February 2004

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.

Article Addressed to:

&S, LLC
11 South Country Club Lane
Mayson, Arizona 85541

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9501
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Article Addressed to:

Bradley Hunter Farrell
1809 North Hollywood Way
Burbank, California 91505

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9518
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PS Form 3811, February 2004

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.

Article Addressed to:

Charles Michael Farrell
119 Seabell Road
Belen, NM 87002

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9525
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Article Addressed to:

Tom A. Farrell
8203 Louisville Avenue
Lubbock, TX 79423

Article Number 7009 3410 0000 0957 9556
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

SENDER: COMPLETE THIS SECTION
Kusler Bluff #2 & #4
SECTION ON DELIVERY

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.

Article Addressed to:

Wyn D. Farrell
Turkey Canyon Road
Artsbad, NM 88221-9456

Article Number 7009 3410 0000 0957 9570
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Wyn D. Farrell ☐ Agent ☐ Addressee
C. Date of Delivery 11-12-10
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

1. Article Addressed to:
Jeff Morris Graef
4904 Haley Drive
Flower Mound, TX 75028

2. Article Number 7009 3410 0000 0957 9594
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION
Kusler Bluff #2 & #4
SECTION ON DELIVERY

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.

Article Addressed to:

Calvin Robert Graef III
8387 Briar Trace Way
Castle Rock, Colorado 80108

Article Number 7009 3410 0000 0957 9587
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Calvin Graef ☐ Agent ☐ Addressee
C. Date of Delivery 11-12-10
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

SENDER: COMPLETE THIS SECTION
Kusler Bluff #2 & #4
SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Tracy Graef ☐ Agent ☐ Addressee
C. Date of Delivery 11-10-10
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

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.

John Ernest Hall
O. Box 230045
New York, NY 10023

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

7009 3410 0000 0957 9600
Domestic Return Receipt

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

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 11/18/10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

1. Article Addressed to:
Jerry and Margaret A. Hooper
705 Lakeway Dr.
El Paso, TX 79932

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.

athleen Elizabeth Farrell
223 Clear Meadow Place
Round Rock, TX 78665

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

7009 3410 0000 0957 9617
Domestic Return Receipt

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

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

1. Article Addressed to:
Robert Humphus
3000 Majestic Ridge, Apt. #13
Las Cruces, NM 88011

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

SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

SECTION ON DELIVERY

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.

Article Addressed to:

Addie Bell Farrell Kenney
C/O Jimmy Wayne Kenney
405 West Orchard Lane
Carlsbad, NM 88220

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

7009 3410 0000 0957 9655

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Rusler Bluff #2 & #4

SECTION ON DELIVERY

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

Article Addressed to:

Debra L. Kenney
4495 Stone Pine Drive, #4
Pinetop, Arizona 85935

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

7009 3410 0000 0957 9662

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery 11/12/10
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

Rusler Bluff #2 & #4

SECTION ON DELIVERY

- 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.

Article Addressed to:

Jimmy Wayne Kenney
405 West Orchard Lane
Carlsbad, NM 88220

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

7009 3410 0000 0957 9679

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

Rusler Bluff #2 & #4

SECTION ON DELIVERY

- 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.

Article Addressed to:

Robin Marie Lawless
#10 Sand Point
Laguna Nigel, California 92677

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

7009 3410 0000 0957 9686

Domestic Return Receipt

102595-02-M-1

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery 11/10/10
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery 11/12/11
- 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

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.

Article Addressed to:

Carrie Hicks Linker
3402 North Calle Poco
Tucson, Arizona 85750

Title Number
(Transfer from service label)
Domestic Return Receipt
orm 3811, February 2004

7009 3410 0000 0957 9693

Domestic Return Receipt

102595-02-M-1540

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

7009 3410 0000 0957 9709

Domestic Return Receipt

102595-02-M-1541

NEED: COMPLETE THIS SECTION

Rustler Bluff #2 & #4

ON-ON DELIVERY

SENDER: COMPLETE THIS SECTION

Rustler Bluff #2 & #4

ON-ON DELIVERY

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.

