LOGGED IN 3.23,11 SUSDENSE ABOVE THIS LINE FOR DIVISION USE ONLY NEW MEXICO OIL CONSERVATION DIVISION - Engineering Bureau -1220 South St. Francis Drive, Santa Fe, NM 87505 ADMINISTRATIVE APPLICATION CHECKLIST THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS Rustler Bluff#2 WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE Application Acronyms: [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication] 30-0/5 36552 Rustler Bluff#4 [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] 30-05-37629 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response] [1] TYPE OF APPLICATION - Check Those Which Apply for [A] Location - Spacing Unit - Simultaneous Dedication NSL NSP SD Check One Only for [B] or [C] Commingting - Storage / Measurement [B] PLC PC OLS CTB/ Injection - Disposal Pressure Increase - Enhanced Oil Recovery [C] WFX PMX SWD PPI EOR PPR [D]Other: Specify [2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply Working, Royalty or Overriding Royalty Interest Owners [A] Offset Operators, Leaseholders or Surface Owner [B] [C] Application is One Which Requires Published Legal Notice ID1Notification 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.

approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on the application until the required information and notifications are submitted to the Division.

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

Star Harrell

Signature

Depulatory analyt.

Date 1 ating: Conn

e-mail Address

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

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 Ezeanyim, Richard, EMNRD

To: Cc:

Subject:

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

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

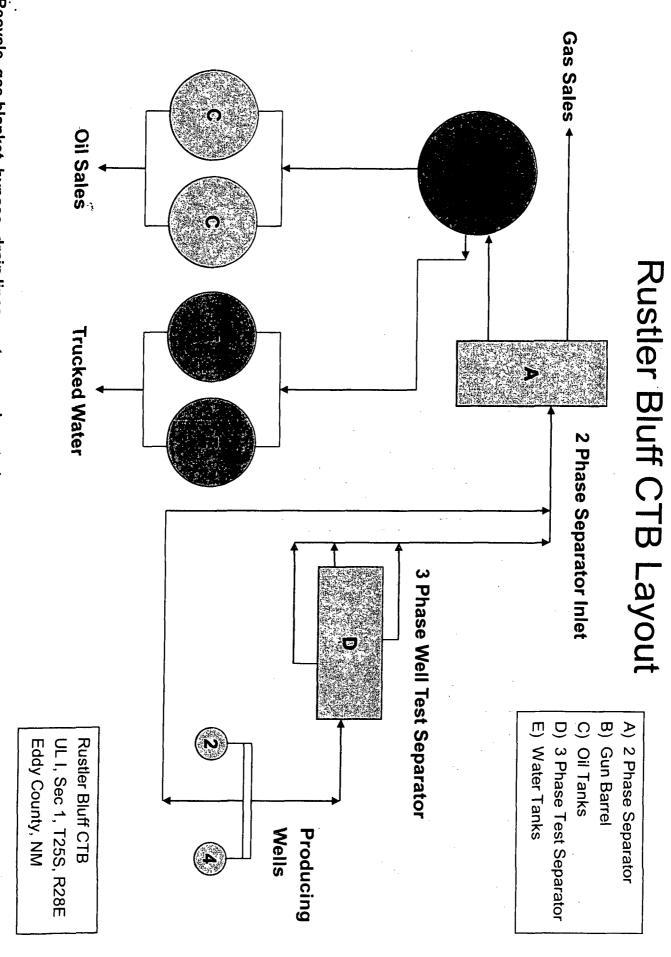
OIL CONSERVATION DIVISION 1220 S. St Francis Drive

Santa Fe, New Mexico 87505

application to the Santa Fe office with one copy to the appropriate District Office.

2011 MAR 18 P 12: 54

APPLICATION	FOR SURFACE	COMMINGLING	G (DIVERSE	OWNERSHIP)				
OPERATOR NAME: BC Oper	ating, Inc.	1						
OPERATOR ADDRESS: P.O. Box	50820, Midland TX 7	79710-0820						
APPLICATION TYPE:		:						
☐ Pool Commingling ☐ Lease Commingling	g Pool and Lease Co	mmingling Off-Lease	Storage and Measur	rement (Only if not Surface	Commingled)			
LEASE TYPE:	State Fede	eral		· ·				
Is this an Amendment to existing Order								
Have the Bureau of Land Management ⊠Yes □No	(BLM) and State Land	d office (SLO) been no	tified in writing	of the proposed commi	ngling			
⊠ ics □No	(A) POC	N. COMMUNICIAN	· · · · · · · · · · · · · · · · · · ·					
		OL COMMINGLIN ts with the following in						
(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes			
		1		, ·				
(2) Are any wells producing at top allowal			<u> </u>	, ,				
(3) Has all interest owners been notified by (4) Measurement type: Metering [(5) Will commingling decrease the value of	Other (Specify)		☐Yes ☐No. be why commingli	ng should be approved				
	` '	SE COMMINGLIN s with the following in						
 (1) Pool Name and Code. Willow Lake (D (2) Is all production from same source of s (3) Has all interest owners been notified by (4) Measurement type: ☐Metering ☒ 	upply? Yes No certified mail of the prop	osed commingling?	⊠Yes □No	0				
(C) POOL and LEASE COMMINGLING Please attach sheets with the following information (1) Complete Sections A and E.								
	OPE LEASE SE	ODACE JAKE A	CHIDENAUNE					
(D		ORAGE and MEAS ts with the following i						
(1) Is all production from same source of si								
(2) Include proof of notice to all interest ov								
	<u> </u>		· · · · · · · · · · · · · · · · · · ·					
(E) AD		RMATION (for all with the following in		pes)				
(1) A schematic diagram of facility, includi		with the following in	101111111111111111111111111111111111111					
(2) A plat with lease boundaries showing al	l well and facility location	ons. Include lease number	rs if Federal or Stat	te lands are involved.				
(3) Lease Names, Lease and Well Numbers	, and API Numbers.	•						
I hereby certify that the information above is	rue and complete to the l	best of my knowledge and	l belief.					
SIGNATURE:	10011111	TLE:Regulatory Analys		DATE:12/20/10				
TYPE OR PRINT NAMEStar L. Harro	eli	TE	ELEPHONE NO.:_	_(432) 684-9696 x 253				
E-MAIL ADDRESS: sharrell@black	oakres.com							



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

Rustler Bluff CTB Well Data

Lease Numb	er		
V07658	Rustler Bluff	1	30-015-34839
Fee	Rustier Bluff	2	30-015-36552
	Rustler Bluff	4	30-015-37629

rticle Number ransfer from service lab. 7009 3410 orm 3811, February 2004 Domestic		lancy F. Beard 826 Indian Road arlsbad, New Mexico 88220	that we can return the card to you. It has we can return the card to you. It has this card to the back of the mailpiece, on the front if space permits.	DER: COMPLETE THIS SECTION omplete items 1, 2, and 3. Also complete omplete items 6, 2, and 3. Also complete om 4 if Restricted Delivery is desired.	orm 3811, February 2004 Domestic Return Receipt	ticle Number 7009 3410	am Hicks Archibald 418 West Market ilver City, New Mexico 88061	complete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. rint your name and address on the reverse 5 that we can return the card to you. ttach this card to the back of the mailpiece, r on the front if space permits.
3410 0000 0957 5497 102595-02-M-1540	ery?	3. Service Type H Certified Mail Registered Return Receipt for Merchandise C.O.D.	delives di	COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature	102595-02-M-1540	000 0957 5480	3. Service Type A Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes	A. Siggature A.
PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7009 3410	Laura Owen Bower 1940 Casa Linda 1940 Casa Linda Needles, California 92363	or on the front if space permits. 1. 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,	ebruary 2004 Do	2. Article Number (Transfer from service label) 7009 341,0	Ronald Coleman Black 8201 Christie Dr. Frisco, Texas 75034	E Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
urn Receipt 102595-02-M-1	2046 2560 0000	3. Service Type 3. Service Type 4. Restricted Delivery? (Extra Fee) 3. Service Type Express Mail □ Requisitered □ Return Receipt for Merchano □ Insured Mail □ C.O.D. 1. Yes	D. Is delivery address different from item 1? \(\text{Tyes} \) If YES, enter delivery address below: \(\text{No} \) No	A. Signature A. Signature A. Signature A. Signature C. Date of Delivery	# U	E055 2560 0000	3. Service Type ♣ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchan ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	A. Signature A. Signature X. J.

estic Return F	1,1 h		Tom Campbell	the back of the mailpiece, bace permits.	plete A. . everse X	ENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION COMPLETE THIS SECTION	Form 3811, February 2004 Domestic Return Receipt	O OTHE 6002		Judy A. Brewer 1508 Munroe 1508 Munroe 1508 Munroe 1508 Munroe	D_Is delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	
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PS Form 3811, February 2004 Domestic Return Receipt	Article Number (Transfer from service label) 7009 3410	ssellville, Arkansas 72802	Marshall F. Cole	ne front if space permits. ddressed to:	we can return the card to you. this card to the back of the mailpiece,	COMPLETE THIS SECTION ste items 1, 2, and 3. Asso complete	m 3811, February 2004 Domestic Return Receipt	Article Number (Transfer from service label) 7005 3410	ottsdale, Arizona 85253	Mary Owen Chiappetti 5341 North 68th Place	le Addressed to:	so, that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	·
n Receipt	0446 2560 0000	3. Service Type ★D Certified Mail □ Express □ Registered □ Return F □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee)		D. Is delivery address different from If YES, enter delivery address b	11 1	COMPLETE THIS SECTION ON O	ırn Receipt	,D 0000 0957 943	3. Service type ☐ Certified Mail ☐ Expres ☐ Registered ☐ Return ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee	11	 D. Is delivery address different from If YES, enter delivery address 	B. Received by (Printed Name)	A. Signature

102595-0

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☐ Express Mail☐ Return Receipt for Merc☐ C.O.D..

