STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF MATADOR PRODUCTION COMPANY FOR A NON-STANDARD SPACING AND PRORATION UNIT, UNORTHODOX WELL LOCATION, AND COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

CASE NOS. 15478, 15479, and 15480

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Jordan L. Kessler, attorney in fact and authorized representative of Matador Production Company the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letters attached hereto.

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 13th day of April 2016 by Jordan L. Kessler.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/19

Notary Public

BEFORE THE OIL CONVERSATION DIVISION
Santa Fe, New Mexico
Exhibit No. 17
Submitted by: **Matador Production Co.**

HOLLAND&HART LLP

Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

March 25, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of Matador Production Company for a non-standard spacing and proration unit, unorthodox well location, and compulsory pooling, Lea County, New Mexico.
Mallon 27 Federal Com No. 1H Well

Ladies & Gentlemen:

This letter is to advise you that Matador Production Company has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on April 14, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases that intend to present evidence are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

HOLLAND&HART LLP

Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

March 25, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES AND OFFSETS

Re: Application of Matador Production Company for a non-standard spacing and proration unit, unorthodox well location, and compulsory pooling, Lea County, New Mexico.
Mallon 27 Federal Com No. 1H Well

This letter is to advise you that Matador Production Company has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application,* but as an affected interest owner, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on April 14, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases who intend to present evidence are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four business days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

POOLED PARTIES:

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

ExxonMobil Oil Corporation
810 Houston Street
Fort Worth, Texas 76102

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

Mobil E&P U.S. Development Corporation
810 Houston Street
Fort Worth, Texas 76102

Magnum Hunter Production, Inc. (Cimarex Energy Co.)
600 N. Marienfeld Street, Suite 600
Midland, Texas 79701

Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200
Tulsa, Oklahoma 74103

Alyce Kay Garrett
6607 FM 450 N
Longview, Texas 75606

Alyce Kay Garrett
P.O. Box 1632
Longview, Texas 75606

Alice Fay Sparks
6607 FM 450 N
Hallsville, Texas 77002-7342

Chevron U.S.A. Inc.
1400 Smith Street, Suite 3600
Houston, Texas 77002-7342

Grande Drilling Corporation
P.O. Box 219
Ruidoso, New Mexico 88355

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

Harle, Inc.
22230 SW Taylors Drive
Tualatin, Oregon 97062

Global Nevada-Galaxy, Inc.
5300 Memorial Drive, Suite 800
Houston, Texas 77007

Keith McKamey
6705 E. County Road 102
Midland, Texas 79706-4920

Janet Arnold
2110 W. Runyan Ave
Artesia, New Mexico 88210

Peggy Runyan
316 Bridgepoint Drive
Kingsland, Texas 77024

The Allar Company
735 Elm Street
Graham, Texas 76450-3018

The Mary E. Ashton Family Trust
1151 Sandman Road
Crescent City, California 95531

Vicky Moser
8301 Caprington Court
Cleburne, Texas 76033

Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133

Vicky Moser
6809 Running Deer Court
Granbury, Texas 76049

Twin Montana, Inc.
616 Fifth Street
Graham, Texas 76450

Talus, Inc.

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

616 Fifth Street
Graham, Texas 76450

Pro-Kem, Inc.
P.O. Box 1506
Lovington, New Mexico 88261

Pro-Kem, Inc.
1303 W. Ave N
Lovington, New Mexico 88260

James K. and Martha L. Lusk, Trustees of the James K. Lusk and Martha L. Lusk Trust
1807 Irving Street
Denver, Colorado 80204

Barbara C. Wilson
3817 Holly Ridge Drive
Longview, Texas 75605

HWC Investments C/O Lawrence A. Courington
251 Private Road 1490
Longview, Texas 75605-7138

HWC Investments C/O Gregory F. Courington
2325 Lakeshore Drive, Unit 1D
Hot Springs National Park, Arkansas 71313-5351

OFFSETS

BLM New Mexico State Office
301 Dinosaur Trail
Santa Fe, New Mexico 87502-0115

BURLINGTON RES OIL & GAS CO LP
PO BOX 51810
MIDLAND TX 797101810

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

EXXONMOBIL CORP
810 HOUSTON ST
FT WORTH TX 76102

EXXONMOBIL OIL CORP

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

810 HOUSTON ST
FORT WORTH TX 76102

LINN ENERGY HOLDINGS LLC
600 TRAVIS ST STE 5100
HOUSTON TX 77002

MAGNUM HUNTER PRODUCTION INC
202 S CHEYENNE AVE STE 1000
TULSA OK 74103

MOBIL E&P US DEVELOPMENT CORPORATION
810 HOUSTON ST
FT WORTH TX 76102

PENROC OIL CORP
PO BOX 5970
HOBBS NM 88241

XTO ENERGY INC
810 HOUSTON ST
FORT WORTH TX 76102

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

ENCANA OIL & GAS (USA) INC
370 17TH ST #1700
DENVER CO 80202

ARNOLD LARRY
PO BOX 2253
HOBBS NM 88241

BALOG FAMILY TRUST
PO BOX 111890
ANCHORAGE AK 99504

BALOG PETE T
PO BOX 111890
ANCHORAGE AK 99511

BELLAH CARROLL
218 S SEVENTH ST
LOVINGTON NM 88260

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

BLACK HILLS GAS RESOURCES INC
1515 WYNKOOP ST STE 500
DENVER CO 80202

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

CHEVRON USA INC
1400 SMITH ST
HOUSTON TX 77002

CIMAREX ENERGY CO OF COLORADO
600 N. Marienfeld Street, STE 600
Midland, Texas 79701

CLM PRODUCTION CO
PO BOX 881
ROSWELL NM 88202

CORRAL INC
PO BOX 2107
ROSWELL NM 88202

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

FASKEN OIL & RANCH LTD
6101 HOLIDAY RD
MIDLAND TX 79707

FEATHERSTONE ANGELA

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

PO BOX 429
ROSWELL NM 88202

FEATHERSTONE FARMS
6501 AMERICAS PKY NE
ALBUQUERQUE NM 87110

FEATHERSTONE OLEN F
PO BOX 429
ROSWELL NM 88202

FEATHERSTONE TRES
PO BOX 429
ROSWELL NM 88202

FIRST CENTURY OIL
PO BOX 1518
ROSWELL NM 88202

FLETCHER LOY G
PO BOX 852
ARTESIA NM 88210

FUEL PRODUCTS INC
BOX 3098
MIDLAND TX 79702

GALAXY OIL CO
4309 JACKSBORO HWY
WICHITA FALLS TX 76307

GALVEST INC
PO BOX 4682
HOUSTON TX 77210

GARDENIA INVESTMENTS LTD
PO BOX 11044
MIDLAND TX 79702

GOLDKING ENE CORP
777 WALKER #2450
HOUSTON TX 77002

GRANDE DRILLING CORP
PO BOX 219
RUIDOSO NM 88346

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

GREENBRIAR ENERGY LP IV
3000 RICHMOND # 550
HOUSTON TX 77098

GUY JAMES E
PO BOX 100
ARTESIA NM 88211

HANSEN LYNDA S
509 CARTER DR
ROSWELL NM 88201

HARLE INC
PO BOX 2608
ROSWELL NM 88202

HESS BLAINE
PO BOX 326
ROSWELL NM 88202

HICKS LIVING TRST
6212 OSUNA NE
ALBUQUERQUE NM 87109

HUNICUTT LARRY
PO BOX 326
ROSWELL NM 88202

JACKSON J T
PO BOX 100
ARTESIA NM 88210

KENNEDY OIL CO
BOX 47
MAYHILL NM 88339

KOLOB LLC
2720 SPRING CIR RD
HOLLADAY UT 84117

LOG PARTNERS
215 W 100 S
SALT LAKE CITY UT 84101

LOS SIETE EXPL INC

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

200 W 1ST ST #648
ROSWELL NM 88201

LOYD B R
2117 CANDELERO
SANTA FE NM 87505

LOYD R S
2117 CANDELERO
SANTA FE NM 87505

LUSK JAMES K
PO BOX 2043
ALBUQUERQUE NM 87103

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

MANZANO OIL CORP
PO BOX 2107
ROSWELL NM 88202

MCKAMEY KEITH E
116 W 1ST ST
ROSWELL NM 88201

MITCHELL STEPHEN
200 W 1ST ST #648
ROSWELL NM 88201

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

ATLANTIC RICHFIELD CO
PO BOX 2819
DALLAS TX 75221

CLARENCE HYDE ESTATE
PETROLEUM BLDG
FORT WORTH TX 75206

HYDE FRANCES W INC
PETROLEUM BLDG
FORT WORTH TX 75206

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 1H

HYDE OIL & GAS CORP
6300 RIDGLEA PL 1018
FORT WORTH TX 76116

KENT ROBERT W
PO BOX 630741
HOUSTON TX 77263

MERIT ENE MGT PARTNERS I LP
13727 NOEL RD #500
DALLAS TX 75240

MERIT ENERGY PTRS D-III LP
13727 NOEL RD #500
DALLAS TX 75240

MERIT ENERGY PTNRS III LP
13727 NOEL RD #500
DALLAS TX 75240

MONCRIEF MICHAEL J
777 TAYLOR #1030
FORT WORTH TX 76102

MONCRIEF R B
109 E 9TH ST
FORT WORTH TX 76102

PEAR RESOURCES
PO BOX 11044
MIDLAND TX 79702

W A MONCRIEF JR TRST
109 E 9TH ST
FORT WORTH TX 76102

7015 0640 0003 5400 3156

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- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Postage and Fees $
Sent To
Street and Apt. No.
City, State, ZIP+4®

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

Postmark Here
MAR 25 2016
SANTA FE, NM 87594

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

9590 9403 1012 5271 2639 48

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3156

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Postage and Fees $
Sent To
Street and Apt. No.
City, State, ZIP+4®

ExxonMobil Oil Corporation
810 Houston Street
Fort Worth, Texas 76102

Postmark Here
MAR 25 2016
SANTA FE, NM 87594

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ExxonMobil Oil Corporation
810 Houston Street
Fort Worth, Texas 76102

9590 9403 1012 5271 2639 31

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3163

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	
Sent	
Stree	
City,	

Postmark Here
MAR 25 2016

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3187

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MALLON 1H

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Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Tota	
Sent	
Stree	
City,	

Postmark Here

Mobil E&P U.S. Development
Corporation
810 Houston Street
Fort Worth, Texas 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

9590 9403 1012 5271 2639 24

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3170

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Mobil E&P U.S. Development
Corporation
810 Houston Street
Fort Worth, Texas 76102

9590 9403 1012 5271 2639 17

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3187

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

ricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Extra Services & Fees (check box, add fee as appropriate)
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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To

Street

City, State

Magnum Hunter Production, Inc.
(Cimarex Energy Co.)
600 N. Marienfeld Street
Suite 600
Midland, Texas 79701

MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Magnum Hunter Production, Inc.
(Cimarex Energy Co.)
600 N. Marienfeld Street
Suite 600
Midland, Texas 79701

9590 9403 1012 5271 2639 00

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3194

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Tuspl ☐ Agent ☐ Addressee

B. Received by (Printed Name) BONNIE TUSPL
C. Date of Delivery 3/28/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To

Street

City, State

Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200
Tulsa, Oklahoma 74103

MAR 25 2016
Postmark Here

PS Form

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200
Tulsa, Oklahoma 74103

9590 9403 1012 5271 2638 94

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3200

COMPLETE THIS SECTION ON DELIVERY

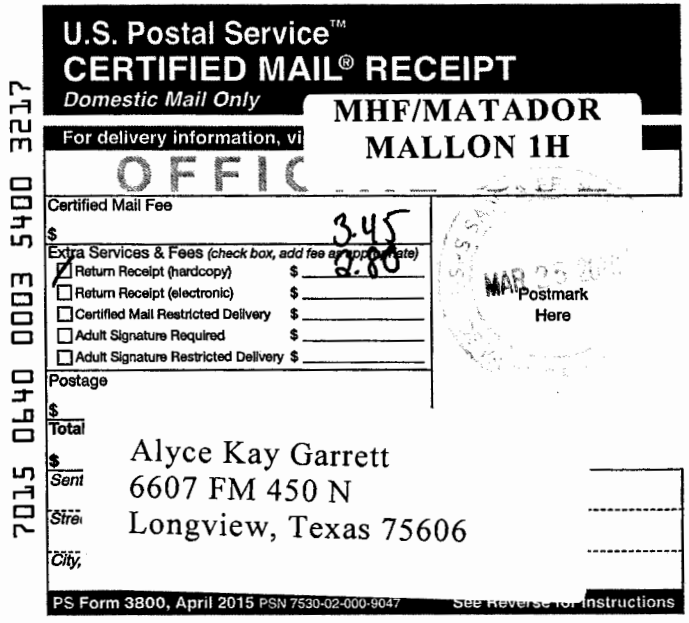
A. Signature
X PLSkidmore ☐ Agent ☐ Addressee