Article Addressed to:

Wayne McCall
201 Fort Beale Road
Flagman, Arizona 86409

Title Number
(Transfer from service label)
Domestic Return Receipt
orm 3811, February 2004

7009 3410 0000 0957 9723

Domestic Return Receipt

102595-02-M-1540

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

7009 3410 0000 0957 9730

Domestic Return Receipt

102595-02-M-1541

A. Signature ☐ Agent
X *Carrie Hicks Linker* ☐ Addressee
B. Received by (Printed Name) ☐ Date of Delivery
C. Date of Delivery 11/13/02
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

A. Signature ☐ Agent
X *Wayne McCall* ☐ Addressee
B. Received by (Printed Name) ☐ Date of Delivery
C. Date of Delivery 11-12
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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.

Article Addressed to:

Donna McCall Eli
8204 Quinault Road
Blaine, Washington 98230

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

7009 3410 0000 0957 9709

Domestic Return Receipt

102595-02-M-1541

SENDER: COMPLETE THIS SECTION

Rustler Bluff #2 & #4

ON-ON DELIVERY

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.

Article Addressed to:

Wayne A. McCall
24400 Cleveland
Paulden, Arizona 86334

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

7009 3410 0000 0957 9730

Domestic Return Receipt

102595-02-M-1541

A. Signature ☐ Agent
X *Donna McCall Eli* ☐ Addressee
B. Received by (Printed Name) ☐ Date of Delivery
C. Date of Delivery 11-12
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

A. Signature ☐ Agent
X *Wayne A. McCall* ☐ Addressee
B. Received by (Printed Name) ☐ Date of Delivery
C. Date of Delivery 11-15-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

■ 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.

Article Addressed to:

Kay Hicks Omand
P. O. Box 1369
Elephant Butte, New Mexico 87935

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9747
(Transfer from service label)
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

■ 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.

Article Addressed to:

Addison L. Owen
C/O Laura Bower
1940 Casa Linda
Needles, California 92363

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9761
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

■ 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.

Article Addressed to:

Tobey Osgood
Trustee of the James L. and Mary E. Tyler Trust
8975 Chimney Rock Road
Paso Robles, California 93446

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9754
(Transfer from service label)
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

■ 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.

Article Addressed to:

Frances Jane Owen
1829 East Morten, Apt. #114
Phoenix, Arizona 85028

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9778
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Article Addressed to:

Margaret Jane Owen
39 North Arrowhead Avenue
Bernadino, California 92405

Article Number 7009 3410 0000 0957 9785
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:

Chris Owen Power
32 Miami Avenue
Tucson, Arizona 86401

Article Number 7009 3410 0000 0957 9792
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 1/12/10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

Article Addressed to:

Adam Uszynski
7 Mellow Wood Place
Woodlands, Texas 77381

Article Number 7009 3410 0000 0957 9815
Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:

David Uszynski
7 Mellow Wood Place
Woodlands, Texas 77381

Article Number 7009 3410 0000 0957 9822
Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

Article Addressed to:

Jerry A. Warren
1068 West Long Street
Stephenville, TX 76401

Article Number 7009 3410 0000 0957 9839
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

SECTION: NON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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.

Article Addressed to:

Hugh and Betty L. Hanagan
P. O. Box 1737
Roswell, NM 88202

Article Number 7009 3410 0000 0957 9853
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

SECTION: NON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

Article Addressed to:

Jenise Jensen
P. O. Box 3201
Carlsbad, NM 88221

Article Number 7009 3410 0000 0957 9860
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

SECTION: NON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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.

Article Addressed to:

Wayne S. Turner
200 Carnegie
Brownwood, TX 76801

Article Number 7009 3410 0000 0957 9877
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

SECTION: NON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

Article Addressed to:

Paula S. Campbell
P. O. Box 1018
Roswell, NM 88202

Article Number 7009 3410 0000 0957 9884
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt

A. Signature 		<input type="checkbox"/> Agent
B. Received by (Printed Name) <u>Paula S. Campbell</u>		<input type="checkbox"/> Addressee
C. Date of Delivery <u>11-10-10</u>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

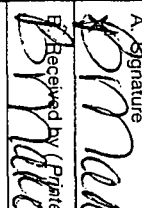
SENDER: COMPLETE THIS SECTION

Complete 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.

Article Addressed to:

MM & T Resources, LLC
P. O. Box 2473
Midland, TX 79702

Article Number 7009 3410 0000 0957 9914
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt

A. Signature 		<input type="checkbox"/> Agent
B. Received by (Printed Name) <u>James O. Owen</u>		<input type="checkbox"/> Addressee
C. Date of Delivery <u>11-10-10</u>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" 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		

Rusler Bluff #2 & #4

ON DELIVERY

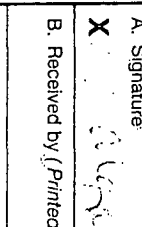
SENDER: COMPLETE THIS SECTION

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.