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If YES, enter delivery address below:

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C. Date of

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

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C. Date of D

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102595-02-

☐ Express Mail
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² . O. Box 1813	11	1517 Vineyard Court	
\rtesia, NM 88211-1813	3. Service Type >> MS Certified Mail	Carlsbad, NM 88220	<u>e</u>
			☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)	- 1	4. Restricted Delivery? (Extra Fee) ☐ Yes
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DEFICOMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. First your name and address on the reverse o that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	17 C D	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 A. Signature A. Signature A. Signature A. Signature A. Signature C. Date of Deliver D. Is delivery address different from item 1? Ores If YES, enter delivery address below:
ancy T. Cutter and Allen M. Tonkin, Jr.	. Is delivery address different from item 1? If YES, enter delivery address below:		
o-Trustees of the Nancy P. Tonkin Rev. Tr 524 Park Avenue, SW	, Jr. čev. Tr. 	Susan H. Dade 1102 West Orchard Lane	
lbuquerque, NM 87104	3. Service Type **D Certified Mail	Carlsbad, NM 88220	Mail Receipt for
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	Charles; Michael Farrell 119 Seabell Road	,	&S, LLC 11 South Country Club Lane
(Z	1. Article Addressed to:	D. Is delivery address different from item 1?	ticle Addressed to:
C. W. Critical rainby 11-12-11	Attach this card to the back of the mailpiece, or on the front if space permits.	B Freceived by Prices Name C. Date of Delivery	 that we can return the card to you. ttach this card to the back of the mailpiece, on the front if space permits.
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Ban Tansacc	Bradley Hunter Farrell 1809 Nørth Hollywood Way		3etty Cole Drake 3415 Kenwood Road
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2000	SENDIER COMPLETE THIS SECTION	SENDER COMPLETE THIS SECTION	

orm 3811, February 2004 Domestic Return Receipt	ticle Number 7009 3	uryn D. Farrell Turkey Canyon Road ırlsbad, NM 88221-9456	implete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. That we can return the card to you. Itach this card to the back of the mailpiece, r on the front if space permits. D. Is delivery is desired. A. Signative complete expense of the reverse of the mailpiece, ron the front if space permits. D. Is delivery is desired.	ransfer from service label) 7	Tom A. Farrell 8203 Louisville Avenue Lubbock, TX 79423	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Articie Addressed to:
turn Receipt 102595-02-M-1540	1410 0000 0957 9570	3. Service Type Certified Mail	A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature Addressee B. Received by (<i>Printed Name</i>) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	102595-02-M-154(3. Service Type 3. Service Type Certified Mail	A. Signature C. Date of Deliver C. Date of Deliver
PS Form 3811, February 2004	2. Article Number (Transfer from service label) 7009	Calvin Robert Graef III 8387 Briar Trace Way Castle Rock, Colorado 80108	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.	2. Article Number 7 0 0 3 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Jeff Morris Graef 4904 Haley Drive Flower Mound, TX 75028	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 A. Signature A. Signature A. Signature A. Signature A. Signature B. Received to the mailpiece, or on the front if space permits. D. Is delivery if YES, ent
Domestic Return Receipt 102595-02-M-154	3410 0000 0957 9587	3. Service Type L Certified Mail	Rustler Bluff #2 & #4 A. Signature A. Signature B. Received by (Printed Name) B. Received by (Printed Name) C. Date of Deliven, TRACO 6:276 11-10-10 D. Is delivery address different from item 17 12 Yes If YES, enter delivery address below: 12 No	10 0000 0957 9594 102595-02-M-1540	3. Service Type Certified Mail	A. Signature A. Signature A. Signature C. Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:

orm 3811, February 2004 C	ticle Number 'ansfer from service label)	ound Rock, TX 78665	athleen Elizabeth Farrell	em 4 if Restricted Delivery is desired. rint your name and address on the reverse that we can return the card to you. ttach this card to the back of the mailpiece r on the front if space permits.	DER COMPLETE THIS SECTION	2004	ticle Number ransfer from service label) 7009	ew York, NY 10023	hn Ernest Hall O. Box 230045	rticle Addressed to:	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse to that we can return the card to you. Ittach this card to the back of the mailpiece or on the front if space permits.	
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	Robin Marie Lawless #10 Sand Point		Debra L. Kenney 4495 Stone Pine Drive, #4
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ery?		4. Restricted Delivery? (Extra Fee) ☐ Yes	
3. Service Type Certified Mail	Carlsbad, NM 88220	3. Service Type 1 Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	405 West Orchard Lane Carlsbad, NM 88220
	Jimmy Wayne Kenney 405 West Orchard Lane		Addie Bell Farrell Kenney
D. Is delivery address different from Item 1? Li Yes If YES, enter delivery address below: \(\simega\) No	1. Article Addressed to:	If YES, enter delivery address below: I No	Article Addressed to:
by (Printed Name) C. D.	item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	ved by (Printed Name) C. Da	item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 #2 & #4 #IS SECTION ON DELIVERY A. Skriftshire	SENDER COMPLETE: THIS Rustler Bluff #2 & #4 Complete items 1 2 and 3 Also complete	SENDER COM A. Signature	NEU-AND COMPLETE ITHS SECTION. Complete items 1, 2, and 3, Also complete

Domestic Return Receipt	2004	Domestic Return Receipt 102595-02-M-1540	orm 3811, February 2004 Domestic R
3470 0000 0455 4730	2. Article Number 7009 3	3410 0000 0957 9723	ansfer from service label) 7009 3
	Wayne A. McCall 24400 Cleveland Paulden, Arizona 86334	3. Service Type A Certified Mail	arry McCall 201 Fort Beale Road ingman, Arizona 86409
Rustler Bluff #2 & #4 A. Signawing B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	NDER. COMPLETE THISSE Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Item 4 if Restricted Delivery is desired. So that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Rustle Rustle Rustle	Rustler Bluff#2 & #4 A. Signature X. (A. A. C. A. C. A. C. A.	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
.0 000 0957 9709	2. Article Number 7009 3410 0001 (Transfer from service label) 7009 3410 0001 PS Form 3811, February 2004 Domestic Return Receipt	0 000 0957 9693	ransfer from service label) orm 3811, February 2004 Domestic Return Receipt
3. Service Type Certified Mail	Donna McCall Eli 8204 Quinault Road Blaine, Washington 98230	3. Service Type Li Certified Mail	Carrie Hicks Linker 3402 North Calle Poco Fucson, Arizona 85750
A. Signature X D. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery C. Date of Delivery The second	 Complete items 1, 2, and 3. Also complete item.4 if Restricted Delivery is desired. Print your name and address on the reverse so 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: 	A. Signature X A. Signature X A. Signature A. Signature A. Signature A. Algent Addressee B. Received by (Printed Name) C. Daty of Delivery 11113110 D. Is delivery address different from item 1? A Yes If YES, enter delivery address below:	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Frint your name and address on the reverse to that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