B. Received by (Printed Name) PLSkidmore
C. Date of Delivery 3-28-2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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MHF/MATADOR
MALLON 1H

For delivery information, vi

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent

Stre

City,

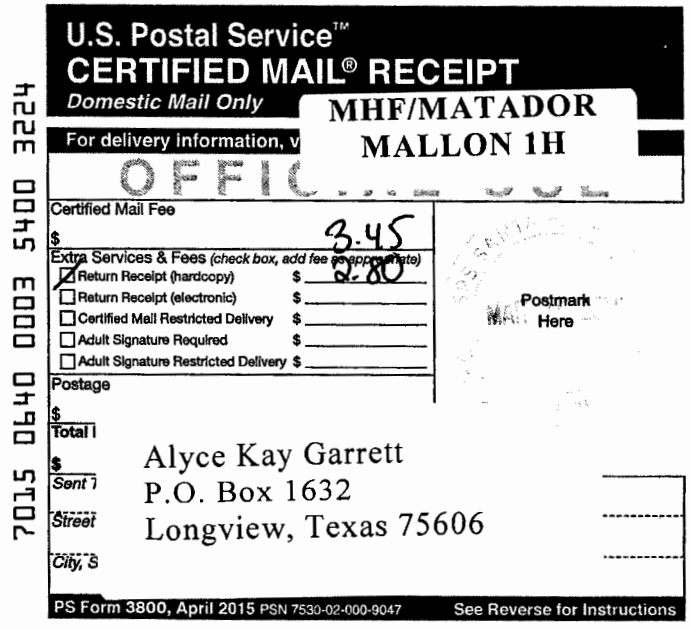
Postmark Here

MAR 25 2015

Alyce Kay Garrett
6607 FM 450 N
Longview, Texas 75606

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3217



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent

Street

City, S

Postmark Here

Alyce Kay Garrett
P.O. Box 1632
Longview, Texas 75606

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3224

RETURNED

7015 0640 0003 5400 3231

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MALLON 1H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Postage
$
Total P
$
Sent To
Street
City, St

Alice Fay Sparks
6607 FM 450 N
Hallsville, Texas 77002-7342

PS Form ... tructions

7015 0640 0003 5400 3248

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MALLON 1H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Postage
$
Total
$
Sent
Stree
City,

Chevron U.S.A. Inc.
1400 Smith Street, Suite 3600
Houston, Texas 77002-7342

PS Form ..., April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Chevron U.S.A. Inc.
1400 Smith Street, Suite 3600
Houston, Texas 77002-7342

9590 9403 1012 5271 2638 56

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 3248

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3255

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Tota

$

Sen

Stre

City,

Postmark Here

Grande Drilling Corporation
P.O. Box 219
Ruidoso, New Mexico 88355

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3262

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P

$

Sent T

Street

City, St

Postmark Here

Harle, Inc.
22230 SW Taylors Drive
Tualatin, Oregon 97062

PS For

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Grande Drilling Corporation
P.O. Box 219
Ruidoso, New Mexico 88355

9590 9403 1012 5271 2748 14

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3255

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

MAX LARSEN

C. Date of Delivery

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

MAR 29 2016

USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ed Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

RETURNED

7015 0640 0003 5400 3323

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit ou

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Postmark Here

Sent To: Global Nevada-Galaxy, Inc.
Street and: 5300 Memorial Drive
City, State: Suite 800
Houston, Texas 77007

PS Form [illegible] April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3330

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information,

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Postmark Here

Sent To: Keith McKamey
Street an: 6705 E. County Road 102
City, Stat: Midland, Texas 79706-4920

PS Form [illegible] April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 3347

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City,

Janet Arnold
2110 W. Runyan Ave
Artesia, New Mexico 88210

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3309

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit o

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total

$
Sent
Street
City, S

Peggy Runyan
316 Bridgepoint Drive
Kingsland, Texas 77024

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Janet Arnold
2110 W. Runyan Ave
Artesia, New Mexico 88210

9590 9403 1012 5271 2747 77

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3347

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janet Arnold ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3316

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFIC

MHF/MATADOR MALLON 1H

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	
Sent To	The Allar Company
Street an	735 Elm Street
City, Stat	Graham, Texas 76450-3018

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

The Allar Company
735 Elm Street
Graham, Texas 76450-3018

9590 9403 1012 5271 2747 53

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3316

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sheila Burt ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sheila Burt
C. Date of Delivery 3/30/14

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3279

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/MATADOR MALLON 1H

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Tota	
Sent	The Mary E. Ashton Family Trust
Stree	1151 Sandman Road
City,	Crescent City, California 95531

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

The Mary E. Ashton Family Trust
1151 Sandman Road
Crescent City, California 95531

9590 9403 1012 5271 2747 46

2. 7015 0640 0003 5400 3279

COMPLETE THIS SECTION ON DELIVERY

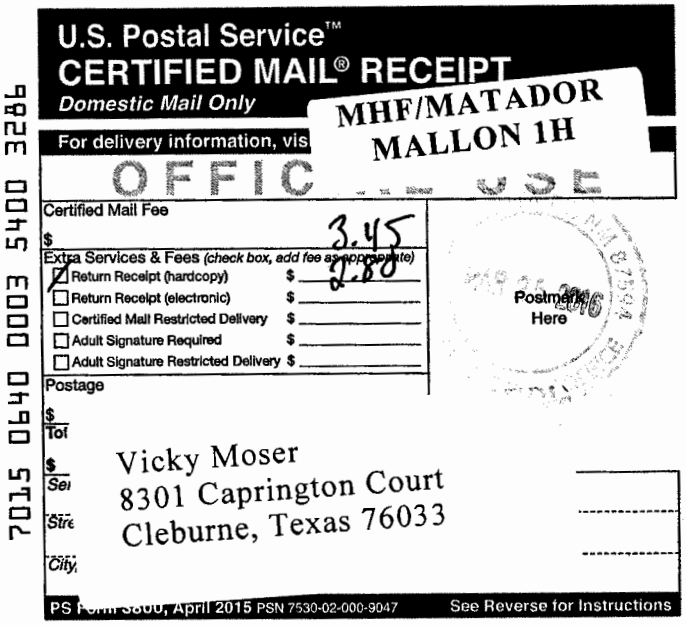
A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 3/29/16

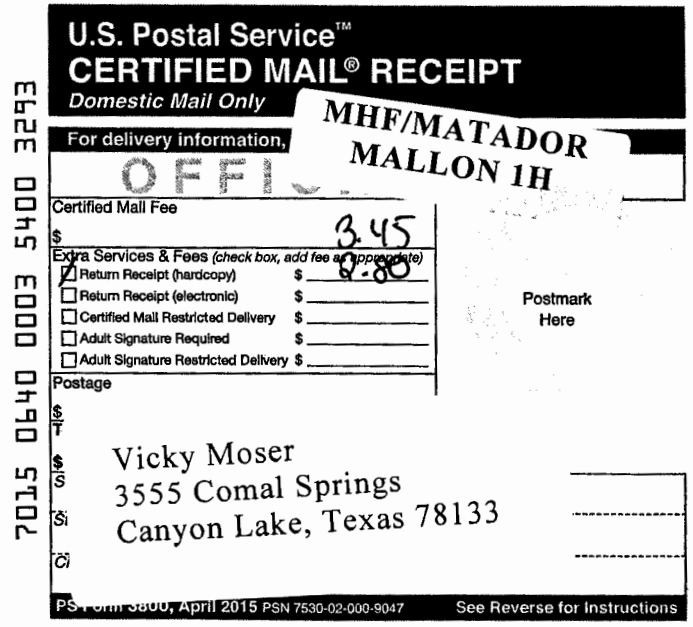
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



RETURNED



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7015 0640 0003 5400 3354

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Postmark Here

Vicky Moser
6809 Running Deer Court
Granbury, Texas 76049

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3361

U.S. Postal Service™
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MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Postmark 2016 Here

Twin Montana, Inc.
616 Fifth Street
Graham, Texas 76450

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Twin Montana, Inc.
616 Fifth Street
Graham, Texas 76450

9590 9403 1012 5271 2743 26

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3361

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Taylor Doyle
- [ ] Agent
- [ ] Addressee

B. Received by *(Printed Name)* Taylor Doyle
C. Date of Delivery 3/29/16

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Delivery Restricted Delivery
- [ ] ail
- [ ] ail Restricted Delivery (over $500)
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3378

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visi

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$
Sent T	
Street	
City, St	

Postmark Here
MAR 2 2016
POST OFFICE

Talus, Inc.
616 Fifth Street
Graham, Texas 76450

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Talus, Inc.
616 Fifth Street
Graham, Texas 76450

9590 9403 1012 5271 2743 19

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3378

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Taylor Doyle
C. Date of Delivery 3/29/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500) ricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3385

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit ou

OFFICI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Po	$
Sent To	
Street an	
City, Stat	

Postmark Here
2016
POST OFFICE

Pro-Kem, Inc.
P.O. Box 1506
Lovington, New Mexico 88261

PS Form See Reverse for Instructions

PLACE STICKER AT TOP OF EN
OF THE RETURN ADDRESS

SECTION

.2, and 3.
ame and address on the reverse
at 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:

Pro-Kem, Inc.
P.O. Box 1506
Lovington, New Mexico 88261

9590 9403 1012 5271 2743 02

2 Article Number (Transfer from service label)
7015 0640 0003 5400 3385

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

LOVINGTON NM 882
MAR 2 8
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500) Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Pc $

Sent To Pro-Kem, Inc.

Street a 1303 W. Ave N

City, Sta Lovington, New Mexico 88260

Postmark Here

MAR 25 2016

PS Form [illegible] April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3392

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Pc $

Sent To James K. and Martha L. Lusk,

Street a Trustees of the James K. Lusk and Martha L. Lusk Trust

City, Sta 1807 Irving Street, Denver, Colorado 80204

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3408

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Pro-Kem, Inc.
1303 W. Ave N
Lovington, New Mexico 88260

9590 9403 1012 5271 2742 96

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3392

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Chr
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) David Ch

C. Date of Delivery 3/28/16

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3415

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total P	
Sent To	Barbara C. Wilson
Street a	3817 Holly Ridge Drive
City, St	Longview, Texas 75605

Postmark Here

PS Form [illegible] PSN 7530-02-000-9047 See Reverse for Instructions

---

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Barbara C. Wilson
3817 Holly Ridge Drive
Longview, Texas 75605

9590 9403 1012 5271 2742 72

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3415

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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7015 0640 0003 5400 3422

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit our

OFFICI

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Posta	
Sent To	HWC Investments C/O
Street and A	Lawrence A. Courington
City, State,	251 Private Road 1490
	Longview, Texas 75605

MAR 2016 Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HWC Investments C/O
Lawrence A. Courington
251 Private Road 1490
Longview, Texas 75605

9590 9403 1012 5271 2742 65

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3422

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery
3-28-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3439

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, visit c

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
HWC Investments C/O Gregory F.
Courington
Street a
2325 Lakeshore Drive, Unit 1D
City, St
Hot Springs National Park, Arkansas 71313

MAR 25 2016
DEVARS POST OFFICE
Postmark Here

PS Form [illegible], April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HWC Investments C/O Gregory F.
Courington
2325 Lakeshore Drive, Unit 1D
Hot Springs National Park, Arkansas 71313

9590 9403 1012 5271 2742 58

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3439

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
3/30/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
2325 Lakeshore Dr
D-1
Hot Springs, AR 71913

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ [illegible]very Restricted Delivery
- [illegible]stricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7015 0640 0003 5400 3446

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, visit c
OFFIC

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Post $
Sent To
Street an
City, Stat

Postmark Here

BLM New Mexico State Office
301 Dinosaur Trail
Santa Fe, New Mexico 87502

PS Form 3800, April 2015 PSN 7530-02-000-9047 ...uctions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BLM New Mexico State Office
301 Dinosaur Trail
Santa Fe, New Mexico 87502

9590 9403 1012 5271 2742 41

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3446

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Valerie Chavez ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

...estricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2852

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, visit
OFFIC

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total
Sent
Street
City, S

Postmark Here

BURLINGTON RES OIL &
GAS CO LP
PO BOX 51810
MIDLAND TX 797101810

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BURLINGTON RES OIL &
GAS CO LP
PO BOX 51810
MIDLAND TX 797101810

9590 9403 1012 5271 2744 32

2. A...
7015 0640 0003 5400 2852

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Austin Barton ☑ Agent ☐ Addressee

B. Received by (Printed Name) Austin Barton C. Date of Delivery 3-29-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

...stricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2722

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Street a
City, St

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

Postmark Here
MAR 21 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

9590 9403 1012 5271 2637 64

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 2722

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Crites ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* M Crites C. Date of Delivery MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2883

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City,

EXXONMOBIL OIL CORP
810 HOUSTON ST
FORT WORTH TX 76102

Postmark Here
MAR 25 2016
POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EXXONMOBIL OIL CORP
810 HOUSTON ST
FORT WORTH TX 76102

9590 9403 1012 5271 2744 01

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 2883

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2876

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis
OFFIC

Certified Mail Fee	3.45
$	
Extra Services & Fees (check box, add fees as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
$	
Total P	
$	
Sent To	EXXONMOBIL CORP
Street a	810 HOUSTON ST
City, Sta	FT WORTH TX 76102

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EXXONMOBIL CORP
810 HOUSTON ST
FT WORTH TX 76102

9590 9403 1012 5271 2744 18

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2876

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2890

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis
OFFIC

Certified Mail Fee	3.45
$	
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
$	
Total Po	
$	
Sent To	LINN ENERGY HOLDINGS LLC
Street ar	600 TRAVIS ST
	STE 5100
City, Stai	HOUSTON TX 77002

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

LINN ENERGY HOLDINGS LLC
600 TRAVIS ST
STE 5100
HOUSTON TX 77002

9590 9403 1012 5271 2743 95

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2890

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2906

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visi

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pc	
Sent To	MAGNUM HUNTER PRODUCTION INC
Street ar	202 S CHEYENNE AVE STE 1000
City, Stat	TULSA OK 74103

MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2913

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total P	
Sent To	MOBIL E&P US DEVELOPMENT CORPORATION
Street a	810 HOUSTON ST
City, St	FT WORTH TX 76102

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MOBIL E&P US DEVELOPMENT
CORPORATION
810 HOUSTON ST
FT WORTH TX 76102

9590 9403 1012 5271 2743 71

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ d Mail
☐ d Mail Restricted Delivery
(500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2920

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City, S

PENROC OIL CORP
PO BOX 5970
HOBBS NM 88241

Postmark Here
MAR 2 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2937

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City, S

XTO ENERGY INC
810 HOUSTON ST
FORT WORTH TX 76102

Postmark Here
MAR 2 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

PENROC OIL CORP
PO BOX 5970
HOBBS NM 88241

9590 9403 1012 5271 2743 64

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 2920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
MAR 2 9 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

XTO ENERGY INC
810 HOUSTON ST
FORT WORTH TX 76102

9590 9403 1012 5271 2743 57

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 2937

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
MAR 2 8 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2944

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vi

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	
Sent	DEVON ENERGY PROD CO LP
Street	333 W SHERIDAN AVE
City,	OKLAHOMA CITY OK 73102

MAR 2016 Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8274

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Po	
Sent To	ENCANA OIL & GAS (USA) INC
Street ar	370 17TH ST #1700
City, Sta	DENVER CO 80202

MAR 25 2016 Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

9590 9403 1012 5271 2743 40

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2944

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Carrillo ☐ Agent ☐ Addressee

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

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

CENTER CITY STATION OKLAHOMA CITY, OK MAR 28 2016 USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

ENCANA OIL & GAS (USA) INC
370 17TH ST #1700
DENVER CO 80202

9590 9403 1012 5271 2745 24

2.
7015 0640 0003 5400 8274

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stefani Ne ☐ Agent ☐ Addressee

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

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

MAR 27 2016 DENVER, CO

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8281

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	

Postmark Here

Sent T
Street
City, S

ARNOLD LARRY
PO BOX 2253
HOBBS NM 88241

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8298

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	

Postmark Here

Sent T
Street
City, S

BALOG FAMILY TRUST
PO BOX 111890
ANCHORAGE AK 99504

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

ARNOLD LARRY
PO BOX 2253
HOBBS NM 88241

9590 9403 1012 5271 2745 17

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8281

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Arnold ☐ Agent ☐ Addressee

B. Received by (Printed Name) LONNIE ARNOLD C. Date of Delivery 7-30-15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BALOG FAMILY TRUST
PO BOX 111890
ANCHORAGE AK 99504

9590 9403 1012 5271 2745 00

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8298

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery MAR 29 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2531

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit
OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Post	$

Postmark Here

Sent To
Street and
City, State,

BALOG PETE T
PO BOX 111890
ANCHORAGE AK 99511

PS Form 3 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2548

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit
OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postag	$

Postmark Here
2016

Sent To
Street and A
City, State, Z

BELLAH CARROLL
218 S SEVENTH ST
LOVINGTON NM 88260

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BALOG PETE T
PO BOX 111890
ANCHORAGE AK 99511

9590 9403 1012 5271 2744 94

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 2531

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RO Rhom ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* D Rhom / Balog C. Date of Delivery

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

ANCHORAGE AK 995 29 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8250

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total P $

Sent To
BLACK HILLS GAS
RESOURCES INC

Street a
1515 WYNKOOP ST STE 500

City, St
DENVER CO 80202

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8267

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Po $

Sent To
CARGOIL & GAS CO LLC

Street ar
PO BOX 29450

City, Sta
SANTA FE NM 87592

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

9590 9403 1012 5271 2744 63

2 7015 0640 0003 5400 8267

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Veronica Sanchez ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8236

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visi

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pc	$

Postmark Here

Sent To
Street a
City, Sta

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

PS Form [illegible] See Reverse for Instructions

7015 0640 0003 5400 8229

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Po	$

Postmark Here

Sent To
Street ar
City, Stai

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

9590 9403 1012 5271 2744 56

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8236

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Verong Sanchez ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

9590 9403 1012 5271 2744 49

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8229

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

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

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

ROSWELL, NM MAR 28 2016 88201

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8243

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$

Sent T

Street

City, St

Postmark Here

CHEVRON USA INC
1400 SMITH ST
HOUSTON TX 77002

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CHEVRON USA INC
1400 SMITH ST
HOUSTON TX 77002

9590 9403 1012 5271 2746 30

2. Article Number (Transfer from

7015 0640 0003 5400 8243

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- elivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2951

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To

Street and

City, State

Postmark Here

CIMAREX ENERGY CO OF
COLORADO
600 N. Marienfeld Street, STE 600
Midland, Texas 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CIMAREX ENERGY CO OF
COLORADO
600 N. Marienfeld Street, STE 600
Midland, Texas 79701

9590 9403 1012 5271 2746 23

2. Article Number (Transfer from service label)

7015 0640 0003 5400 2951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna C Russell
☐ Agent
☐ Addressee

B. Received by (Printed Name) Donna C Russell C. Date of Delivery 3-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ail
- ail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2968

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total	$

Postmark Here

Sent To: CLM PRODUCTION CO
Street: PO BOX 881
City, S: ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CLM PRODUCTION CO
PO BOX 881
ROSWELL NM 88202

9590 9403 1012 5271 2746 16

2. Article Number (Transfer from service label) 7015 0640 0003 5400 2968

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John Mackey ☐ Agent ☐ Addressee

B. Received by (Printed Name) John Mackey C. Date of Delivery 3/30/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2975

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total	$

USPS SANTA FE, NM 87594 MAR 25 2016 Postmark Here POST OFFICE

Sent To: CORRAL INC
Street: PO BOX 2107
City, ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CORRAL INC
PO BOX 2107
ROSWELL NM 88202

9590 9403 1012 5271 2746 09

2. Article Number (Transfer from service label) 7015 0640 0003 5400 2975

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3/28/16

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

ROSWELL NM MAR 28 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2982

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit o

OFFIC

MHF/MATADOR MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To
Street an
City, Stat

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

9590 9403 1012 5271 2745 93

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2982

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Reyes S Duran — Agent ☐ Addressee

B. Received by (Printed Name) Reyes S Duran — C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2999

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFIC

MHF/MATADOR MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Tota
$
Sent
Stree
City,

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

Postmark Here MAR 25 2016

USPS SANTA FE NM 87594 DEVANNS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

Certified Mail®

SI

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

9590 9403 1012 5271 2745 86

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2999

A. Signature
X Harold W Evans — Agent ☐ Addressee

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

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

USPS 88210 ARTESIA NM

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3002

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

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

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage and Fees	
Sent To	FASKEN OIL & RANCH LTD
Street and Apt. No.	6101 HOLIDAY RD
City, State, ZIP+4®	MIDLAND TX 79707

Postmark Here
MAR 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FASKEN OIL & RANCH LTD
6101 HOLIDAY RD
MIDLAND TX 79707

9590 9403 1012 5271 2745 79

2 Article Number (Transfer from service label)
7015 0640 0003 5400 3002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cynthia Morne ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3019

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

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

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage and Fees	
Sent To	FEATHERSTONE ANGELA
Street and Apt. No.	PO BOX 429
City, State, ZIP+4®	ROSWELL NM 88202

Postmark Here
SANTA

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FEATHERSTONE ANGELA
PO BOX 429
ROSWELL NM 88202

9590 9403 1012 5271 2745 62

2 Article Number (Transfer from service label)
7015 0640 0003 5400 3019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jen Andazola ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jen Andazola C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3026

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
☑ Return Receipt (hardcopy) $ 2.30
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
Street and A
City, State,

FEATHERSTONE FARMS
6501 AMERICAS PKY NE
ALBUQUERQUE NM 87110

MAR 25 2016
Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3033

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
☑ Return Receipt (hardcopy) $ 2.30
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Street a
City, St

FEATHERSTONE OLEN F
PO BOX 429
ROSWELL NM 88202

Postmark
Here 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FEATHERSTONE OLEN F
PO BOX 429
ROSWELL NM 88202

9590 9403 1012 5271 2745 48

7015 0640 0003 5400 3033

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Andazola ☐ Agent ☐ Addressee

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

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

MAR 28 2016
ROSWELL NM

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Delivery Restricted Delivery
☐ il
☐ il Restricted Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3040

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit o

OFFICI

MHF/MATADOR MALLON 1H

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pc	$

MAR 25 2016
Postmark Here

Sent To FEATHERSTONE TRES
Street a PO BOX 429
City, Sta ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FEATHERSTONE TRES
PO BOX 429
ROSWELL NM 88202

9590 9403 1012 5271 2749 13

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Len Andazola ☐ Agent ☐ Addressee

B. Received by (Printed Name) Len Andazola C. Date of Delivery
MAR 25 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2555

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi

OFFIC

MHF/MATADOR MALLON 1H

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Tota	$

Postmark Here

Seni FIRST CENTURY OIL
Stre PO BOX 1518
City, ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FIRST CENTURY OIL
PO BOX 1518
ROSWELL NM 88202

9590 9403 1012 5271 2749 06

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2555

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2562

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Postage $

Tot $

Se

Str

Cit

FLETCHER LOY G
PO BOX 852
ARTESIA NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2579

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, vis

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Postage $

Total $

Sent

Stree

City,

FUEL PRODUCTS INC
BOX 3098
MIDLAND TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

ETE THIS SECTION ON DELIVERY

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

A. Signature
X Andrea Arndt ☐ Agent ☐ Addressee

B. Received by (Printed Name) Andrea Arndt C. Date of Delivery 3-27-16

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

MAR 28 2016

1. Article Addressed to:

FUEL PRODUCTS INC
BOX 3098
MIDLAND TX 79702

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

9590 9403 1012 5271 2747 08

2 7015 0640 0003 5400 2579

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2586

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit o

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To
Street ai
City, Sta

GALAXY OIL CO
4309 JACKSBORO HWY
WICHITA FALLS TX 76307

Postmark Here
MAR

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2593

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information,

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City,

GALVEST INC
PO BOX 4682
HOUSTON TX 77210

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GALVEST INC
PO BOX 4682
HOUSTON TX 77210

9590 9403 1012 5271 2746 85

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 2593

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Dorothy M. Lazard ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
MAR 29 2016

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

BARBARA JORDAN
USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2609

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, vi

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Tota $

Sen GARDENIA INVESTMENTS
Stre LTD
City, PO BOX 11044
MIDLAND TX 79702

Postmark Here

PS F ... April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2616

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pos $

Sent To GOLDKING ENE CORP
Street an 777 WALKER #2450
City, Stat HOUSTON TX 77002

Postmark Here MAR 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GARDENIA INVESTMENTS
LTD
PO BOX 11044
MIDLAND TX 79702

9590 9403 1012 5271 2746 78

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 2609

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. L. Jackson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
LaTunya Jackson 3-30-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

RETURNED

7015 0640 0003 5400 2623

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visi

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total P $

Sent To GRANDE DRILLING CORP
Street a PO BOX 219
City, Sta RUIDOSO NM 88346

MAR 25 2016
Postmark Here

PS For See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GRANDE DRILLING CORP
PO BOX 219
RUIDOSO NM 88346