Article Addressed to:

James O. Owen
3439 North Arrowhead
San Bernardino, California 92405

Article Number 7009 3410 0000 0957 9921
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt

A. Signature 		<input type="checkbox"/> Agent
B. Received by (Printed Name) <u>James O. Owen</u>		<input type="checkbox"/> Addressee
C. Date of Delivery <u>11-10-10</u>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" 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		

Rusler Bluff #2 & #4

ON DELIVERY

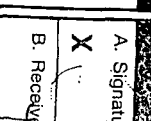
SENDER: COMPLETE THIS SECTION

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.

Article Addressed to:

J. Hiram Moore, Ltd.
P. O. Box 94077
Southlake, TX 76092

Article Number 7009 3410 0000 0957 9907
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt

A. Signature 		<input type="checkbox"/> Agent
B. Received by (Printed Name) <u>J. Hiram Moore</u>		<input type="checkbox"/> Addressee
C. Date of Delivery <u>11-10-10</u>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

SENDER: COMPLETE THIS SECTION

ON DELIVERY

SENDER: COMPLETE THIS SECTION

RECEIVER: 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:

Jim Tyler
324 Seventeenth Street
Paso Robles, California 93446

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery 11/15/00
- C. 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) 7009 3410 0000 0957 9938

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:

Denise Price
415 W. Del Rio, Apt. #56
Carlsbad, NM 88220

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Price C. Date of Delivery 11/20/00
- 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) 7009 3410 0000 0957 9945

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-A

7009 3410 0000 0957 9532

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Rustler Bluff #2 & #4

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total
Sent
Street
or P.O.
City

Joel E. Farrell
508 East Diamond Street
Farmington, NM 87401-2341

PS Form 3800, August 2005

7009 3410 0000 0957 9716

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Rustler Bluff #2 & #4

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total
Sent
Street
or P.O.
City, State, ZIP+4

James W. McCall
1811 Castro Street, Apt. #1
San Francisco, California 94131

PS Form 3800, August 2005

CERTIFIED MAIL RECEIPT

Postage and Fees
Return Receipt Fee
(Endorsement Required)
Resistor (Endorse)
Postmark Here

Rustler Bluff #2 & #4

109 3410 0000 0957 9846

UNC

Total F
Angela Franklin
P. O. Box 144
Savoy, TX 75479

Sheet A
or PO 3c
City Stamp 2194

XIE 750 DE 1 00 11/30/10
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

EC: 79710082020 *2982-07189-30-23

11-17-10

UNC

BC OPERATING, INC.

P. O. Box 50820

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - Insurance Coverage Provided)

Rustler Bluff #2 & #4

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Resistor
Postmark Here

Total F
Richard Gene and Alice F. Farrell

Sent to
6 Rogers Court
Arlington, TX 76103

CERTIFIED MAIL

109 3410 0000 0957 9891

Alice F. Farrell

NIXIE 750 DE 1 00 11/18/10

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

EC: 79710082020 *0134-04118-10-27

7009 3410 0000 0957 9563

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Pro

For delivery information visit our website at www.usps.com

Judith B. Farrell #254

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	

Resolicit (Endorser)

Total P.

Sent To
Richard Farrell
1403 West Riverside Dr,
Carlsbad, NM 88220-4131

Street, Apt.
or PO Box no.
City, State, ZIP+4

Postmark Here

e Dr,
0-4131

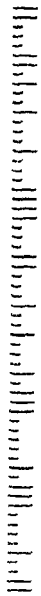
109 3410 0000 0957 9563

NIXIE 871 DE 1 00 12/02/10

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 79710082020 *1755-11297-02-19

797100820



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Pro

For delivery information visit our website at www.usps.com

Judith B. Farrell #254

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	

Resolicit (Endorser)

Total

Sent To
Judith B. Farrell
1613 Desert Willow
Carlsbad, NM 88221

Street, Apt.
or PO Box no.
City, State, ZIP+4

Postmark Here

09 3410 0000 0957 9549

CERTIFIED MAIL

11/10/2010

NIXIE

871 DE 1 00 12/02/10

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

11-17-10

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 IV1220 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 DIVISION1220 S. St Francis Drive
Santa Fe, New Mexico 87505Submit the original
application to the Santa Fe
office with one copy to the
appropriate District Office.