SENDER: COMPLETE THIS SECTION

Kustler Bluff #2 & #/

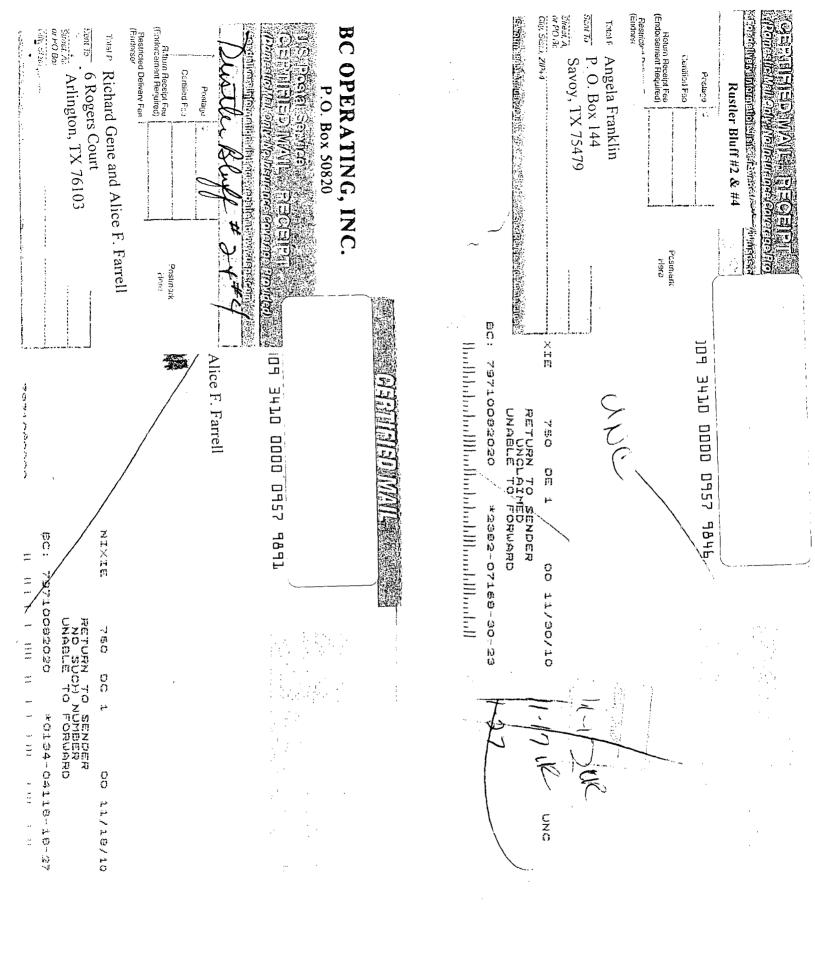
S Form 3811, February 2004	. Article Number (Transfer from service label)	Paso Robles, California 93440	Tobey Osgood Trustee of the James L. and Mary E. 8975 Chinney Rock Road	item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. Article Addressed to:	S Form 3811, February 2004 ENDER: COMPLETE THIS SE	Article Number (Transfer from service label)	P. Ó. Box 1369 Elephant Butte, New Mexico 87935	Article Addressed to: Kay Hicks Omnand	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits.
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	0 0957 9754	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandir ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes	er Trust	ved by (Printey Name) C. Da De V Sound States of the Control of t	#4 IS SECTION ON DELIVER	10 0957 9747	Service Type Certified Mail	п	C. De Control des different from item 1?
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	7009 3410 DDDD 09	ω 4.			Domestic Return Receipt 70 Rustler Bluff #2 & #4	60 0000 OTHE 6002	4 3		stler Bluf
1.	0957 9778	Express Mail Return Receipt for	If YES, enter delivery address below: ☐ No	different from item 12	102595-02-M-1	1957 9761	Service Type Certified Mail		Signature Signature Signature C. Date of Delivery address different from item 1? Yes

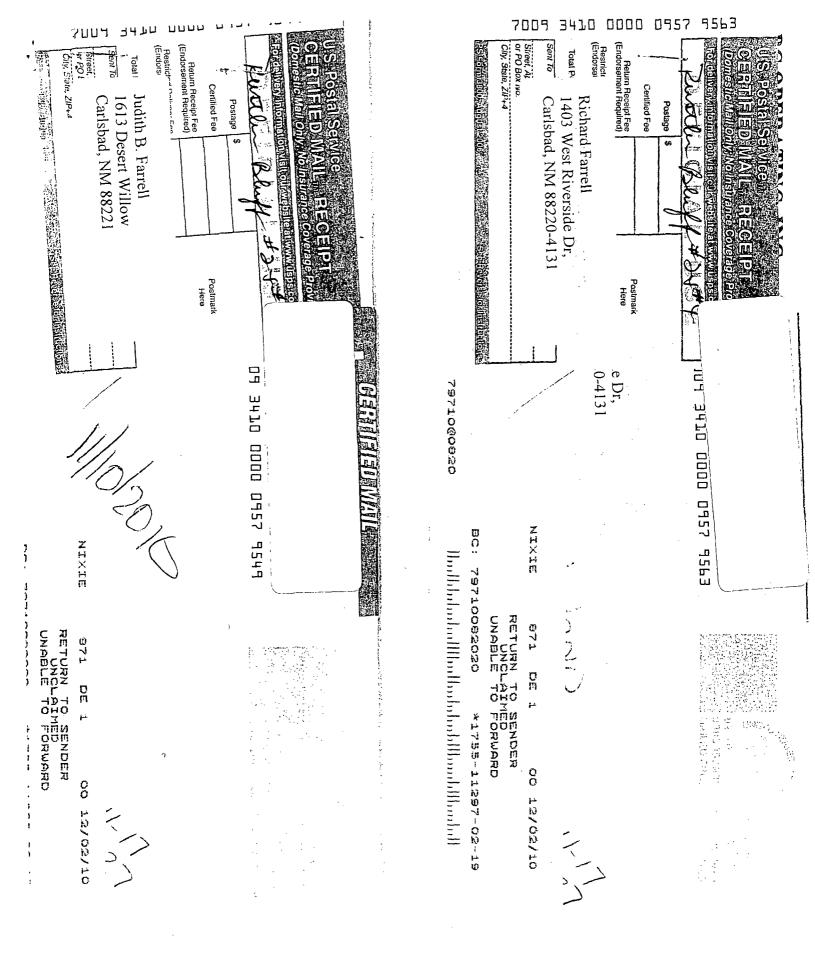
orm 3811, February 2004 Domestic Return Receipt	ansfer from service label) 7009 3410	Roswell, NM 88202	Hugh and Betty L. Hanagan P. O. Box 1737	tem 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Vrticle Addressed to:	NDER: COMPLETE THIS SECTION Rust Complete items 1, 2, and 3, Also complete	orm 3811, February 2004 Domestic Return Receipt	rticle Number 7009 3410 ransfer from service label)		Stephenville, TX 76401	Jerry A. Warren 1068 West Long Street	vrlicle Addressed to:	to that we can return the card to you. ttach this card to the back of the mailpiece, or on the front if space permits.	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse	
turn Receipt 102595-02-M-1540	6596 2560 0000	3. Service Type A Certified Mail		B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from item 1? If YES, enter delivery address below: Addresse Addr	Rustler Bluff #2 & #4	urn Receipt 102595-02-M-1540	0000 0957 9839	☐ Hegistered ☐ Heturn Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	aii	ENVILLE	Q: //s delivery address different from item 1? Li Yes : (中央) enter delivery address below: 日 No	B. Received by (Printed Name) C. Date of Delivery	A. Signature A. Signature A. Agent Addressee	AREAINOMOINGE
PS Form 3811, February 2004		Brownwood, TX 76801	Wayne S. Turner	item 4 if Restricted Delivery is desired. item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:	Rust	PS Form 3811, February 2004	2. Article Number (Transfer from service label) 7 0 0 3		- P. O. Box 3201 Carlsbad, NM 88221	Jenise Jensen	1. Article Addressed to:	so that we can return the card to you. Buttach this card to the back of the mailpiece, or on the front if space permits.		
Domestic Heturn הפעפוףי	102595-02-M-154	3. Service Type ASCertified Mail		B. Received by (<i>Printed Name</i>) C. Date of Delivery D. Is delivery address different from item 1? Pes D. Is delivery address below:	Signature	Domestic Return Receipt 102595-02-M-	3410 0000 0957 9860	ivery?	3. Service Type Certified Mail D. Express Mail Recurr Receipt for Merchan	SPS	If YES, enter delivery address below:	B. Received by (Printed Name) C. Date of Deli C. Date o	A. Signature Agent	Kustler Bluff #2 & # 50 mm

38 Form 3811, February 2004	Article Number (Transfer from service label)	Print your name and address on the reverse so 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: Jim Tyler 324 Seventeenth Street Paso Robles, California 93446	AND BARROWN AND THE COMPLETE REPORT OF THE PROPERTY OF THE PROPERTY IS DESIRED. ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Domestic Return Receipt	7009 3410 0000 0957 9938	B. Received by (Printere, e) B. Received by (Printere, e) If YES, enter delivery additions of the continuation of the contin	ete A. Signat
102595-02-M-15-	ty.	□ Addressee ate of Delivery / 15 / 12 □ Yes □ No □ No □ Yes	gent
PS Form 3811, February 2004 Domestic	2. Article Number (Transfer from service label) 7 🛮 🗘 🖯	Print your name and address on the reverse so 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: Denise Price 415 W. Del Rio, Apt. #56 Carlsbad, NM 88220	SENDER: COMPLETE:THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Domestic Return Receipt 102595-02-1	3410 0000 0957 9945	B. Received by (Printed Name) C. Date of De C. Da	MEON