9590 9403 1012 5271 2746 54

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2623

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2630

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total P $

Sent To GREENBRIAR ENERGY LP IV
Street a 3000 RICHMOND # 550
City, St HOUSTON TX 77098

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GREENBRIAR ENERGY LP IV
3000 RICHMOND # 550
HOUSTON TX 77098

9590 9403 1012 5271 2746 47

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2630

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rikki Poplin C. Date of Delivery 3-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2647

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visi

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$
Sent T	GUY JAMES E
Street	PO BOX 100
City, St	ARTESIA NM 88211

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GUY JAMES E
PO BOX 100
ARTESIA NM 88211

9590 9403 1012 5271 2749 37

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2647

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J T Jackson ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3057

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFICIAL

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pc	$
Sent To	HANSEN LYNDA S
Street a	509 CARTER DR
City, Sta	ROSWELL NM 88201

MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HANSEN LYNDA S
509 CARTER DR
ROSWELL NM 88201

9590 9403 1012 5271 2749 20

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynda S Hansen ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3064

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

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

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$

MAR 25 2016
Postmark Here

Sent To: HARLE INC
Street and Apt. No.: PO BOX 2608
City, State, ZIP+4®: ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3071

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

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

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$

MAR 25 2016
Postmark Here

Sent To: HESS BLAINE
Street and Apt. No.: PO BOX 326
City, State, ZIP+4®: ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HESS BLAINE
PO BOX 326
ROSWELL NM 88202

9590 9403 1012 5271 2748 83

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3071

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
P.O. BOX 326

MAR 28 2016
ROSWELL NM 88202

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☑ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3088

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total $

Postmark Here

Sent

Stree

City,

HICKS LIVING TRST
6212 OSUNA NE
ALBUQUERQUE NM 87109

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3095

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vi

OFFICIAL

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Pc $

Postmark Here

Sent To

Street a

City, St

HUNICUTT LARRY
PO BOX 326
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HUNICUTT LARRY
PO BOX 326
ROSWELL NM 88202

9590 9403 1012 5271 2748 69

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3095

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
Box 326

MAR 28 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ivery Restricted Delivery
- estricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3101

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail On

MHF/MATADOR
MALLON 1H

For delivery informa

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pr
$

Sent To
Street a
City, Sta

JACKSON J T
PO BOX 100
ARTESIA NM 88210

PS For

Postmark Here
MAY 2016

7015 0640 0003 5400 3118

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Street a
City, St

KENNEDY OIL CO
BOX 47
MAYHILL NM 88339

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

JACKSON J T
PO BOX 100
ARTESIA NM 88210

9590 9403 1012 5271 2748 52

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 3101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Jackson ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3125

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFICIAL

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pos	$

Postmark Here

Sent To
KOLOB LLC
Street and
2720 SPRING CIR RD
City, State
HOLLADAY UT 84117

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3132

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visi

OFFICIAL

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pos	$

Postmark Here

Sent To
LOG PARTNERS
Street and
215 W 100 S
City, State
SALT LAKE CITY UT 84101

PS Form ctions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

KOLOB LLC
2720 SPRING CIR RD
HOLLADAY UT 84117

9590 9403 1012 5271 2748 38

2. [illegible] 7015 0640 0003 5400 3125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☑ Agent
☐ Addressee

B. Received by (Printed Name) EDWARDS LUM
C. Date of Delivery 3-29-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

[illegible]stricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

RETURNED

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit o

OFFICI

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$

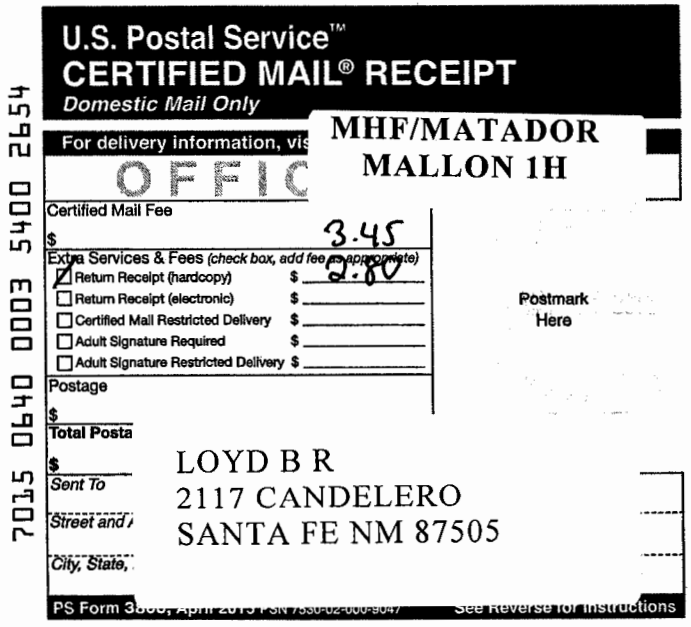
Sent T
Street
City, S

LOS SIETE EXPL INC
200 W 1ST ST #648
ROSWELL NM 88201

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3149



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
Street and
City, State,

LOYD B R
2117 CANDELERO
SANTA FE NM 87505

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2654

RETURNED

7015 0640 0003 5400 2661

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Pc
$

Postmark Here

Sent To LOYD R S
Street a 2117 CANDELERO
City, Sta SANTA FE NM 87505

PS Form

7015 0640 0003 5400 2678

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit OFFIC

MHF/MATADOR
MALLON 1H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

MAR 25 2016
Postmark Here

Sent To LUSK JAMES K
Street an PO BOX 2043
City, State ALBUQUERQUE NM 87103

PS Form See Reverse for Instructions

7015 0640 0003 5400 2685

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	

USPS SANTA FE NM 87504
MAR 25 2016
Postmark Here
POST OFFICE

Sent To M&W OF LOVINGTON INC
Street and PO BOX 922
City, State LOVINGTON NM 88260

PS Form [illegible] See Reverse for Instructions

7015 0640 0003 5400 2692

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visi

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Posta	

Postmark Here

Sent To MANZANO OIL CORP
Street and A PO BOX 2107
City, State, ROSWELL NM 88202

PS Form 38 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

9590 9403 1012 5271 2638 01

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2685

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MANZANO OIL CORP
PO BOX 2107
ROSWELL NM 88202

9590 9403 1012 5271 2637 95

2. 7015 0640 0003 5400 2692

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[illegible] 3/28/16

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

ROSWELL NM MAR 28 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2708

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, OFFICE USE

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pc $

Sent To MCKAMEY KEITH E

Street a 116 W 1ST ST

City, Sta ROSWELL NM 88201

MAR 25 2016

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 2715

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, v OFFICE USE

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total P $

Sent To MITCHELL STEPHEN

Street a 200 W 1ST ST #648

City, Sta ROSWELL NM 88201

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 2869

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, vis

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Street a
City, St

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2739

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information,

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

ATLANTIC RICHFIELD CO
PO BOX 2819
DALLAS TX 75221

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SEN ... THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

9590 9403 1012 5271 2744 25

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2869

A. Signature
X M Critt ☐ Addre

B. Received by (Printed Name) M Crites Date of Delive MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2746

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Postmark Here

CLARENCE HYDE ESTATE
PETROLEUM BLDG
FORT WORTH TX 75206

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2753

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Postmark Here

HYDE FRANCES W INC
PETROLEUM BLDG
FORT WORTH TX 75206

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2760

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

Postmark Here
MAR 25 2016

HYDE OIL & GAS CORP
6300 RIDGLEA PL 1018
FORT WORTH TX 76116

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2777

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

Postmark Here

KENT ROBERT W
PO BOX 630741
HOUSTON TX 77263

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 2784

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	

Postmark Here

To MERIT ENE MGT
PARTNERS I LP
Street 13727 NOEL RD #500
City, DALLAS TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MERIT ENE MGT
PARTNERS I LP
13727 NOEL RD #500
DALLAS TX 75240

9590 9403 1012 5271 2640 13

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2784

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2791

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	

Postmark Here

Sent To MERIT ENERGY PTRS D-III LP
Street 13727 NOEL RD #500
City, DALLAS TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MERIT ENERGY PTRS D-III LP
13727 NOEL RD #500
DALLAS TX 75240

9590 9403 1012 5271 2640 06

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2791

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2807

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit www.usps.com
OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total $

MAR 25 2016
Postmark Here

Sent To
Street and Apt. No.
City, State, ZIP+4®

MERIT ENERGY PTNRS III LP
13727 NOEL RD #500
DALLAS TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MERIT ENERGY PTNRS III LP
13727 NOEL RD #500
DALLAS TX 75240

9590 9403 1012 5271 2639 93

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2807

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Sadie McKinzie C. Date of Delivery 3/28/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2814

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, visit www.usps.com
OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total $

MAR 25 2016
Postmark Here

Sent To
Street and Apt. No.
City, State, ZIP+4®

MONCRIEF MICHAEL J
777 TAYLOR #1030
FORT WORTH TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MONCRIEF MICHAEL J
777 TAYLOR #1030
FORT WORTH TX 76102

9590 9403 1012 5271 2639 86

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2814

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Della Harper C. Date of Delivery 3/28

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2821

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, visit c
OFFIC

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Po $
Sent To
Street a
City, St

MAR 2
Postmark Here

MONCRIEF R B
109 E 9TH ST
FORT WORTH TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MONCRIEF R B
109 E 9TH ST
FORT WORTH TX 76102

9590 9403 1012 5271 2639 79

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2821

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Henry E. Stone ☑ Agent ☐ Addressee

B. Received by (Printed Name) Henry E. Stone
C. Date of Delivery 03-28-2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2838

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 1H

For delivery information, visi
OFFIC

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Pc $
Sent To
Street a
City, St

MAR 2 2016
Postmark Here

PEAR RESOURCES
PO BOX 11044
MIDLAND TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

PEAR RESOURCES
PO BOX 11044
MIDLAND TX 79702

9590 9403 1012 5271 2639 62

2. Article Number (Transfer from service label)
7015 0640 0003 5400 2838

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 3/30/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 2845

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 1H

For delivery information, v

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

MAR 25 2016
Postmark Here
POST OFFICE

To
$
Se
St
Ci

W A MONCRIEF JR TRST
109 E 9TH ST
FORT WORTH TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

HOLLAND&HART LLP

Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

March 25, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of Matador Production Company for a non-standard spacing and proration unit, unorthodox well location, and compulsory pooling, Lea County, New Mexico.
Mallon 27 Federal Com No. 2H Well

Ladies & Gentlemen:

This letter is to advise you that Matador Production Company has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on April 14, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases that intend to present evidence are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

HOLLAND&HART LLP

Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

March 25, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES AND OFFSETS

Re: Application of Matador Production Company for a non-standard spacing and proration unit, unorthodox well location, and compulsory pooling, Lea County, New Mexico.
Mallon 27 Federal Com No. 2H Well

This letter is to advise you that Matador Production Company has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application,* but as an affected interest owner, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on April 14, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases that intend to present evidence are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

POOLED PARTIES:

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

ExxonMobil Oil Corporation
810 Houston Street
Fort Worth, Texas 76102

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

Mobil E&P U.S. Development Corporation
810 Houston Street
Fort Worth, Texas 76102

Magnum Hunter Production, Inc. (Cimarex Energy Co.)
600 N. Marienfeld Street, Suite 600
Midland, Texas 79701

Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200
Tulsa, Oklahoma 74103

Alyce Kay Garrett
6607 FM 450 N
Longview, Texas 75606

Alyce Kay Garrett
P.O. Box 1632
Longview, Texas 75606

Alice Fay Sparks
6607 FM 450 N
Hallsville, Texas 77002-7342

Chevron U.S.A. Inc.
1400 Smith Street, Suite 3600
Houston, Texas 77002-7342

Grande Drilling Corporation
P.O. Box 219
Ruidoso, New Mexico 88355

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

Harle, Inc.
22230 SW Taylors Drive
Tualatin, Oregon 97062

Global Nevada-Galaxy, Inc.
5300 Memorial Drive, Suite 800
Houston, Texas 77007

Keith McKamey
6705 E. County Road 102
Midland, Texas 79706-4920

Janet Arnold
2110 W. Runyan Ave
Artesia, New Mexico 88210

Peggy Runyan
316 Bridgepoint Drive
Kingsland, Texas 77024

The Allar Company
735 Elm Street
Graham, Texas 76450-3018

The Mary E. Ashton Family Trust
1151 Sandman Road
Crescent City, California 95531