2011 MAR 18

P 12:54

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: BC Operating, Inc.

OPERATOR ADDRESS: P.O. Box 50820, Midland TX 79710-0820

APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)LEASE TYPE: ☐ Fee ☒ State ☐ FederalIs 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 allowances? ☐ 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. Willow Lake (Delaware), 64453

(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) Well Test Allocation**(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.

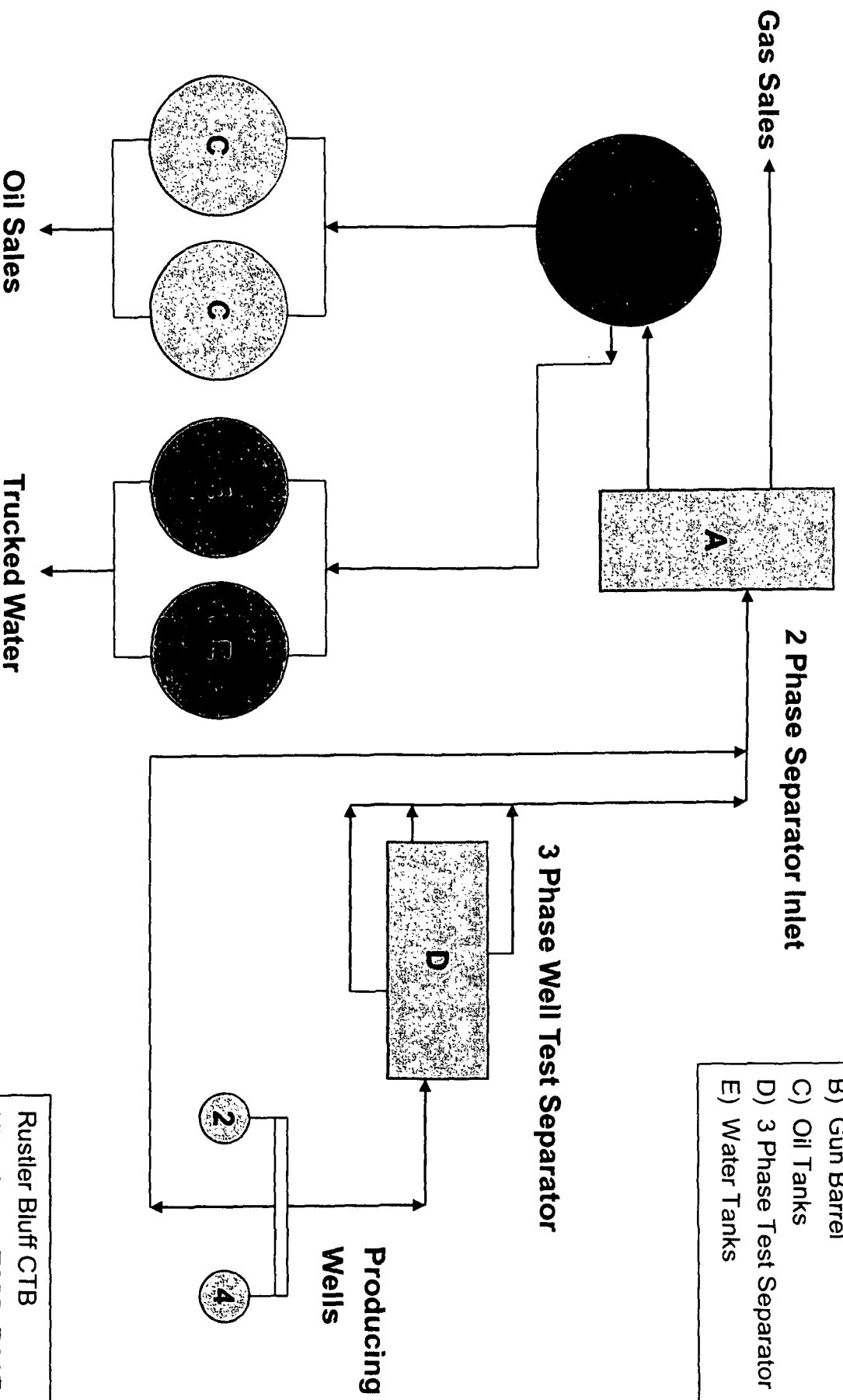
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.