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m ·	James W.			
□ Sent 7	1811 Cast	ro Street,	Apt. #1	
Street, or PO	San Franc	isco, Cali	fornia 94	1131
City, State,	ZIP+4			**********
is on a				





District I 1625 N. French Drive, Hobbs, NM 8

1625 N. French Drive, Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave, Artesia, NM 88210 District III

District III

1000 Rio Brazos Road, Aztec, NM 87410

<u>District IV</u> 1220 S. St Francis Dr, Santa Fe, NM 87505

State of New Mexico Energy, Minerals and Natural Resources Department

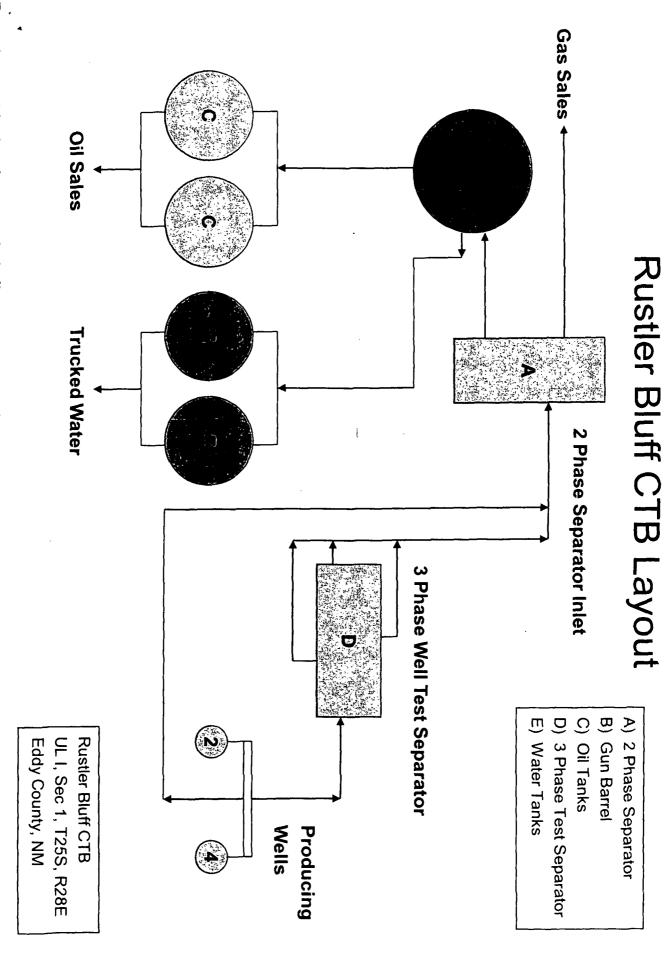
Form C-107-B Revised June 10, 2003

OIL CONSERVATION DIVISION

1220 S. St Francis Drive | / [] OCD

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICA	ATION FOR SURFACE	COMMINGLING	OPVERSE	OWNERSHIP)				
OPERATOR NAME:	BC Operating, Inc.							
OPERATOR ADDRESS:								
APPLICATION TYPE:								
☐ Pool Commingling	Commingling Pool and Lease Co	mmingling Off-Lease	Storage and Measur	ement (Only if not Surface	Commingled)			
LEASE TYPE:								
Is this an Amendment to exis	ting Order? Yes No If	"Yes", please include	the appropriate C	order No.				
Have the Bureau of Land Ma ⊠Yes □No	nagement (BLM) and State Land	office (SLO) been not	tified in writing o	of the proposed commi	ngling			
(A) POOL COMMINGLING Please attach sheets with the following information								
Gravities / BTU of Calculated Gravities / Calculated Value of								
(1) Pool Names and Codes	Non-Commingled Production	BTU of Commingled Production		Commingled Production	Volumes			
				•				
				* /				
		-						
(2) Are any wells producing at	ton allowables? Tives TiNo		1					
(2) Are any wells producing at top allowables? \[\textstyres \] No (3) Has all interest owners been notified by certified mail of the proposed commingling? \[\textstyres \] No. (4) Measurement type: \[\textstyres \] Metering \[\textstyres \] Other (Specify) (5) Will commingling decrease the value of production? \[\textstyres \] 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 ■Ne							
· · /	notified by certified mail of the propering	• •	⊠Yes □No)				
	• /	LEASE COMMING with the following in						
(1) Complete Sections A and E.								
	(D) OFF-LEASE ST	ORACE and MEAS	SUREMENT					
	• •	ts with the following i						
(1) Is all production from same	source of supply? Yes No				-			
(2) Include proof of notice to all	interest owners.							
	(E) ADDITIONAL INFO	RMATION (for all	annlication tv	nes)	1			
	• •	with the following in						
(1) A schematic diagram of faci								
	showing all well and facility location in Numbers, and API Numbers.	ons. Include lease number	s if Federal or Stat	e lands are involved.				
I hereby certify that the informatio	n above is frue and comprese (o) he t	pest of my knowledge and	belief.					
SIGNATURE: DATE:12/20/10								
TYPE OR PRINT NAMES	tar L. Harrell	TE	ELEPHONE NO.:_	_(432) 684-9696 x 253_				
E-MAIL ADDRESS:sharrell@blackoakres.com								



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

Rustler Bluff CTB Well Data

Leāse Numb	er		
V07658	Rustler Bluff	1	30-015-34839
Fee	Rustler Bluff	2	30-015-36552
	Rustler Bluff	4	30-015-37629

rticle Number ransfer from service lab. orm 3811, February 2004 Domestic		lancy F. Beard 826 Indian Road 'arlsbad, New Mexico 88220	DER* COMPLETE THIS SECTION Implete items 1, 2, and 3. Also complete am 4 if Restricted Delivery is desired. Int your name and address on the reverse thach this card to the back of the malipiece, on the front if space permits. Ticle Addressed to:	ansfer from service label). 7007 3410 0000 orm 3811, February 2004 Domestic Return Receipt	- 1	am Hicks Archibald 418 West Market ilver City, New Mexico 88061	complete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. Fint your name and address on the reverse that we can return the card to you. Itach this card to the back of the mailpiece, on the front if space permits. Ticle Addressed to:
3410 0000 0957 5497 Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type GC AD CONTROL	SECTION ON DI SECTION ON DI SE	UUUU 0957 5480 102595-02-M-1540	4. Restricted Delivery? (Extra Fee)	Mail Receipt for M	A. Gispature C. Date of Delivery A. Gispature C. Date of Delivery A. Gispature A.
PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7009 3410	Laura Owen Bowe, 1940 Casa Linda 1940 Casa Linda Needles, California 92363	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:	PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number	Ronald Coleman Black 8201 Christie Dr. Frisco, Texas 75034	E Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
urn Receipt 102595-02-M-1	0000 0957 9402	3. Service Type Certified Mail	A. Signature A. Signature A. Signature B. Received by (Printeg Name) C. Date of Delivery address different from item 1? Pes If YES, enter delivery address below:	0000 0957 5503 102595-02-M	4. Restricted Delivery? (Extra Fee)	Service Type Contified Mail	A. Signature A. Signature B. Received by (Printed Name) D. Is delivery address different from item 1? \(\text{PYES} \) Yes If YES, enter delivery address below: \(\text{Name} \) No

102595-02-M-1

S Form 3811, February 2004 Domestic Return Receipt	Article Number 7009 3410	4.	M.88317	Tom Campbell 7 Rodeo Spur	or on the front if space permits. Article Addressed to:	:	Pulatur Bh	Form 3811, February 2004 Domestic Return Receipt	Article Number (Transfer from service label) 7009 3410 0000		Judy A. Brewer 1508 Munroe 12200	or on the front if space permits.	В /ж >	
eceipt 102595-02-M-1540	0000 0957 9426	Restricted Delivery? (Extra Fee)	Service Type Certified Mail		is delivery address different trom tipm 1? Thes is delivery address different trom tipm 1? In Yes if YES, enter delivery address below:	A. Signature X 1 2	COMPLETE THIS SECTION ON DELIVERY	ipt 102595-02-M-1540	6Th6 2560	Service Type Certified Mail	entar delivery address below:	RE	Received by (Printed Mame) C. Date of Delivery	COMPLETE THIS SECTION ON DELIVERY
	PS Form 3811, February 2004 Dome	2. Article Number 7009	Russellville, Arkansas 72802	Marshall F. Cole 1907 Hilltop Drive	1. Article Addressed to:	item 4 if Restricted Delivery, is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece or on the front if space permits.	SENDER: COMPLETE THIS SECTION Complete items 1. 2. and 3. Also complete	PS Form 3811, February 2004 Dom	2. Article Number (Transfer from service label) 7 🛮 🗘	Scottsdale, Arizona 85253	Mary Owen Chiappetti 5341 North 68th Place	or on the front if space permits.	item 1 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece.	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete

A. Signature <u>\$</u>.\$

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/: C. Date of

	lace a 85253	petti	card to you. ck of the mailpiece, ermits.
4. Restricted Delivery? (Extra Fee)	3. Service Type Certified Mail Registered Insured Mail	If YES, enter delivery address below:	B. Received by (Printed Name) C. Date of VI Company (Company)
(Extra Fee)	☐ Express Mail☐ Return Receipt for Merc☐ C.O.D.	y address below:	y address different from item 1? \(\) Ye
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y? (Extra Fee)	☐ Express Mail ☐ Return Receipt for Mercha ☐ C.O.D.			If YES, enter delivery address below:	D. Is delivery address different from item 1?	M 611 1 1	`	5/		
□ Yes	pt for Mercha			SN FJ	1? 🛘 Yes	17.	C. Date of Dr	Addi Addi	☐ Ager	,

estic Return Receipt

102595-02-

orm 3811, February 2004 TICLE Number 7 0 0 7 34 10 000	o-Trustees of the Nancy P. Tonkin Rev. 524 Park Avenue, SW lbuquerque, NM 87104	Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Fint your name and address on the reverse of that we can return the card to you. Itach this card to the back of the mailpiece, or on the front if space permits. Ticle Addressed to: Ticle Addressed to:	211-1813 7009 3410 y 2004 Domestic Re	omplete items 1, 2, and 3. Also complete am 4 if Restricted Delivery is desired. The your name and address on the reverse that we can return the card to you. Tach this card to the back of the mailpiece, on the front if space permits. Cliff G. Currier O. Box 1813
102595-02-M-1540	3. Service Type A Certified Mail	A. Signature A. Signature X D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No	e. Typs	A. Signature A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address below: D. No LL YES, enter delivery address below:
2. Article Number 7 [] [] 9 34] [] (Transfer from service label) PS Form 3811, February 2004 Domestic Retu	Susan H. Dade 1102 West Orchard Lane Carlsbad, NM 88220	THIS SECTION and 3. Also complete elivery is desired. address on the reverse the card to you. a back of the mailpiece, se permits.	ad, NM 88220 ervice label 7009 3410 February 2004 Domestic Ret	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: Michael C. Currier 1517 Vinevard Court
9 3410 0000 0957 9488 Domestic Return Receipt 102595-02-M-15	3. Service S Centil Regis I Insur A. Restrict	A. Signature A. Signature A. Signature D. Is delivery address different from item 1? D. Is delivery address below: No	3. Service Type **E Certified Mail	A. Signature A spent A place of Delive D. Is delivery address different from item 1? D. Is delivery address below: No

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.D 0000 0957 9525	2. Article Number 7009 3410 (Transfer from service label)	3410 0000 0957 9501	7009
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3. Service Type So Certified Mail	Belen, NM 87002	3. Service Type Certified Mail	ayson, Arizona 85541
	Charles Michael Farrell 119 Seabell Road		&S, LLC
If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from Item 1?	ticle Addressed to:
C.M. (Craw) C. Date of Delivery address different from from 12 Yes	Attach this card to the back of the mailpiece, or on the front if space permits.	B Received by Printed Name C. Date of Delivery	o that we can return the card to you. ttach this card to the back of the mailpiece, on the front if space permits.
C. M. Haul	E Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature **Exact Augent Addressee	omplete items 1, 2, and 3. Also complete am 4 if Restricted Delivery is desired. rint your name and address on the reverse
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	DIETH COMPHETE THIS ISECTION
urn Receipt 102695-02-M-1540	PS Form 381.1, February 2004 Domestic Return Receipt	102595-02-M-1540	orm 3811, February 2004 Domestic Return Receipt
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4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes	
3. Service Type Certified Mail	Burbank, California 91505	Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	Jammack Village, Arkansas 72207
BRAJ TANKL	Bradley Hunter Farrell 1809 Nørth Hollywood Way		3etty Cole Drake 5415 Kenwood Road
If YES, enter delivery address below:	1. Article Addressed to:	If YES, enter delivery address below:	vrticle Addressed to:
Received by (Printed Name) C. D.	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	Date of Delivery	In the feverse and duriess of the feverse so 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	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired.
A STATE OF THE STA		SENDER COMPLETE THIS SECTION	1970年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の

orm 3811, February 2004 Domestic Return Receipt	7009	rlsbad, NM 88221-9456	uyn D. Farrell	r on the front if space permits. rticle Addressed to:	em 4 if Restricted Delivery is desired. rint your name and address on the reverse o that we can return the card to you. ttach this card to the back of the mailpiece,	(DE) COMPLETE THIS SECTION COMPLETE THE STATE OF THE STAT	orm 3811, February 2004 Domestic Return Receipt	rticle Number 7009 3410		Lubbock, TX 79423	Tom A. Farrell	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.	
	0456 2560 0000 0146	3. Service Type Certified Mail		D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	by (Printed I	#2 & #4 GIJON ON DETIVERY A. Signature	102595-02-M-154(4554 2560 0000	ery?	3. Service Type Certified Mail		D. Is delivery address different from item 1? Yes 1 If YES, enter delivery address below: No	A. Signature A. Signature Addresser B. Received by (Printed Name) C. Date of Deliver	COMPLETE THIS SECTION ON DELIVERY
PS Form 3811, February 2004 Domestic I	7009	Castle Rock, Colorado 80108	Calvin Robert Graef III 8387 Briar Trace Way	or on the front it space permits. 1. Article Addressed to:	item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,		PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7009 3410		Flower Mound, TX 75028	Jeff Morris Graef 4904 Haley Drive	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. 	SENDER: COMPLETE THIS SECTION KUSTIET DILLI TE CONTROL
Receipt	2826 2560 0000 0146	3. Service Type Land Certified Mail		ess different from item 1 elivery address below:	B. Received by (Printed Name) C. Date of Delivery TALLON 6:24 (11-10-10)	Rustler Bluff #2 & #4 Ection on DELIVERY ste A. Signature	turn Receipt 102595-02-M-1540	אפאר 1590 סמם סג	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type ☐ Centified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 	1-01	WEIGHT OF THE STATE OF THE STAT

4. Restricted Delivery? (Extra Fee)	į.		1
	2. Article Number	7136 2560 0000 01	ticle Number 7009 3410
3. Service Type	Las Cruces, NM 88011	3. Service Type **Express Mail	ound Rock, TX 78665
If YES, enter delivery address below:	1. Article Addressed to: Robert Humphus 3000 Majestic Ridge, Apt. #13	If YES, enter delike	athleen Elizabeth Farrell
B. Received by (Printed Name) C. I	so that we can return the card to you. M Attach this card to the back of the mailpiece, or on the front if space permits.	A (Riceived by (Printe Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	that we can return the card to you. ttach this card to the back of the mailpiece, r on the front if space permits.
A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signatural Agent D. Agent D. Addressee	omplete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. rint your name and address on the reverse
Domestic Return Receipt Rustler Bluff #2 & 44 4 1855	PS Form 3811, February 2004 Domestic I SENDER: COMPLETE THIS SEC	& #1 SECTION ON DELIVERY	
1 0000 0957	2. Article Number 7009 3410	0957 9600	ransfer from service label) 7009 3410 7009 3410
3. Service Type Certified Mail	El Paso, TX 79932	M Certified Mail	ew York, NY 10025
ii TeS, eiller deilwery address below.	Jerry and Margaret A. Hooper	Service Time	hn Ernest Hall O. Box 230045
D. Is delivery address different from item 1?	Article Addressed to: Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No	rticle Addressed to:
B. Received by (Printed Name)	item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space name.	Received by (Printed Name) C. D.	tem 4 if Restricted Delivery is desired. Print your name and address on the reverse o that we can return the card to you. Ittach this card to the back of the mailpiece, or on the front if space permits.
A Constitution of the Cons	SENDER: COMPLETE THIS SECTION	A. Signature	Complete items 1, 2, and 3. Also complete