Vicky Moser
8301 Caprington Court
Cleburne, Texas 76033

Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133

Vicky Moser
6809 Running Deer Court
Granbury, Texas 76049

Twin Montana, Inc.
616 Fifth Street
Graham, Texas 76450

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

Talus, Inc.
616 Fifth Street
Graham, Texas 76450

Pro-Kem, Inc.
P.O. Box 1506
Lovington, New Mexico 88261

Pro-Kem, Inc.
1303 W. Ave N
Lovington, New Mexico 88260

James K. and Martha L. Lusk, Trustees of the James K. Lusk and Martha L. Lusk Trust
1807 Irving Street
Denver, Colorado 80204

Barbara C. Wilson
3817 Holly Ridge Drive
Longview, Texas 75605

HWC Investments C/O Lawrence A. Courington
251 Private Road 1490
Longview, Texas 75605-7138

HWC Investments C/O Gregory F. Courington
2325 Lakeshore Drive, Unit 1D
Hot Springs National Park, Arkansas 71313-5351

OFFSETS:

BLM New Mexico State Office
301 Dinosaur Trail
Santa Fe, New Mexico 87502-0115

ARNOLD LARRY
PO BOX 2253
HOBBS NM 88241

BALOG FAMILY TRUST
PO BOX 111890
ANCHORAGE AK 99504

BALOG PETE T
PO BOX 111890
ANCHORAGE AK 99511

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

BELLAH CARROLL
218 S SEVENTH ST
LOVINGTON NM 88260

BLACK HILLS GAS RESOURCES INC.
1515 WYNKOOP ST STE 500
DENVER CO 802022062

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

CHEVRON USA INC
1400 SMITH ST
HOUSTON TX 77002

CIMAREX ENERGY CO OF COLORADO
1700 LINCOLN ST STE 1800
DENVER CO 802034518

CLM PRODUCTION CO
PO BOX 881
ROSWELL NM 88202

CORRAL INC
PO BOX 2107
ROSWELL NM 88202

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

EXPLORERS PETRO CORP
PO BOX 1933
ROSWELL NM 88202

FASKEN OIL & RANCH LTD
6101 HOLIDAY RD
MIDLAND TX 79707

FEATHERSTONE ANGELA
PO BOX 429
ROSWELL NM 88202

FEATHERSTONE FARMS
6501 AMERICAS PKY NE
ALBUQUERQUE NM 87110

FEATHERSTONE OLEN F
PO BOX 429
ROSWELL NM 88202

FEATHERSTONE TRES
PO BOX 429
ROSWELL NM 88202

FIRST CENTURY OIL
PO BOX 1518
ROSWELL NM 88202

FLETCHER LOY G
PO BOX 852
ARTESIA NM 88210

FUEL PRODUCTS INC
BOX 3098
MIDLAND TX 79702

GALAXY OIL CO
4309 JACKSBORO HWY
WICHITA FALLS TX 76307

GALVEST INC

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

PO BOX 4682
HOUSTON TX 77210

GARDENIA INVESTMENTS LTD
PO BOX 11044
MIDLAND TX 79702

GOLDKING ENE CORP
777 WALKER #2450
HOUSTON TX 77002

GRANDE DRILLING CORP
PO BOX 219
RUIDOSO NM 88346

GREENBRIAR ENERGY LP IV
3000 RICHMOND # 550
HOUSTON TX 77098

GUY JAMES E
PO BOX 100
ARTESIA NM 88211

HANSEN LYNDA S
509 CARTER DR
ROSWELL NM 88201

HARLE INC
PO BOX 2608
ROSWELL NM 88202

HESS BLAINE
PO BOX 326
ROSWELL NM 88202

HICKS LIVING TRST
6212 OSUNA NE
ALBUQUERQUE NM 87109

HUNICUTT LARRY
PO BOX 326
ROSWELL NM 88202

JACKSON J T
PO BOX 100

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

ARTESIA NM 88210

KENNEDY OIL CO
BOX 47
MAYHILL NM 88339

KOLOB LLC
2720 SPRING CIR RD
HOLLADAY UT 84117

LOG PARTNERS
215 W 100 S
SALT LAKE CITY UT 84101

LOS SIETE EXPL INC
200 W 1ST ST #648
ROSWELL NM 88201

LOYD B R
2117 CANDELERO
SANTA FE NM 87505

LOYD R S
2117 CANDELERO
SANTA FE NM 87505

LUSK JAMES K
PO BOX 2043
ALBUQUERQUE NM 87103

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

MAGNUM HUNTER PRODUCTION INC.
600 N. MARIENFELD ST., STE 600
MIDLAND, TX 79701

MANZANO OIL CORP
PO BOX 2107
ROSWELL NM 88202

MCKAMEY KEITH E
116 W 1ST ST
ROSWELL NM 88201

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

MITCHELL STEPHEN
200 W 1ST ST #648
ROSWELL NM 88201

BURLINGTON RES OIL & GAS CO LP
PO BOX 51810
MIDLAND TX 79710

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

EXXONMOBIL CORP
810 HOUSTON ST
FT WORTH TX 76102

EXXONMOBIL OIL CORP
810 HOUSTON ST
FORT WORTH TX 76102

LINN ENERGY HOLDINGS LLC
600 TRAVIS ST STE 5100
HOUSTON TX 77002

MOBIL E&P US DEVELOPMENT CORPORATION
810 HOUSTON ST
FT WORTH TX 76102

PENROC OIL CORP
PO BOX 5970
HOBBS NM 88241

XTO ENERGY INC
810 HOUSTON ST
FORT WORTH TX 76102

ENCANA OIL & GAS (USA) INC
370 17TH ST #1700
DENVER CO 80202

ATLANTIC RICHFIELD CO
PO BOX 2819
DALLAS TX 75221

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

CLARENCE HYDE ESTATE
PETROLEUM BLDG
FORT WORTH TX 75206

HYDE FRANCES W INC
PETROLEUM BLDG
FORT WORTH TX 75206

HYDE OIL & GAS CORP
6300 RIDGLEA PL 1018
FORT WORTH TX 76116

KENT ROBERT W
PO BOX 630741
HOUSTON TX 77263

MERIT ENE MGT PARTNERS I LP
13727 NOEL RD #500
DALLAS TX 75240

MERIT ENERGY PTRS D-III LP
13727 NOEL RD #500
DALLAS TX 75240

MERIT ENERGY PTNRS III LP
13727 NOEL RD #500
DALLAS TX 75240

MONCRIEF MICHAEL J
777 TAYLOR #1030
FORT WORTH TX 76102

MONCRIEF R B
109 E 9TH ST
FORT WORTH TX 76102

PEAR RESOURCES
PO BOX 11044
MIDLAND TX 79702

W A MONCRIEF JR TRST
109 E 9TH ST
FORT WORTH TX 76102

BURLINGTON RES OG LP PTRRC

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 2H

3401 E 30TH ST
FARMINGTON NM 87402

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

7015 1730 0000 3819 6890

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total	$
Sent	
Street	
City,	

Postmark Here

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

PS Form [illegible] See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

9590 9403 1012 5271 2634 74

2. Article Number (Transfer from service label)
7015 1730 0000 3819 6890

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7727

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vis

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$
Sent To	
Street a	
City, Sta	

MAR

Postmark Here

ExxonMobil Oil Corporation
810 Houston Street
Fort Worth, Texas 76102

PS Form [illegible] See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

ExxonMobil Oil Corporation
810 Houston Street
Fort Worth, Texas 76102

9590 9403 1012 5271 2634 67

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7727

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7734

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit OFFIC

MHF/MATADOR MALLON 2H

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
Total Posta	$

Postmark Here

Sent To
Street and A
City, State,

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

9590 9403 1012 5271 2634 50

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7734

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 2 8 2015

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7741

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit OFFIC

MHF/MATADOR MALLON 2H

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
Total Pos	$

Postmark Here

Sent To
Street an
City, Stat

Mobil E&P U.S. Development Corporation
810 Houston Street
Fort Worth, Texas 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Mobil E&P U.S. Development Corporation
810 Houston Street
Fort Worth, Texas 76102

9590 9403 1012 5271 2634 43

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7741

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 2 8 2015

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7758

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To
Magnum Hunter Production, Inc.
(Cimarex Energy Co.)

Street an
600 N. Marienfeld Street
Suite 600

City, Stat
Midland, Texas 79701

Postmark Here
MAR 28 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7765

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200

Street a
Tulsa, Oklahoma 74103

City, St

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Magnum Hunter Production, Inc.
(Cimarex Energy Co.)
600 N. Marienfeld Street
Suite 600
Midland, Texas 79701

9590 9403 1012 5271 2634 36

2. Ar 7015 0640 0003 5400 7758

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ronnie Russell ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Ronnie Russell
C. Date of Delivery 3-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200
Tulsa, Oklahoma 74103

9590 9403 1012 5271 2634 29

(Transfer from service label) 7015 0640 0003 5400 7765

COMPLETE THIS SECTION ON DELIVERY

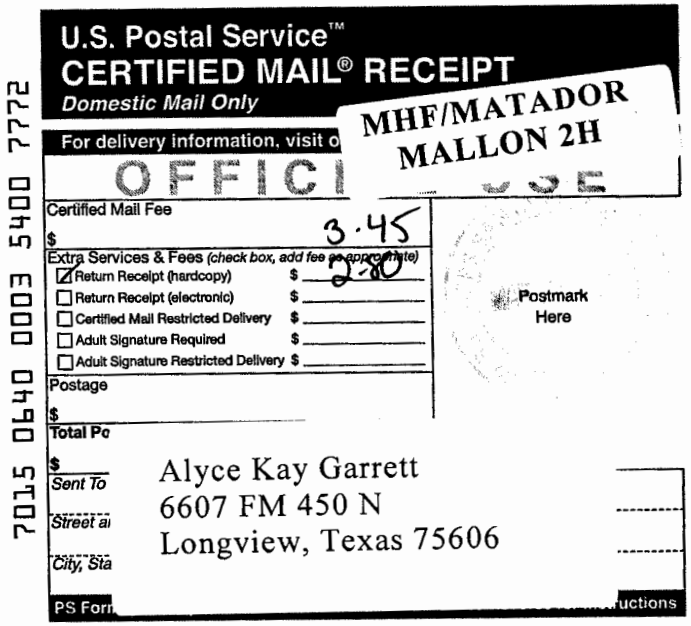
A. Signature
X [illegible] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* 3-28-2016
C. Date of Delivery 3-28-2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



RETURNED

RETURNED

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pr
$

Sent To
Street a
City, Sta

Alice Fay Sparks
6607 FM 450 N
Hallsville, Texas 77002-7342

PS Form

See Reverse for Instructions

7015 0640 0003 5400 7796

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Street
City, St

Chevron U.S.A. Inc.
1400 Smith Street, Suite 3600
Houston, Texas 77002-7342

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0003 5400 7802

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Alice Fay Sparks
6607 FM 450 N
Hallsville, Texas 77002-7342

9590 9403 1012 5271 2633 99

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7796

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Alyce Sparks

C. Date of Delivery
MAR 31 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7819

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFIC

MHF/MATADOR
MALLON 2H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

Postmark Here

MAY 25 2016

Grande Drilling Corporation
P.O. Box 219
Ruidoso, New Mexico 88355

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3590

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

OFFIC

MHF/MATADOR
MALLON 2H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

Postmark Here

MAY 25 2016

Harle, Inc.
22230 SW Taylors Drive
Tualatin, Oregon 97062

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Grande Drilling Corporation
P.O. Box 219
Ruidoso, New Mexico 88355

9590 9403 1012 5271 2635 80

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7819

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) Maxham Son
C. Date of Delivery 5-19-2016

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

estricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

RETURNED

RETURNED

7015 0640 0003 5400 3583

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Post
$
Sent To
Street and
City, State,

MAR 25 2016
Postmark Here

Global Nevada-Galaxy, Inc.
5300 Memorial Drive
Suite 800
Houston, Texas 77007

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3576

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Pos
$
Sent To
Street an
City, Stat

MAR 25 2016
Postmark Here

Keith McKamey
6705 E. County Road 102
Midland, Texas 79706-4920

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Keith McKamey
6705 E. County Road 102
Midland, Texas 79706-4920

9590 9403 1012 5271 2635 42

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3576

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kay McKamey ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kay McKamey C. Date of Delivery MAR 30 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Delivery Restricted Delivery
☐ Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3569

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit o

OFFICI

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	

USPS SANTA FE, NM 87504
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

Sent To: Janet Arnold
Street an: 2110 W. Runyan Ave
City, State: Artesia, New Mexico 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3606

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Post	

USPS SANTA FE, NM 87504
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

Sent To: Peggy Runyan
Street and: 316 Bridgepoint Drive
City, State: Kingsland, Texas 77024

PS Form 3

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Janet Arnold
2110 W. Runyan Ave
Artesia, New Mexico 88210

9590 9403 1012 5271 2635 35

2. Article Number *(Transfer from service label)*

7015 0640 0003 5400 3569

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janet Arnold ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3613