(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: Star L. Harrell TITLE: Regulatory Analyst DATE: 12/20/10TYPE OR PRINT NAME Star L. Harrell TELEPHONE NO.: (432) 684-9696 x 253E-MAIL ADDRESS: sharrell@blackoakres.com

Rustler Bluff CTB Layout



Rustler Bluff CTB
UL I, Sec 1, T25S, R28E
Eddy County, NM

Recycle, gas blanket, bypass, drain lines, meters, and controls are not shown.

Attachment 1

1 Sec 1 T-25-S R-28-E 6 Sec 6 T-25-S R-29-E

CTB

Rustler Bluff 4

30015376290000

Private Fee Private Fee

Rustler Bluff 2

30815365520000

State

State Oil & Gas Lease #NM V07658

Rustler Bluff 1

30015348390000



Rustler Bluff CTB Well Data

Lease Number			
V07658	Rustler Bluff	1	30-015-34839
Fee	Rustler Bluff	2	30-015-36552
	Rustler Bluff	4	30-015-37629

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, on the front if space permits.

Article Addressed to:

Ann Hicks Archibald
418 West Market
Silver City, New Mexico 88061

A. Signature <i>Ann Hicks Archibald</i>		<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Ann Hicks Archibald</i>		<input type="checkbox"/> Addressee
C. Date of Delivery <i>11.15.2010</i>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" 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		

Article Number 7009 3410 0000 0957 5480
Transfer from service label)

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, on the front if space permits.

Article Addressed to:

Lancy F. Beard
826 Indian Road
Artsbad, New Mexico 88220

A. Signature <i>Lancy F. Beard</i>		<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Lancy F. Beard</i>		<input type="checkbox"/> Addressee
C. Date of Delivery <i>11.12.2010</i>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" 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		

Article Number 7009 3410 0000 0957 5497
Transfer from service label)

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, on the front if space permits.

Article Addressed to:

Ronald Coleman Black
8201 Christie Dr.
Frisco, Texas 75034

A. Signature <i>Ronald Coleman Black</i>		<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Ronald Coleman Black</i>		<input type="checkbox"/> Addressee
C. Date of Delivery <i>11.12.2010</i>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" 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		

Article Number 7009 3410 0000 0957 5503
Transfer from service label)

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, on the front if space permits.

Article Addressed to:

Laura Owen Bower
1940 Casa Linda
Needles, California 92363

A. Signature <i>Laura Owen Bower</i>		<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Laura Owen Bower</i>		<input type="checkbox"/> Addressee
C. Date of Delivery <i>11.12.2010</i>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" 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		

Article Number 7009 3410 0000 0957 9402
Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION (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:

Judy A. Brewer
1508 Munroe
Carlsbad, NM 88221

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- B. Received by (Printed Name) ☐ Agent ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No

NOV 12 2004
88221
Judy Brewer

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

7009 3410 0000 0957 9419

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.

Article Addressed to:

Tom Campbell
7 Rodeo Spur
Clondcroft, NM 88317

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- B. Received by (Printed Name) ☐ Agent ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No

NOV 12 2004
88317
Tom Campbell

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

7009 3410 0000 0957 9426

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Owen Chiappetti
5341 North 68th Place
Scottsdale, Arizona 85253

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- B. Received by (Printed Name) ☐ Agent ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No

NOV 12 2004
85253
Mary Owen Chiappetti

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

7009 3410 0000 0957 9433

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:

Marshall F. Cole
1907 Hilltop Drive
Russellville, Arkansas 72802

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- B. Received by (Printed Name) ☐ Agent ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No

NOV 12 2004
72802
Marshall F. Cole

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

7009 3410 0000 0957 9440

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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, on the front if space permits.

Article Addressed to:

Cliff G. Currier
P.O. Box 1813
Artesia, NM 88211-1813

Article Number
Transfer from service label
Form 3811, February 2004

7009 3410 0000 0957 9457

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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, on the front if space permits.