PS Form 3811, February 2004 Domestic Return Receipt	Domestic Return Receipt 102595-02-M-1540	Form 3811, February 2004 Domestic Re
2. Article Number 7009	0000 0957 9662	Article Number 7009 3410
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Laguna Nigel, California 92677	3. Service Type ★ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	⁹ inetop, Arizona 85935
Robin Marie Lawless #10 Sand Point		Debra L. Kenney 1495 Stone Pine Drive, #4
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 01	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
SENDER: COMPLETE THIS SECTION Rustler Bluff #2 & #4	S SECTION ON DELIVERY	NDER: COMPLETE THIS SEC Rustler B
PS Form 3811, February 2004 Domestic Return Receipt	102595-02-M-1540	Form 3811, February 2004 Domestic Return Receipt
2. Article Number (Transfer from service label) 7009 3410	2596 2550 0000	Transfer from service label) 7009 3410
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Carlsbad, NM 88220	3. Service Type 1 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	405 West Orchard Lane Carlsbad, NM 88220
Jimmy Wayne Kenney 405 West Orchard Lane		Addie Bell Farrell Kenney
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item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	Received by (Printed Name) C. D.	em 4 if Restricted Delivery is desired. Print your name and address on the reverse to that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.
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or programme to the state of th	2, and 3. Also corporate desire desir	Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired by (Printed Name) C. Date of Delivery Addressee enter delivery address below: No No No No No No No N

ticle Number 7009 3410 001 ansfer from service label) orm 3811, February 2004 Domestic Return Receipt	arry McCall 201 Fort Beale Road ingman, Arizona 86409	Rust Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Fint your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	ticle Number 7 0 9 34 10 0000 7 3811, February 2004 7 0 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Carrie Hicks Linker 3402 North Calle Poco Fucson, Arizona 85750	Also complete is desired. ss on the reverse ard to you. tof the mailpiece, mits.
3410 0000 0957 9723 c Return Receipt 102595-02-M-1540	3. Service Type St Certified Mail	Rustler Bluff #2 & #4 A. Signature X. A. Signature B. Received by (Printed Name) D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No	um Receipt 102595-02-M-1540	3. Service Type M.Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	A. Signature A. Signature X A. Signature X C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:
2. Article Number (Transfer from service label) PS Form 3811, February 2004	Wayne A. McCall 24400 Cleveland Paulden, Arizona 86334	Rust. SENDER: COMPLETETHIS SE Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. item 4 if Restricted Delivery is desired. So that we can return the card to you. So that we can return the card to you. So that we can return the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	2. Article Number 7009 34 (Transfer from service label) 7009 34 PS Form 381·1, February 2004 Domestic F	Donna McCall Eli 8204 Quinault Road Blaine, Washington 98230	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
000 3410 0000 0957 4730 102595-02-M-1541	1 3 12 8 × 11	Rustler Bluff #2 & #4 A. Signature B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	09 3410 0000 0957 9709 Domestic Return Receipt 102595-02-M-154	3. Service Type 1. Certified Mail	A. Signature A. Signature A. Signature C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:

S Form 3811, February 2004	(Transfer from service label)	A.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Paso Robles, California 93440	Tobey Osgood Trustee of the James L. and Mary E. Tyler Trust 8975 Chimney Rock Road	. Article Addressed to:	item 4 if Restricted Delivery is desired. I Print your name and address on the reverse so that we can return the card to you. I Attach this card to the back of the mailpiece or on the front if space permits.	ENDER: COMPLETE THIS SECTION Rus Complete items 1, 2, and 3. Also complete	'S Form 3811, February 2004	. Article Number (Transfer from service label)		Elephant Butte, New Mexico 87935	Kay Hicks Ormand P. O. Box 1369	Article Addressed to:	a Attach this card to the back of the mailpiece or on the front if space permits.	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	PENDENT SOMPRETE THIS SECTION.
Domestic Return Receipt	1004 JULY 1007	4.	Ţ <u></u>	d Mary E. Tyle	HYE	□ , □ ×	Rustler Bluff #2 & #4	Domestic Return Receipt	0000 0146 6002	4. Restr	μ		If YES		o complete A. Signatur lesired. A the reverse	Rustler I
	U357 7754	J ∯e	Gerrice Type Gerrified Mail	rust	If YES. enter delivery address beigy; ☐ No	Agent Agent Agent Agent Agent Addresse Addresse Addresse Addresse Agent Addresse Agent Addresse Agent	IS SECTION ON DELIVER	102595-02-M-1540	0957 9747	Restricted Delivery? (Extra Fee)	Service Type Certified Mail		If YES, enter delivery address below:	ved by (Aprinted Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery	□ Agent □ Addressee	& #4 ECHONON DELIVERY
102595-02-M-1 PS Form 3811, February 2004	2. Article Number (Transfer from service label) 7 []		Phoenix, Arizona 85028	= Frances Jane Owen	1. Article Addressed to:	item 4 if Restricted Delivery is desired. See Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits.		PS Form 3811, February 2004	Article Number (Transfer from service label) 7		Needles, California 92363		1. 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 	SENDER: COMPLETE THIS SECTION
Domestic Return Receipt	7009 3410 0000 0757 97	ey	3. Service Type D. Certified Mail DE Registered DR Insured Mail DC		D. Is delivery address different from item 1? If YES, enter delivery address below:	everse lipiece,	istler Bluff #	≂.	.6 2560 0000 OTAE 6002	4. Restricted Delivery? (Extra Fee)	3. Service Type ***## Certified Mail Registered Insured Mail		If YES, enter delivery address below:	, p	A. Signature	Rustler Bluff #2 & #4
102595-02-M-1540	9778	tra Fee) 🔲 Yes	☐ Express Mail ☐ Return Receipt for Merchandise		ent from item 1? Yes	Agent	N ON DELIVERY	102595-02-M-1	1976	(Extra Fee) ☐ Yes	□ Express Mail□ Return Receipt for Merchand□ C.O.D.		terent from item 1? Litres / address below: INo	700	□ Agent	SECTION ON DELIVERY

orm 3811, February 2004 Domestic R	anster from service label) 7009 3410		Roswell, NM 88202	Hugh and Betty L. Hanagan P. O. Box 1737	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. First your name and address on the reverse to that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	SECTION	orm 3811, February 2004 Domestic Return Receipt	rticle Number ransfer from service label)		Stephenville, TX 76401	Jerry A. Warren	viticle Addressed to:	or the front if space permits.	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired.	
Domestic Return Receipt	0000 0957 9853	4. Restricted Delivery? (Extra Fee)	3. Service Type Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		A. Signature H. Received by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below:	Rustler Bluff #2 & #4		0000 0957 9839	4. Restricted Delivery? (Extra Fee)	3. Service Type Certified Mail	EMVILLE	Q.)s delivery address different from item 1?	B. Received by Printed Name) C. D. HOTCLES WILLYON	A. Signature	ALEAN MONION CONTRACTOR AND
102595-02-M-1540		□Yes	for Merchandise		Agent C. Date of Deliver 17 0 Yes 18 No	S	102595-02-M-1540		☐ Yes	r Merchandise		o N €8	C. Date of Delivery	☐ Agent	100 May 100 Ma
PS Form 3811, February 2004 Domesti		014E 6002	Brownwood, TX 76801	Wayne S. Turner 200 Carnegie	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:	25	PS Form 3811, February 2004 Dome	2. Article Number (Transfer from service label) 7009		P. O. Box 3201 Carlsbad, NM 88221	Jenise Jensen	1. Article Addressed to:	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	ı
Domestic Hermin I revoles	102595-02-M-154	<u> </u>	Decertified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	11	B. Received by (<i>Printed Name</i>) C. Date of Delivery B. Received by (<i>Printed Name</i>) C. Date of Delivery C. Date of Delivery O / 0 D / 0 D / 0 If YES, enter delivery address below:	Rustler Bluff #2 & #4 Non DEINERY	Domestic Return Receipt 102595-02-M-	3410 0000 0957 9860	4. Restricted Delivery? (Extra Fee) Yes	Mail Receipt for	122	If YES, enter delivery address below:	B. Received by (Printed Name) C. D	X Sylling Agent	Kustier Bluff #2 & #: 50 50 07