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Tot
$
Se
Stre
City

The Allar Company
735 Elm Street
Graham, Texas 76450-3018

SANTA FE, NM 87504
MAR 25 2016
Postmark Here
USPS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3620

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information,
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total
$
Sent
Stree
City,

The Mary E. Ashton Family
Trust
1151 Sandman Road
Crescent City, California
95531

SANTA FE, NM 87504
MAR 25 2016
Postmark Here
USPS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

The Allar Company
735 Elm Street
Graham, Texas 76450-3018

9590 9403 1012 5271 2635 11

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 3613

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sheila Burt ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Sheila Burt C. Date of Delivery 3/30/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

The Mary E. Ashton Family
Trust
1151 Sandman Road
Crescent City, California
95531

9590 9403 1012 5271 2635 04

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 3620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

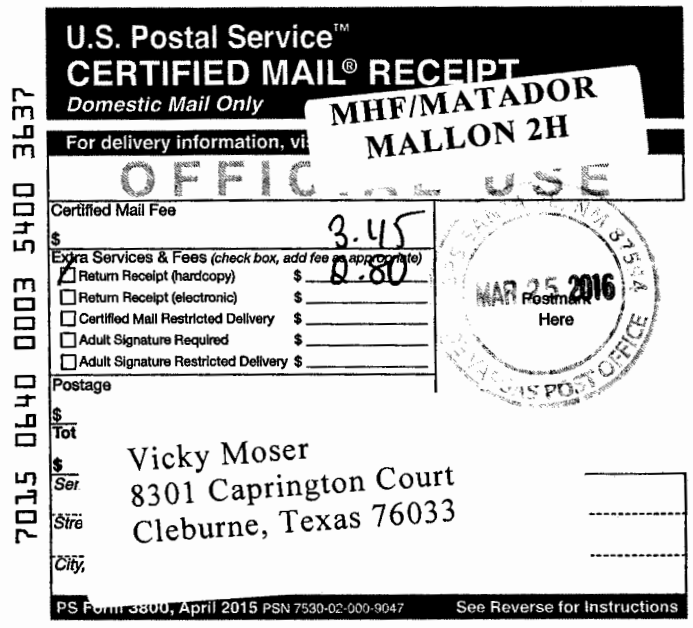
B. Received by *(Printed Name)* C. Date of Delivery 3/29/16

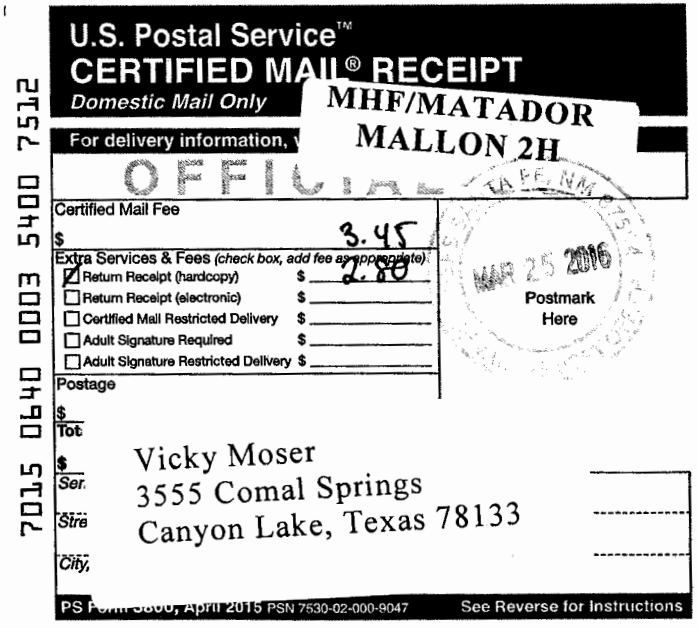
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

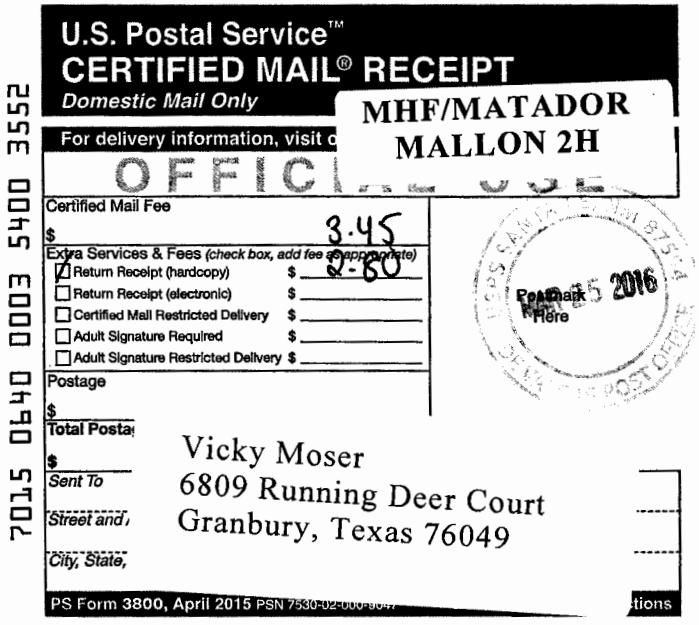
Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/MATADOR
MALLON 2H
For delivery information, vi
OFFIC USE
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Tot
$
Ser
Stre
City,
MAR 25 2016
Postmark
Here
Vicky Moser
8301 Caprington Court
Cleburne, Texas 76033
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0003 5400 3637


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/MATADOR
MALLON 2H
For delivery information,
OFFICIAL
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Tot
$
Ser.
Stre
City,
MAR 25 2016
Postmark
Here
Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0003 5400 7512

RETURNED



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit o

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.60
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
Street and
City, State,

Vicky Moser
6809 Running Deer Court
Granbury, Texas 76049

Postmark Here
MAY 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047

7015 0640 0003 5400 3552

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fees as appropriate)
☑ Return Receipt (hardcopy) $ 2.60
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street and
City, State

Twin Montana, Inc.
616 Fifth Street
Graham, Texas 76450

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3453

RETURNED

7015 0640 0003 5400 3743

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information, v

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$

Postmark Here
MAR 2016

Sent T
Talus, Inc.
Street 616 Fifth Street
Graham, Texas 76450
City, S

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3460

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information, v

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$

Postmark Here
2016

Sent T
Pro-Kem, Inc.
Street P.O. Box 1506
Lovington, New Mexico 88261
City, S

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Talus, Inc.
616 Fifth Street
Graham, Texas 76450

9590 9403 1012 5271 2633 51

2. Article Number
7015 0640 0003 5400 3743

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kacy Claybourn ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Pro-Kem, Inc.
P.O. Box 1506
Lovington, New Mexico 88261

9590 9403 1012 5271 2633 44

2. Article Number
7015 0640 0003 5400 3460

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sheila Lambert ☐ Agent ☐ Addressee

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

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

LOVINGTON, NM 88260

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3477

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vi

OFFICIAL

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Post	
Sent To	Pro-Kem, Inc.
Street and	1303 W. Ave N
City, State,	Lovington, New Mexico 88260

Postmark Here

MAR 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3484

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information,

OFFI

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	
Sent To	James K. and Martha L. Lusk, Trustees
Street an	of the James K. Lusk and Martha L.
	Lusk Trust
	1807 Irving Street
City, Stat	Denver, Colorado 80204

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Pro-Kem, Inc.
1303 W. Ave N
Lovington, New Mexico 88260

9590 9403 1012 5271 2633 37

2. A

7015 0640 0003 5400 3477

stricted Delivery
(over $500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Sha ☐ Agent ☐ Addressee

B. Received by (Printed Name) David Sha C. Date of Delivery 3/28/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3491

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To Barbara C. Wilson

Street and Apt. No., or PO Box No. 3817 Holly Ridge Drive

City, State, ZIP+4® Longview, Texas 75605

Postmark Here 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3507

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To HWC Investments C/O

Street and Apt. No., or PO Box No. Lawrence A. Courington
251 Private Road 1490

City, State, ZIP+4® Longview, Texas 75605-7138

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Barbara C. Wilson
3817 Holly Ridge Drive
Longview, Texas 75605

9590 9403 1012 5271 2633 13

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3491

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Barbara C. Wilson] C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HWC Investments C/O
Lawrence A. Courington
251 Private Road 1490
Longview, Texas 75605-7138

9590 9403 1012 5271 2633 06

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3507

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Courington C. Date of Delivery 3-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3514

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Post	$

Postmark Here

Sent To: HWC Investments C/O Gregory F. Courington
Street and: 2325 Lakeshore Drive, Unit 1D
City, State: Hot Springs National Park, Arkansas 71313

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SE... THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HWC Investments C/O Gregory F.
Courington
2325 Lakeshore Drive, Unit 1D
Hot Springs National Park, Arkansas 71313

9590 9403 1012 5271 2632 90

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 3514

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 3/30/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
2325 Lakeshore Dr
D-1
Lakeshore
Hot Springs, AR 71913

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☑ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
...tail	
...tail Restricted Delivery	
(over $500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3521

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To
BLM New Mexico State Office
Street 301 Dinosaur Trail
City, S Santa Fe, New Mexico 87502

Postmark Here
MAR 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BLM New Mexico State Office
301 Dinosaur Trail
Santa Fe, New Mexico 87502

9590 9403 1012 5271 2632 83

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3521

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Valorie Chavez ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3538

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To
ARNOLD LARRY
Street PO BOX 2253
City, S HOBBS NM 88241

Postmark Here

PS Form ... Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

ARNOLD LARRY
PO BOX 2253
HOBBS NM 88241

9590 9403 1012 5271 2632 76

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3538

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L. R. Arnold ☐ Agent ☐ Addressee

B. Received by (Printed Name) LONNIE ARNOLD C. Date of Delivery 7-6-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7826

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vis

OFFIC

Certified Mail Fee	3.45
$	
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
$	
Tota	
$	
Sent	
Stree	
City,	

Postmark Here

2016

BALOG FAMILY TRUST
PO BOX 111890
ANCHORAGE AK 99504

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BALOG FAMILY TRUST
PO BOX 111890
ANCHORAGE AK 99504

9590 9403 1012 5271 2632 69

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7826

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R J Rad ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
R J Kahn MAR 29 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7833

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFICIAL USE

Certified Mail Fee	3.45
$	
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
$	
Total Po	
$	
Sent To	
Street ar	
City, Stat	

Postmark Here

2016

BALOG PETE T
PO BOX 111890
ANCHORAGE AK 99511

PS Form See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BALOG PETE T
PO BOX 111890
ANCHORAGE AK 99511

9590 9403 1012 5271 2632 52

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7833

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R J Kahn ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
R J Kahn MAR 29 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7840

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postag	$

MAR 25 2016
Postmark Here

Sent To BELLAH CARROLL
Street and Ap 218 S SEVENTH ST
City, State, Z LOVINGTON NM 88260

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7857

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information,

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pc	$

MAR 25 2016
Postmark Here

Sent To BLACK HILLS GAS
Street a RESOURCES INC.
City, Sta 1515 WYNKOOP ST STE 500
DENVER CO 802022062

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

E ENVELOPE TO THE RIGHT

R: COMPLETE THIS SECTION

plete items 1, 2, and 3.
your name and address on the reverse
nat we can return the card to you.
ach this card to the back of the mailpiece,
on the front if space permits.

icle Addressed to:

BLACK HILLS GAS
RESOURCES INC.
515 WYNKOOP ST STE 500
DENVER CO 802022062

9590 9403 1012 5271 2632 38

2. Article Number (Transfer from
7015 0640 0003 5400 7857

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Delivery Restricted Delivery
☐ Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7864

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vis

OFFIC USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To

Street and

City, State,

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

9590 9403 1012 5271 2632 21

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 7864

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Veroniz Sanchez ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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7015 0640 0003 5400 7871

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFIC USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To

Street and A

City, State, 2

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

9590 9403 1012 5271 2632 14

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 7871

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Veroniz Sanchez ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7888

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information,

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Total P

Sent To

Street a

City, St

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

USPS SANTA FE, NM 87504
MAR 25 2016 Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7895

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vis

OFFICIAL

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Total P

Sent To

Street a

City, St

CHEVRON USA INC
1400 SMITH ST
HOUSTON TX 77002

USPS SANTA FE, NM 87504
MAR 25 2016 Postmark Here
DEVARGAS POST OFFICE

PS Form See Reverse for Instructions

PLACE STICKER AT TOP OF THE ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

9590 9403 1012 5271 2632 07

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 7888

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S H Cavin ☐ Agent ☑ Addressee

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

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

ROSWELL, NM MAR 28 2016 88201

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF THE ENVELOPE TO THE RIGHT FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CHEVRON USA INC
1400 SMITH ST
HOUSTON TX 77002