Article Addressed to:

Nancy T. Cutter and Allen M. Tonkin, Jr.
Co-Trustees of the Nancy P. Tonkin Rev. Tr.
524 Park Avenue, SW
Albuquerque, NM 87104

Article Number
Transfer from service label
Form 3811, February 2004

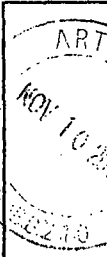
7009 3410 0000 0957 9471

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☒ Addressee
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, on the front if space permits.

Article Addressed to:

Michael C. Currier
1517 Vineyard Court
Carlsbad, NM 88220

Article Number
Transfer from service label
PS Form 3811, February 2004

7009 3410 0000 0957 9464

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Susan H. Dade
1102 West Orchard Lane
Carlsbad, NM 88220

Article Number
Transfer from service label
PS Form 3811, February 2004

7009 3410 0000 0957 9488

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☒ Addressee
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

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.

Article Addressed to:

Betty Cole Drake
1415 Kenwood Road
Farmack Village, Arkansas 72207

Article Number
(Transfer from service label)

7009 3410 0000 0957 9495

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DEF: 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.

Article Addressed to:

&S, LLC
11 South Country Club Lane
Payson, Arizona 85541

Article Number
(Transfer from service label)

7009 3410 0000 0957 9501

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Betty Cole Drake

☐ Agent ☐ Addressee

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

Betty Cole Drake 11-13-10

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Charles Michael Farrell

☐ Agent ☐ Addressee

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

Charles Michael Farrell 11-13-10

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

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.

Article Addressed to:

Bradley Hunter Farrell
1809 North Hollywood Way
Burbank, California 91505

Article Number
(Transfer from service label)

7009 3410 0000 0957 9518

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.

Article Addressed to:

Charles Michael Farrell
119 Seabell Road
Belen, NM 87002

Article Number
(Transfer from service label)

7009 3410 0000 0957 9525

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Charles Michael Farrell

☐ Agent ☐ Addressee

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

Charles Michael Farrell 11/17/10

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Charles Michael Farrell

☐ Agent ☒ Addressee

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

Charles Michael Farrell 11-12-10

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

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.

Article Addressed to:

Tom A. Farrell
8203 Louisville Avenue
Lubbock, TX 79423

Article Number 7009 3410 0000 0957 9556
Transfer from service label)
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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.

Article Addressed to:

Jeff Morris Graef
4904 Haley Drive
Flower Mound, TX 75028

Article Number 7009 3410 0000 0957 9594
Transfer from service label)
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION SENDER: COMPLETE THIS SECTION RUSTLER BLUFF #2 & #4

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.

Article Addressed to:

Wyn D. Farrell
Turkey Canyon Road
Tulstbad, NM 88221-9456

Article Number 7009 3410 0000 0957 9570
Transfer from service label)
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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.

Article Addressed to:

Calvin Robert Graef III
8387 Briar Trace Way
Castle Rock, Colorado 80108

Article Number 7009 3410 0000 0957 9587
Transfer from service label)
Domestic Return Receipt
Form 3811, February 2004
102595-02-M-1540

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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.

Article Addressed to:

John Ernest Hall
O. Box 230045
New York, NY 10023

Article Number 7009 3410 0000 0957 9600
(Transfer from service label)
Domestic Return Receipt 102595-02-M-1540
Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Rusler Bluff #2 & #4

SECTION ON DELIVERY

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.

Article Addressed to:

Athleen Elizabeth Farrell
223 Clear Meadow Place
Round Rock, TX 78665

Article Number 7009 3410 0000 0957 9617
(Transfer from service label)
Domestic Return Receipt 102595-02-M-1540
Form 3811, February 2004

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.

Article Addressed to:

Jerry and Margaret A. Hooper
705 Lakeway Dr.
El Paso, TX 79932

Article Number 7009 3410 0000 0957 9624
(Transfer from service label)
Domestic Return Receipt 102595-02-M-1540
PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Rusler Bluff #2 & #4

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.

Article Addressed to:

Robert Humphus
3000 Majestic Ridge, Apt. #13
Las Cruces, NM 88011

Article Number 7009 3410 0000 0957 9648
(Transfer from service label)
Domestic Return Receipt 102595-02-M-1540
PS Form 3811, February 2004

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

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

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

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

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

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

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

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

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

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.