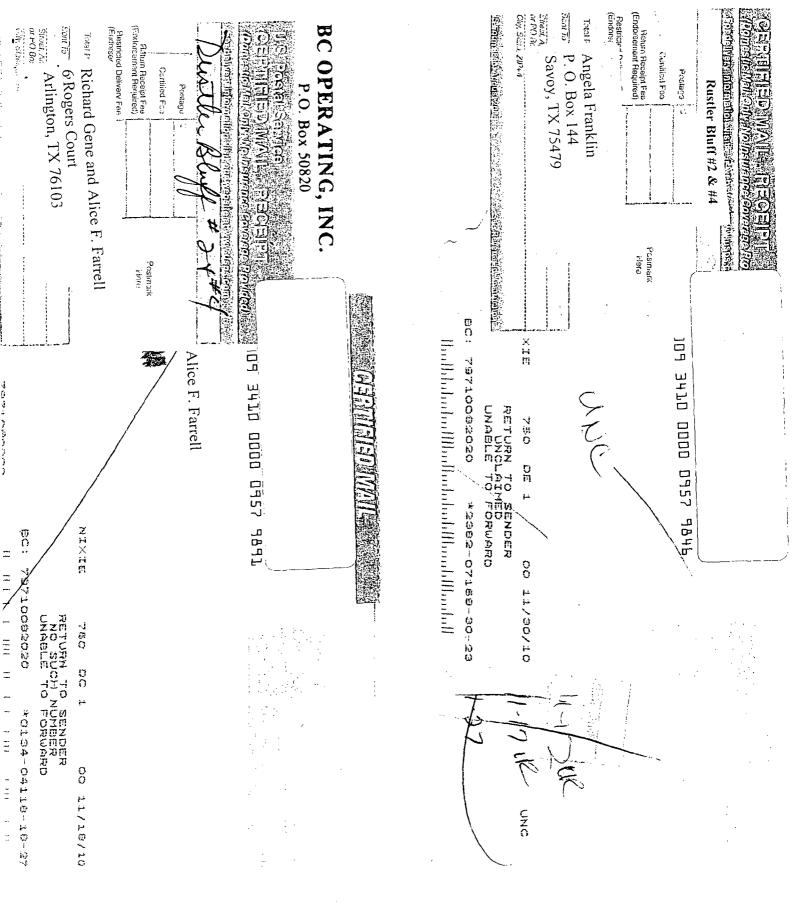
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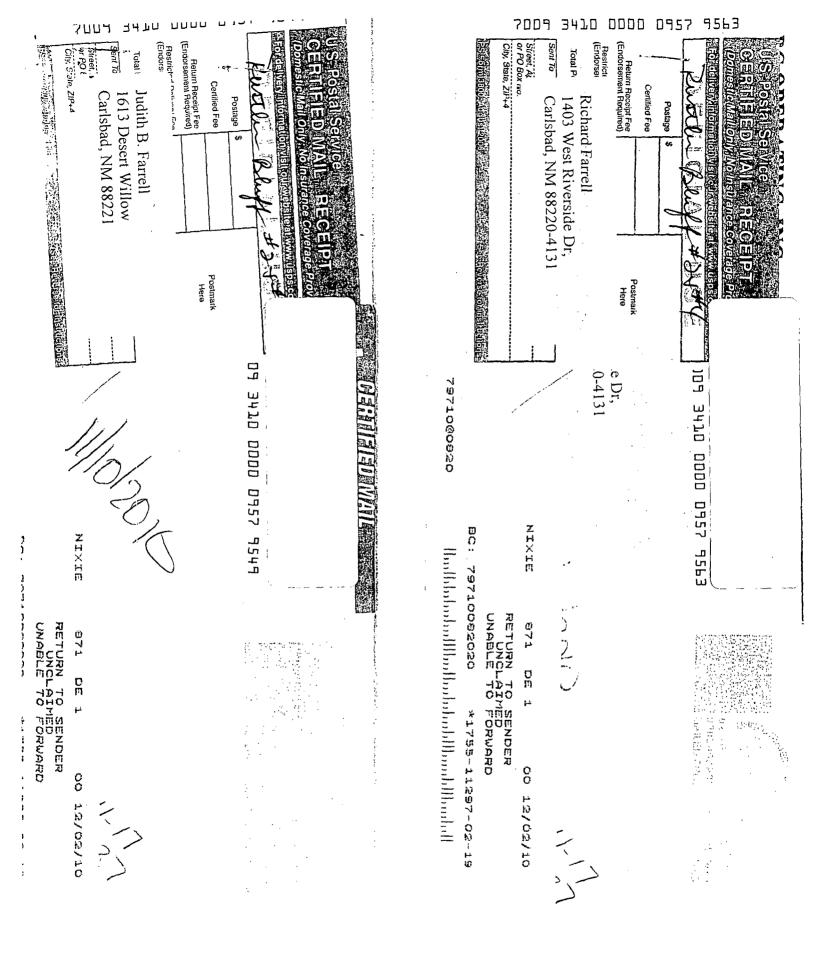
Form 3811, February 2004 Domestic Re	Article Number 7009 3	Midland, TX 79702	JM & T Resources, LLC 2. O. Box 2473	Article Addressed to:	Tomplete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card the back of the mailpiece, or on the front if space permits.	NDER: COMPLETE THIS SECTION Rus	Form 3811, February 2004 Domestic Return Receipt	Vrticle Number Transfer from service label) 7009	O. Box 1018 Oswell, NM 88202	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:
Domestic Return Receipt 102595-02-M-1540	HIPP 75F0 0000 0IH	3. Service lype ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		D. Is delivery address different tom ten 1? — Yes If YES, enter delivery address below: — No	□ Agent □ Addressee Date of Delivery	Rustler Bluff #2 & #4		3410 0000 0957 9884	3. Service Type ALCertified Mail	A. Signature A. A. A. Signature A. A. A. Signature A. A
102595-02-M-1540 PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7009		James O. Owen 3439 North Arrowhead San Bernadino, California 92405	1. 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. 	Rusti SENDER: COMPLETE THIS SECTION Rusti	102595-02-M-1540 PS Form 3811, February 2004 Domestic Return Receipt	0ThE 6002	P. O. Box 94077 Southlake, TX 76092	Also comple is desired. So on the reveard to you. Cof the mailpinits.
turn Receipt 102595-02-M-1540	1566 2560 0000 0146	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	11	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		Rustler Bluff #2 & #4 ON DELIVERY		0000 0957 9907	3. Service Type Certified Mail	Rustler Bittit #2 & #4 A. Signatupe A. Signatupe B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No

vs Form 3811, February 2004 Domestic R	2. Article Number (Transfer from service label) 7009 3410	Jim Tyler 324 Seventeenth Street Paso Robles, California 93446	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
Domestic Return Receipt 102595-02-M-15-	9E66 2560 0000 0'	3. Service Type Registered	A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature C. Dayb of Delivery C. Dayb of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
PS Form 3811, February 2004 Domestic R	2. Article Number (Transfer from service label) 7 🛮 🖯 🖯	Denise Price 415 W. Del Rio, Apt. #56 Carlsbad, NM 88220	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 malipiece, or on the front if space permits.
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District I 1625 N. French Drive, Hobbs, NM 88240 District II 1303 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

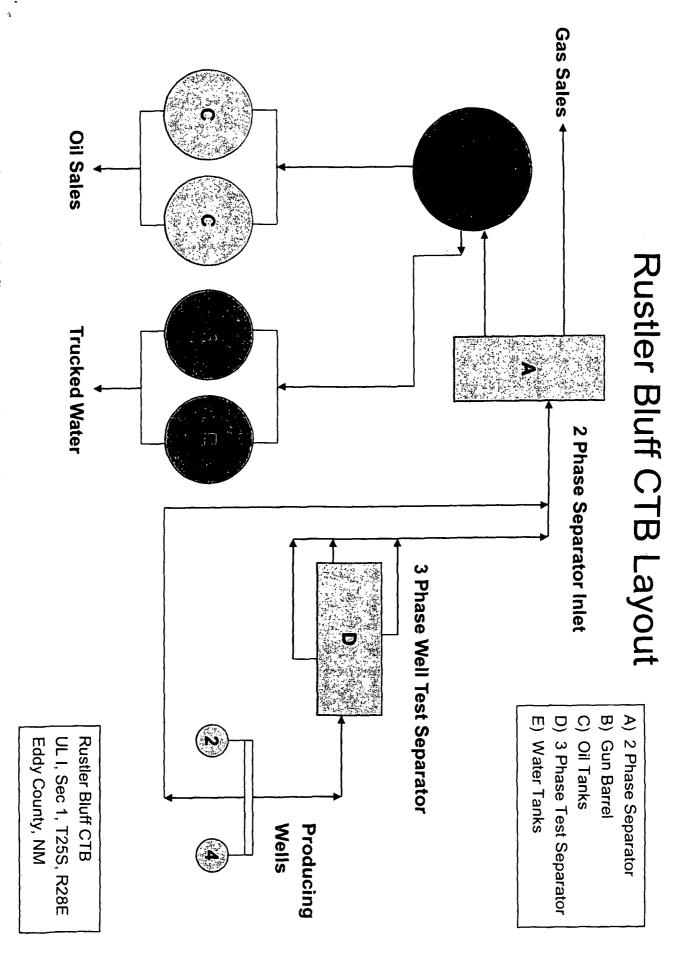
Form C-107-B Revised June 10, 2003

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.