9590 9403 1012 5271 2631 91

2.
7015 0640 0003 5400 7895

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7901

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information, vis
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pc $

Sent To
Street a
City, St

CIMAREX ENERGY CO OF
COLORADO
1700 LINCOLN ST STE 1800
DENVER CO 802034518

Postmark Here
MAR 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CIMAREX ENERGY CO OF
COLORADO
1700 LINCOLN ST STE 1800
DENVER CO 802034518

9590 9403 1012 5271 2631 84

2 Article Number *(Transfer from service label)*
7015 0640 0003 5400 7901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RECEIVED ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500) Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7918

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information, vis
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Tota $

Sen
Stre
City

CLM PRODUCTION CO
PO BOX 881
ROSWELL NM 88202

Postmark Here
MAR 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CLM PRODUCTION CO
PO BOX 881
ROSWELL NM 88202

9590 9403 1012 5271 2630 78

2 Article Number *(Transfer from service label)*
7015 0640 0003 5400 7918

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3736

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total P	
Sent To	CORRAL INC
Street a	PO BOX 2107
City, Sta	ROSWELL NM 88202

SANTA FE, NM 87501 MAR 25 2016 Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CORRAL INC
PO BOX 2107
ROSWELL NM 88202

9590 9403 1012 5271 2630 61

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3736

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3/28/16

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

ROSWELL NM MAR 28 2016

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☑ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3729

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	
Sent	DEVON ENERGY PROD CO LP
Stree	333 W SHERIDAN AVE
City,	OKLAHOMA CITY OK 73102

SANTA FE, NM 87501 MAR 25 2016 Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

9590 9403 1012 5271 2630 54

2. Article Number (Transfer from service label)

7015 0640 0003 5400 3729

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

CENTER CITY PHILADELPHIA PA MAR 28 2016

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☑ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3712

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vis
OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$
Sent To	
Street	
City, St	

MAR 25 2016
Postmark Here

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3705

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit
OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Tota	$
Sen	
Stre	
City,	

Postmark Here

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

PS See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

9590 9403 1012 5271 2630 47

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3712

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

9590 9403 1012 5271 2630 30

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Harold W Evans ☐ Agent ☐ Addressee

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

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

USPS 88210 ARTESIA NM

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3699

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vi

OFFICIAL

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pos $

Sent To EXPLORERS PETRO CORP

Street an PO BOX 1933

City, Stat ROSWELL NM 88202

Postmark Here
MAR 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 3682

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information,

OFFICIAL

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Tota $

Sen FASKEN OIL & RANCH LTD

Stre 6101 HOLIDAY RD

City, MIDLAND TX 79707

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EXPLORERS PETRO CORP
PO BOX 1933
ROSWELL NM 88202

9590 9403 1012 5271 2742 34

2. Artic 7015 0640 0003 5400 3699

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J M Saunders ☐ Agent ☐ Addressee

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

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

MAR 28 2016
88201

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPL E THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FASKEN OIL & RANCH LTD
6101 HOLIDAY RD
MIDLAND TX 79707

9590 9403 1012 5271 2742 27

2. Article Number (Transfer from service label) 7015 0640 0003 5400 3682

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cynthia Moreno ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3675

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total P

Postmark Here

$
Sent To FEATHERSTONE ANGELA
Street ar PO BOX 429
City, Sta ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 3668

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information,

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Post

Postmark Here

$
Sent To FEATHERSTONE FARMS
Street and 6501 AMERICAS PKY NE
City, State ALBUQUERQUE NM 87110

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 3651

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery informatio

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$

Sent T

Street

City, St

Postmark Here 2016

FEATHERSTONE OLEN F
PO BOX 429
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

FEATHERSTONE OLEN F
PO BOX 429
ROSWELL NM 88202

9590 9403 1012 5271 2749 82

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3651

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Andazola ☐ Agent ☐ Addressee

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

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

MAR 28 2016 ROSWELL NM

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 3644

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

To
$

Si

Si

C

Postmark Here 2016

FEATHERSTONE TRES
PO BOX 429
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FEATHERSTONE TRES
PO BOX 429
ROSWELL NM 88202

9590 9403 1012 5271 2749 75

2. Article Number (Transfer from service label)
7015 0640 0003 5400 3644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Andazola ☐ Agent ☐ Addressee

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

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

MAR 28 2016 ROSWELL NM

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8137

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$

Postmark Here

Sent T
Street
City, S

FIRST CENTURY OIL
PO BOX 1518
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8120

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Post	$

Postmark Here

Sent To
Street and
City, State,

FLETCHER LOY G
PO BOX 852
ARTESIA NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FIRST CENTURY OIL
PO BOX 1518
ROSWELL NM 88202

9590 9403 1012 5271 2749 68

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
MAR 29 2016

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

88201

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

tricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8144

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/MATADOR
MALLON 2H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Po $

Sent To FUEL PRODUCTS INC
Street an BOX 3098
City, Stat MIDLAND TX 79702

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8151

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/MATADOR
MALLON 2H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Po $

Sent To GALAXY OIL CO
Street a 4309 JACKSBORO HWY
City, Sta WICHITA FALLS TX 76307

MAR 25 2016

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FUEL PRODUCTS INC
BOX 3098
MIDLAND TX 79702

9590 9403 1012 5271 2749 44

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8144

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Andrea Alvarez
- [ ] Agent
- [ ] Addressee

B. Received by (Printed Name) Andrea Alvarez
C. Date of Delivery 3-27-16

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

MAR 28 2016

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

tricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8168

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit o

OFFICI

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	
Sent To	GALVEST INC
Street an	PO BOX 4682
City, Sta	HOUSTON TX 77210

MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GALVEST INC
PO BOX 4682
HOUSTON TX 77210

9590 9403 1012 5271 2636 72

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8168

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dorothy M.Lazar

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
MAR 29 2016

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

BARBARA JORDAN
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8175

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information,

OFFI

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	
Sent To	GARDENIA INVESTMENTS
Street an	LTD
	PO BOX 11044
City, Stat	MIDLAND TX 79702

MAR 2
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GARDENIA INVESTMENTS
LTD
PO BOX 11044
MIDLAND TX 79702

9590 9403 1012 5271 2636 65

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8175

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☑ Agent
☐ Addressee

B. Received by *(Printed Name)*
JoAnn Jackson

C. Date of Delivery
3/30/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8182

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery informati

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total P $

Sent To GOLDKING ENE CORP
Street a 777 WALKER #2450
City, Stat HOUSTON TX 77002

Postmark Here MAR 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8199

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total F $

Sent T GRANDE DRILLING CORP
Street PO BOX 219
City, St RUIDOSO NM 88346

Postmark Here MAR

PS For 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GRANDE DRILLING CORP
PO BOX 219
RUIDOSO NM 88346

9590 9403 1012 5271 2636 41

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8199

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

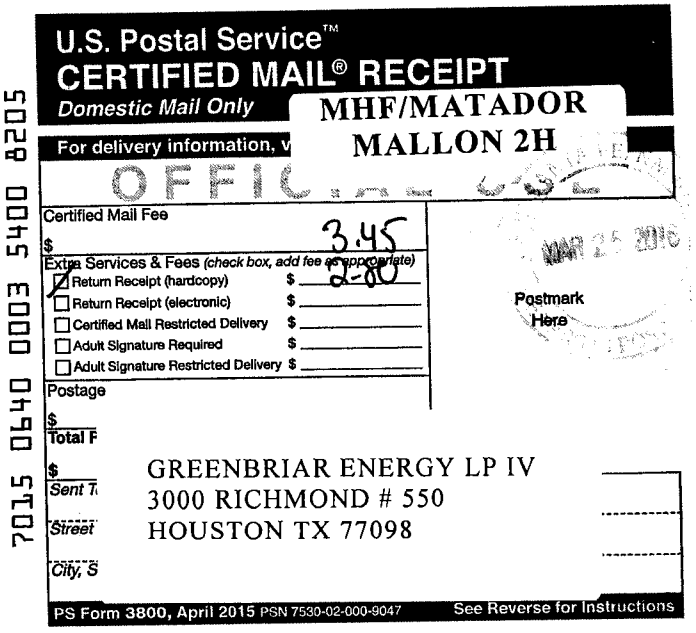
B. Received by (Printed Name) MAX ACOSTA
C. Date of Delivery

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

APR – 4 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total F

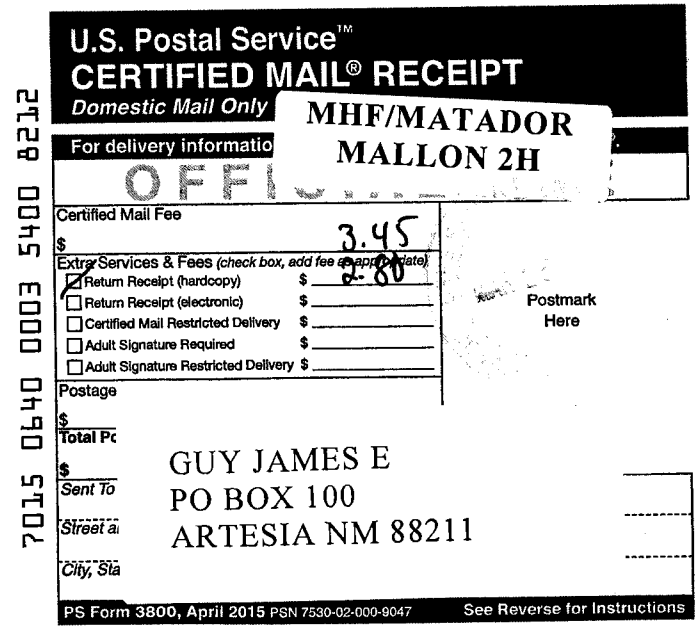
Postmark Here

$
Sent T
Street
City, S

GREENBRIAR ENERGY LP IV
3000 RICHMOND # 550
HOUSTON TX 77098

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8205



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery informatio

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pc

Postmark Here

$
Sent To
Street a
City, Sta

GUY JAMES E
PO BOX 100
ARTESIA NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8212

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GREENBRIAR ENERGY LP IV
3000 RICHMOND # 550
HOUSTON TX 77098

9590 9403 1012 5271 2636 34

2 Article Number (Transfer from service label)
7015 0640 0003 5400 8205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rikki Popkin
C. Date of Delivery 3-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GUY JAMES E
PO BOX 100
ARTESIA NM 88211

9590 9403 1012 5271 2636 27

2 Article Number (Transfer from service label)
7015 0640 0003 5400 8212

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7529

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$

Sent T

Street

City, S

HANSEN LYNDA S
509 CARTER DR
ROSWELL NM 88201

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7536

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$

Sent To

Street

City, St

HARLE INC
PO BOX 2608
ROSWELL NM 88202

USPS SANTA FE NM 87594
MAR 25 2016
Postmark Here
POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HANSEN LYNDA S
509 CARTER DR
ROSWELL NM 88201

9590 9403 1012 5271 2636 10

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7529

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynda S Hansen ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

Domestic Return Receipt

RETURNED

7015 0640 0003 5400 7543

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To HESS BLAINE
Street and, PO BOX 326
City, State, ROSWELL NM 88202

Postmark Here
MAR 25 2016
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7550

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To HICKS LIVING TRST
Street an 6212 OSUNA NE
City, Stat ALBUQUERQUE NM 87109

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HESS BLAINE
PO BOX 326
ROSWELL NM 88202

9590 9403 1012 5271 2635 97

2 Article Number (Transfer from service label)
7015 0640 0003 5400 7543

RUSWELL NM MAR 28 2016 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
P.O. BOX 326

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

RETURNED

7015 0640 0003 5400 7567

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information, vis

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pc	$

MAR 25 2016 Postmark Here

Sent To HUNICUTT LARRY
Street ar PO BOX 326
City, Stat ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7574

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Posi	$

MAR 25 2016 Postmark Here

Sent To JACKSON J T
Street anc PO BOX 100
City, Stat ARTESIA NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HUNICUTT LARRY
PO BOX 326
ROSWELL NM 88202

9590 9403 1012 5271 2641 81

2. A 7015 0640 0003 5400 7567

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
Box 326

MAR 28 2016 USPS ROSWELL NM 88201

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

stricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

JACKSON J T
PO BOX 100
ARTESIA NM 88210

9590 9403 1012 5271 2641 74

2. 7015 0640 0003 5400 7574

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) J T Jackson — C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
livery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7581