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Debra L. Kenney ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Addie Bell Farrell Kenney
C/O Jimmy Wayne Kenney
405 West Orchard Lane
Carlsbad, NM 88220

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

Article Number 7009 3410 0000 0957 9655
(Transfer from service label)
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ENDER: COMPLETE THIS SECTION Rustler Bluff #2 & #4 S SECTION ON DELIVERY

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

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Debra L. Kenney ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Debra L. Kenney
4495 Stone Pine Drive, #4
Pinetop, Arizona 85935

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

Article Number 7009 3410 0000 0957 9662
(Transfer from service label)
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Debra L. Kenney ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Jimmy Wayne Kenney
405 West Orchard Lane
Carlsbad, NM 88220

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

Article Number 7009 3410 0000 0957 9679
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

SENDER: COMPLETE THIS SECTION Rustler Bluff #2 & #4 ON DELIVERY

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.

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Debra L. Kenney ☐ Addressee
C. Date of Delivery 11-12-10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Robin Marie Lawless
#10 Sand Point
Laguna Nigel, California 92677

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

Article Number 7009 3410 0000 0957 9686
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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.

Article Addressed to:

Carrie Hicks Linker
3402 North Calle Poco
Tucson, Arizona 85750

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

7009 3410 0000 0957 9693

Domestic Return Receipt

102595-02-M-1540

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

7009 3410 0000 0957 9709

Domestic Return Receipt

102595-02-M-154

NEED: COMPLETE THIS SECTION

Rustler Bluff #2 & #4

ON-ON DELIVERY

SENDER: COMPLETE THIS SECTION

Rustler Bluff #2 & #4

ON-ON DELIVERY

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.

Article Addressed to:

Wayne McCall
201 Fort Beale Road
Ingman, Arizona 86409

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

7009 3410 0000 0957 9723

Domestic Return Receipt

102595-02-M-1540

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

7009 3410 0000 0957 9730

Domestic Return Receipt

102595-02-M-154

A. Signature ☐ Agent
X *Carrie Hicks Linker* ☐ Addressee
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
11/13/10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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:

Donna McCall Eli
8204 Quinault Road
Blaine, Washington 98230

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

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

A. Signature ☐ Agent
X *Wayne McCall* ☐ Addressee
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
11-12
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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:

Wayne A. McCall
24400 Cleveland
Paulden, Arizona 86334

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

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.

Article Addressed to:

Kay Hicks Onnand
P. O. Box 1369
Elephant Butte, New Mexico 87935

A. Signature ☒ Agent

B. Received by (Printed Name) ☐ Address

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

Article Number 7009 3410 0000 0957 9747
(Transfer from service label)

S 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.

Article Addressed to:

Addison L. Owen
C/O Laura Bower
1940 Casa Linda
Needles, California 92363

A. Signature ☒ Agent

B. Received by (Printed Name) ☐ Address

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

Article Number 7009 3410 0000 0957 9761
(Transfer from service label)

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

SENDER: COMPLETE THIS SECTION **SECTION ON DELIVERY**

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.

Article Addressed to:

Tobey Osgood
Trustee of the James L. and Mary E. Tyler Trust
8975 Chimney Rock Road
Paso Robles, California 93446

A. Signature ☒ Agent

B. Received by (Printed Name) ☐ Address

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

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 ☒ Agent

B. Received by (Printed Name) ☐ Address

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

Frances Jane Owen
1829 East Morten, Apt. #114
Phoenix, Arizona 85028

Article Number 7009 3410 0000 0957 9754
(Transfer from service label)

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

Article Number 7009 3410 0000 0957 9778
(Transfer from service label)

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

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.

argaret Jane Owen
39 North Arrowhead Avenue
n Bernadino, California 92405

Article Number 7009 3410 0000 0957 9785
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

is Owen Power
32 Miami Avenue
ngman, Arizona 86401

Article Number 7009 3410 0000 0957 9792
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

Adam Uszynski
7 Mellow Wood Place
Woodlands, Texas 77381

Article Number 7009 3410 0000 0957 9815
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

David Uszynski
7 Mellow Wood Place
Woodlands, Texas 77381

Article Number 7009 3410 0000 0957 9822
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

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.

Jerry A. Warren
1068 West Long Street
Stephenville, TX 76401

Article Addressed to:

Article Number 7009 3410 0000 0957 9839
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

RECEIVED BY ADDRESSEE

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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.

Hugh and Betty L. Hanagan
P. O. Box 1737
Roswell, NM 88202

NON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9853
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Jenise Jensen
P. O. Box 3201
Carlsbad, NM 88221

Article Addressed to:

Article Number 7009 3410 0000 0957 9860
Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

RECEIVED BY ADDRESSEE

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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.