2011 MAR 18

		COMMINGLING	(DIVERSE	OWNERSHIP)	
	rating, Inc.			· · · · · · · · · · · · · · · · · · ·	
	x 50820, Midland TX 7	79710-0820			·
APPLICATION TYPE:					
		mmingling Off-Lease	Storage and Measur	rement (Only if not Surfac	e Commingled)
	State Fede				
Is this an Amendment to existing Orde Have the Bureau of Land Management ⊠Yes □No	r? ∐Yes ⊠No If (BLM) and State Land	"Yes", please include doffice (SLO) been no	the appropriate C tified in writing o	Order No of the proposed comm	ingling
		OL COMMINGLIN is with the following in			
(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 allowa	bles? Yes No	4			<u> </u>
(3) Has all interest owners been notified l	•	posed commingling?	☐Yes ☐No.		
1 1 1	Other (Specify)	DN 16 ""			
(5) Will commingling decrease the value	or production? 17 165	□NO II yes , descri	be why commingi	ng snould be approved	
	• •	SE COMMINGLIN s with the following in			
(1) Pool Name and Code. Willow Lake (s with the following in	iloi matton		
(2) Is all production from same source of		o			
(3) Has all interest owners been notified by	certified mail of the prop	osed commingling?	⊠Yes □No)	
(4) Measurement type: Metering	Other (Specify) Well To	est Allocation			
	(C) POOL and	LEASE COMMIN	CLING		
		with the following in			•
(1) Complete Sections A and E.					
(I	,	ORAGE and MEAS			
		ts with the following i	nformation		
(1) Is all production from same source of s)			
(2) Include proof of notice to all interest o	wners.				
ZEN A F	DITIONAL INCO	DATA TRANSFER		\	
(E) AL		RMATION (for all with the following in		pes)	
(1) A schematic diagram of facility, includ		with the johowing in	IVI III ALIVII		
 A schematic diagram of facility, includ A plat with lease boundaries showing a 		ns Include lease number	s if Federal or Stat	e lands are involved	
(3) Lease Names, Lease and Well Number		morade rease number		are involved.	
\bigcirc	•				
I hereby certify that the information above is	rue and complete (o) he b	est of my knowledge and	belief.		
SIGNATURE: XT 1 1 TY	-P13)4/1/	LE:Regulatory Analys	•	DATE: 10/00/10	
SIGNATURE: (_)	house III	LEKeguiatory Analys		DATE:12/20/10	
TYPE OR PRINT NAMEStar L. Han	ell	TE	LEPHONE NO.:_	(432) 684-9696 x 253	
E-MAIL ADDRESS:sharrell@black	coakres.com				



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

Rustler Bluff CTB Well Data

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

rticle Number Fransfer from service lab 7009 3410 Form 3811, February 2004 Domestic		lancy F. Beard 826 Indian Road 'arlsbad, New Mexico 88220	that we can return the back of the mailpiece, on the front if space permits. ticle Addressed to:	DER: COMPLETE THIS SECTION Implete items 1, 2, and 3. Also complete am 4 if Restricted Delivery is desired. This your name and address on the reverse and to you.	Dinte. Blut	ticle Number 7009 3410 0000 ansfer from service label) 7009 3410 0000 Domestic Return Receipt	418 West Market ilver City, New Mexico 88061	ticle Addressed to:	em 4 if Restricted Delivery is desired. rint your name and address on the reverse that we can return the card to you. ttach this card to the back of the mailpiece, r on the front if space permits.	in the complete items 1, 2, and 3. Also complete
3410 0000 0957 5497 102595-02-M-1540	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type 1. CDB Dess Mail 1. Registered	D. Is delivery address different from item 1? \(\text{Yes} \) If YES, enter delivery laddress below: \(\text{No} \) No	Signature A. Signature A. Signature A. Signature C. Date of Delivery	力本十く井	0000 0957 5480 102595-02-M-1540	3. Service Type 3. Service Type 4. Certified Mail	If YES, enter delivery address below:	By Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery C. Date of Delivery	A Signature
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	Domestic Return Receipt 102595-02-M-1540	10 0000 0957 942b	4. Restricted Delivery? (Extra Fee) ☐ Yes	3. Service Type 3. Service Type ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	<u>`</u> \$ / ,	COMPLETE THIS SECTION ON DELIVERY A Signature	かま まつきまり	rn Receipt 102595-02-M-1540	0000 0957 9419	4. Restricted Delivery? (Extra Fee)	.3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	NOV 1 2 20	enter delivery address below:	d by (Printed Name) C. D	A. Signature A. Signature	COMPLETE THIS SECTION ON DELIVERY
		ōΙ	2. Article Number 7009 3410	Kussellville, Arkansas 72802		Article Addressed to:	ilpiece,	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	SENDER: COMPLETE THIS SECTION	PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number (Transfer from service label) 7009 3410	-	Scottsdale, Arizona 85253	Mary Owen Chiappetti 5341 North 68th Place	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 	SENDER: COMPLETE THIS SECTION
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ticle Addressed to: Cliff G. Currier O. O. Box 1813	It yes enter delivery address below: No	1. Article Addressed to: Michael C. Currier 1517 Vincental Control	s different from item 1?
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ancy T. Cutter and Allen M. Tonkin; Jr. o-Trustees of the Nancy P. Tonkin Rev. Tr. 524 Park Avenue SW	If YES, enter delivery address below: $Tr. \label{eq:Tr}$	Susan H. Dade 1102 West Orchard Lane	
Ibuquerque, NM 87104	3. Service Type Solution Mail	Carlsbad, NM 88220	3. Service Type ★D Certified Mail
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PS Form 3811, February 2004 Domestic R	2. Article Number 7009 3410	Charles Michael Farrell 119 Seabell Road Belen, NM 87002	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:	Ruth	2. Article Number 7 (Transfer from service label) PS Form 3811 February 2004	Bradley Hunter Farrell 1809 North Hollywood Way Burbank, California 91505	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
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orm 3811, February 2004 Domestic Return Receipt	ticle Number 7009 3410	uryn D. Farrell Turkey Canyon Road ırlsbad, NM 88221-9456	introcomplete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. Fint your name and address on the reverse of that we can return the card to you. Itach this card to the back of the mailpiece, ron the front if space permits. A. Signal	February 2004 Domestic Return		Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:
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PS Form 3811, February 2004 Domestic	2. Article Number 7009 :	Calvin Robert Graef III 8387 Briar Trace Way Castle Rock, Colorado 80108	Rustle Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.			Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Attach this card to your permits. Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery if YES, end
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PS Form 3811, February 2004	2. Article Number 7009	Wayne A. McCall 24400 Cleveland Paulden, Arizona 86334	Rust SENDER: COMPLETE IT/IS SIE Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. so that we can to the back of the malipiece, or on the front if space permits. 1. Article Addressed to:	2. Article Number 7 🗆 🖂 🗓 🤻 3 4 1 🗓 PS Form 3811, February 2004 Domestic Returns	8204 Quinauit Rous Blaine, Washington 98230	Donna McCall Eli	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
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	Frances Jane Owen		8975 Chimney Rock Road
If YES, enter delivery address below:		Tyler Trust	Tobey Osgood Trustee of the James L. and Mary E. Tyler Trust
D. Is delivery address different from item 1? ☐ Yes	d to:	If YES, enter delivery address below: \(\text{I No} \) 1.	. Article Addressed to:
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ansfer from service (abel) 7009 3410 0000 ansfer from service (abel) 7009 3410 0000	Hugh and Betty L. Hanagan P. O. Box 1737 Roswell, NM 88202	Rustle Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	rticle Number 7009 3410 0000 ransfer from service label) 7009 3410 0000 corm 3811, February 2004 Domestic Return Receipt	rren ong Street TX 76401	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Notath this card to the back of the mailpiece, or on the front if space permits.
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Domestic Re	Wayne S. Turner 200 Carnegie Brownwood, TX 76801	Rustlender Complete Italis 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. Anticle Addressed to:	(Transfer from service label) PS Form 3811, February 2004 Domestic F	Jenise Jensen P. O. Box 3201 Carlsbad, NM 88221	Examplete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.
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Form 3811, February 2004 Domestic Re	Article Number (Transfer from service label)	AM & T Resources, LLC D. O. Box 2473 Midland, TX 79702	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card *ha back of the mailpiece, or on the front if space permits.	Form 3811, February 2004 Domestic Return Receipt	2009	aula S. Campbell O. Box 1018 oswell, NM 88202	Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:
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102595-02-M-1540 PS Form 3811, February 2004 Domestic Return Receipt	ervice label) 7009	James O. Owen 3439 North Arrowhead San Bernadino, California 92405	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	Domest	U.LHE 6002	J. Hiram Moore, Ltd. P. O. Box 94077 Southlake, TX 76092	C. Date of Delivery ess different from item 1? Yes 1. Article Addressed to: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. C. Date of Delivery C. Date
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38 Form 3811, February 2004	2. Article Number (Transfer from service label)	raso Kobles, California 93446	Jim Tyler 324 Seventeenth Street	l. 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.
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