Wayne S. Turner
200 Carnegie
Brownwood, TX 76801

NON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number 7009 3410 0000 0957 9877
Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Article Addressed to:

Paula S. Campbell
P. O. Box 1018
Roswell, NM 88202

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

7009 3410 0000 0957 9884
Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

7009 3410 0000 0957 9907
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.

Article Addressed to:

JM & T Resources, LLC
P. O. Box 2473
Midland, TX 79702

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

7009 3410 0000 0957 9914
Domestic Return Receipt

102595-02-M-1540 PS Form 3811, February 2004

7009 3410 0000 0957 9921
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.

Article Addressed to:

James O. Owen
3439 North Arrowhead
San Bernardino, California 92405

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

2. Article Number
(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

James O. Owen
3439 North Arrowhead
San Bernardino, California 92405

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

2. Article Number
(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

J. Hiram Moore, Ltd.
P. O. Box 94077
Southlake, TX 76092

2. Article Number
(Transfer from service label)

7009 3410 0000 0957 9907

Domestic Return Receipt

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.

Article Addressed to:

James O. Owen
3439 North Arrowhead
San Bernardino, California 92405

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

2. Article Number
(Transfer from service label)

AND THE COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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:

Jim Tyler
324 Seventeenth Street
Paso Robles, California 93446

2. Article Number
(Transfer from service label)

7009 3410 0000 0957 9938

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-0

SENDER, COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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:

Denise Price
415 W. Del Rio, Apt. #56
Carlsbad, NM 88220

2. Article Number
(Transfer from service label)

7009 3410 0000 0957 9945

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11/15/03

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

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11/15/03

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

7009 3410 0000 0957 9716

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Rustler Bluff #2 & #4

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total
Joel E. Farrell
508 East Diamond Street
Farmington, NM 87401-2341

PS Form 3800, August 2005

7009 3410 0000 0957 9716

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Rustler Bluff #2 & #4

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total
James W. McCall
1811 Castro Street, Apt. #1
San Francisco, California 94131

Sent 1
Street, or PO.
City, State, ZIP+4

PS Form 3800, August 2005

CERTIFIED MAIL RECEIPT

U.S. Postal Service
Domestic Mail Only (Insurance coverage provided)

Rustler Bluff #2 & #4

Postage

Insured Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery
(Endorsement Required)

Postmaster
Angela Franklin

P. O. Box 144

Savoy, TX 75479

Street, A
or P.O. Box
City, State, ZIP+4

109 3410 0000 0957 984b

XIE 750 DE 1 00 11/30/10

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 79710082020 *2382-07169-30-23

|||||

CERTIFIED MAIL

BC OPERATING, INC.

P. O. Box 50820

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only (Insurance coverage provided))

Rustler Bluff #2 & #4

Alice F. Farrell

109 3410 0000 0957 9891

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total P Richard Gene and Alice F. Farrell

Post to 6 Rogers Court

Street, A
or P.O. Box
City, State, ZIP+4

Postmark
Here:

NIXIE 750 DC 1 00 11/18/10

RETURN TO SENDER
NO SUCO NUMBER
UNABLE TO FORWARD

BC: 79710082020 *0134-04118-10-27

|||||

7009 3410 0000 0957 9563

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage

109 3410 0000 0957 9563

For delivery information visit our website at www.usps.com

Postmark Here

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restrict (Endorse)

e Dr,
0-4131

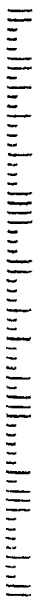
Total P. Richard Farrell
1403 West Riverside Dr,
Carlsbad, NM 88220-4131

Sent to
Street, Apt.
or PO Box no.
City, State, ZIP+4

PS Form 3800, April 2006

7971000820

NIXIE 871 DE 1 00 12/02/10
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 797100082020 *1755-11297-02-19



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage

For delivery information visit our website at www.usps.com

Postmark Here

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restrict (Endorse)

Total Judith B. Farrell
1613 Desert Willow
Carlsbad, NM 88221

Sent to
Street
City, State, ZIP+4

09 3410 0000 0957 9549

CERTIFIED MAIL

11/10/2010

NIXIE 871 DE 1 00 12/02/10
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

11-17-11