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Po	$

Postmark Here

Sent To KENNEDY OIL CO
Street a BOX 47
City, St MAYHILL NM 88339

PS Form 3800, April 2015 PSN [illegible] ructions

7015 0640 0003 5400 7598

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total I	$

Postmark Here

Sent T KOLOB LLC
Street 2720 SPRING CIR RD
City, St HOLLADAY UT 84117

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

KOLOB LLC
2720 SPRING CIR RD
HOLLADAY UT 84117

9590 9403 1012 5271 2637 40

7015 0640 0003 5400 7598

COMPLETE THIS SECTION ON DELIVERY

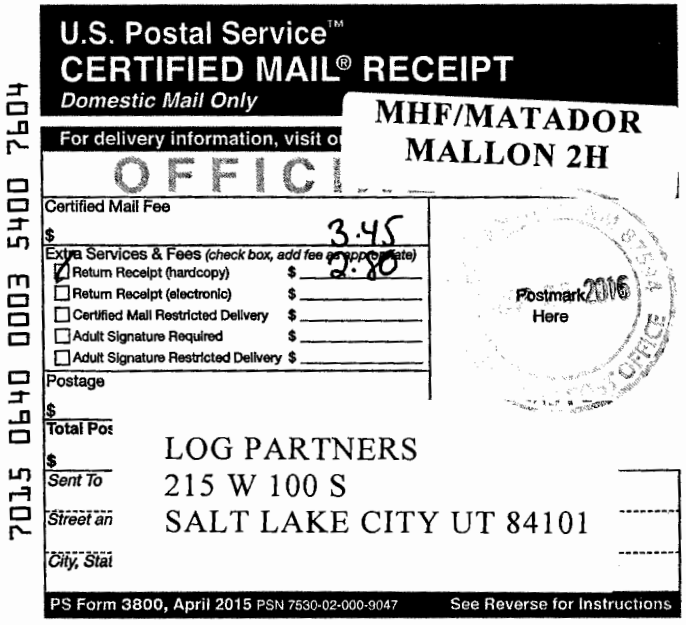
A. Signature
X Edward Lunt ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* EDWARD Lunt
C. Date of Delivery 3-29-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ [illegible] Delivery
- ☐ [illegible] Delivery Restricted Delivery
- ☐ [illegible]ail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit o
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Total Pos
$
Sent To
Street an
City, Stat

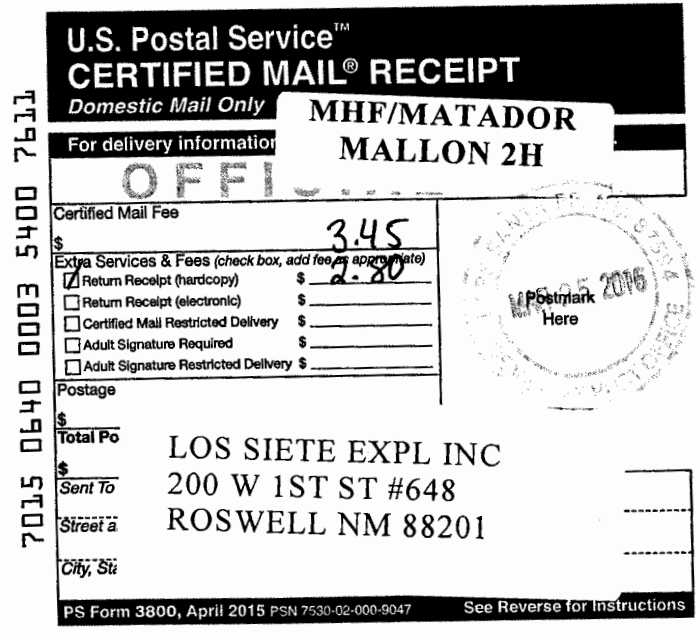
Postmark 2016
Here

LOG PARTNERS
215 W 100 S
SALT LAKE CITY UT 84101

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7604

RETURNED



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Total Po
$
Sent To
Street a
City, St

Postmark 2016
Here

LOS SIETE EXPL INC
200 W 1ST ST #648
ROSWELL NM 88201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7611

RETURNED

7015 0640 0003 5400 7628

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information,

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Postmark Here

Sent To LOYD B R
Street a 2117 CANDELERO
City, Sta SANTA FE NM 87505

PS For uctions

7015 0640 0003 5400 7635

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information,

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

MAR 25 2016
Postmark Here

Sent To LOYD R S
Street an 2117 CANDELERO
City, Stat SANTA FE NM 87505

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7642

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
LUSK JAMES K

Street and
PO BOX 2043

City, State,
ALBUQUERQUE NM 87103

Postmark Here
MAR 25 2016
POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7659

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Tot
$

Ser
M&W OF LOVINGTON INC

Stre
PO BOX 922

City
LOVINGTON NM 88260

Postmark Here
MAR 25 2016
POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7666

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery informat

OFF

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
$ Total P	
$ Sent T	
Street	
City, S	

Postmark Here

MAGNUM HUNTER
PRODUCTION INC.
600 N. MARIENFELD ST., STE 600
MIDLAND, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MAGNUM HUNTER
PRODUCTION INC.
600 N. MARIENFELD ST., STE 600
MIDLAND, TX 79701

9590 9403 1012 5271 2630 23

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 7666

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donnie Kellum ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Donnie Kellum C. Date of Delivery 3-28-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7673

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery informatic

OFF

Certified Mail Fee	$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
$ Tota	
$ Sen	
Stre	
City,	

Postmark Here

MANZANO OIL CORP
PO BOX 2107
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MANZANO OIL CORP
PO BOX 2107
ROSWELL NM 88202

9590 9403 1012 5271 2630 16

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 7673

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 3/28/16

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

ROSWELL NM MAR 28 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total P $

Sent To MCKAMEY KEITH E

Street a 116 W 1ST ST

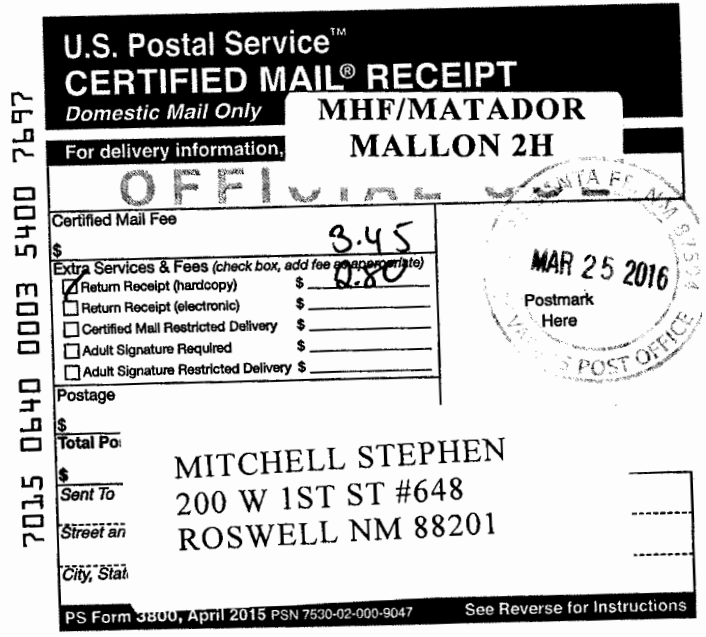
City, St ROSWELL NM 88201

MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7680

RETURNED



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Po $

Sent To MITCHELL STEPHEN

Street an 200 W 1ST ST #648

City, Stat ROSWELL NM 88201

MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7697

RETURNED

7015 0640 0003 5400 7703

U.S. Postal Service™
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MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To BURLINGTON RES OIL & GAS CO LP

Street and Apt. No., or PO Box No. PO BOX 51810

City, State, ZIP+4® MIDLAND TX 79710

USPS SANTA FE NM 87504
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BURLINGTON RES OIL & GAS CO LP
PO BOX 51810
MIDLAND TX 79710

9590 9403 1012 5271 2629 89

2. Article Number (Transfer from service label) 7015 0640 0003 5400 7703

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Austin Barton ☐ Agent ☐ Addressee

B. Received by (Printed Name) Austin Barton C. Date of Delivery 3-29-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1730 0000 3819 6883

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To EOG RESOURCES INC

Street and Apt. No., or PO Box No. PO BOX 4362

City, State, ZIP+4® HOUSTON TX 77210

USPS SANTA FE NM 87504
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

9590 9403 1012 5271 2745 31

2. Article Number (Transfer from service label) 7015 1730 0000 3819 6883

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Crites ☐ Agent ☐ Addressee

B. Received by (Printed Name) M Crites C. Date of Delivery MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8038

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

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

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$
Sent To	EXXONMOBIL OIL CORP
Street and Apt. No., or PO Box No.	810 HOUSTON ST
City, State, ZIP+4®	FORT WORTH TX 76102

Postmark Here
MAR 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EXXONMOBIL OIL CORP
810 HOUSTON ST
FORT WORTH TX 76102

9590 9403 1012 5271 2631 53

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8038

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8021

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

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

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$
Sent To	EXXONMOBIL CORP
Street and Apt. No., or PO Box No.	810 HOUSTON ST
City, State, ZIP+4®	FT WORTH TX 76102

Postmark Here
MAR 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EXXONMOBIL CORP
810 HOUSTON ST
FT WORTH TX 76102

9590 9403 1012 5271 2631 60

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8021

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8045

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

MHF/MATADOR
MALLON 2H

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postag
$

Sent To
LINN ENERGY HOLDINGS LLC

Street and A
600 TRAVIS ST STE 5100

City, State, Z
HOUSTON TX 77002

USPS SANTA FE, NM 87594
Postmark Here
MAR 2[illegible] 2016
DE VARGAS POST OFFICE

PS Form 38[illegible] See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

LINN ENERGY HOLDINGS LLC
600 TRAVIS ST STE 5100
HOUSTON TX 77002

9590 9403 1012 5271 2631 46

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 8045

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8052

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

MHF/MATADOR
MALLON 2H

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
MOBIL E&P US DEVELOPMENT CORPORATION

Street and
810 HOUSTON ST

City, State,
FT WORTH TX 76102

Postmark Here
MAR 2[illegible] 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MOBIL E&P US DEVELOPMENT CORPORATION
810 HOUSTON ST
FT WORTH TX 76102

9590 9403 1012 5271 2631 39

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 8052

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
C. Date of Delivery
MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8069

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Post	$
Sent To	PENROC OIL CORP
Street and	PO BOX 5970
City, State	HOBBS NM 88241

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8076

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$
Sent To	XTO ENERGY INC
Street a	810 HOUSTON ST
City, St	FORT WORTH TX 76102

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

PENROC OIL CORP
PO BOX 5970
HOBBS NM 88241

9590 9403 1012 5271 2631 22

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8069

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

HOBBS, NM 88240 MAR 29 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

XTO ENERGY INC
810 HOUSTON ST
FORT WORTH TX 76102

9590 9403 1012 5271 2631 15

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8083

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
Total Po	$

Postmark Here

Sent To ENCANA OIL & GAS (USA) INC
Street an 370 17TH ST #1700
City, Stat DENVER CO 80202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8090

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
Total P	$

Postmark Here

Sent T ATLANTIC RICHFIELD CO
Street PO BOX 2819
City, S DALLAS TX 75221

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

ENCANA OIL & GAS (USA) INC
370 17TH ST #1700
DENVER CO 80202

9590 9403 1012 5271 2631 08

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8083

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stephanie Mehn ☐ Agent ☐ Addressee

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

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

MAR 29 2016
DENVER, CO 80202

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ail
☐ ail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8106

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Postmark Here

Sent To CLARENCE HYDE ESTATE
Street and PETROLEUM BLDG
City, State FORT WORTH TX 75206

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8113

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery informati

OFF

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Postmark Here

Sent To HYDE FRANCES W INC
Street an PETROLEUM BLDG
City, Stat FORT WORTH TX 75206

PS Form 3800, April 2015 PSN 7530-02-000-9047

7015 0640 0003 5400 7925

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Sent To
Street and
City, State,

HYDE OIL & GAS CORP
6300 RIDGLEA PL 1018
FORT WORTH TX 76116

USPS SANTA [illegible]
DEAR [illegible] POST OFFICE

Postmark Here
MAR 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7932

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total P

Sent To
Street a
City, St

KENT ROBERT W
PO BOX 630741
HOUSTON TX 77263

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7949

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFIC

MHF/MATADOR
MALLON 2H

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Posta	$

Postmark Here

Sent To MERIT ENE MGT
PARTNERS I LP
Street and 13727 NOEL RD #500
City, State, DALLAS TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7956

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information,

OFFI

MHF/MATADOR
MALLON 2H

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Posta	$

MAR 25 2016
Postmark Here
SANTA FE
DEVINEAUX POST OFFICE

Sent To MERIT ENERGY PTRS D-III LP
Street and 13727 NOEL RD #500
City, State, DALLAS TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MERIT ENE MGT
PARTNERS I LP
13727 NOEL RD #500
DALLAS TX 75240

9590 9403 1012 5271 2641 29

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7949

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sadie McKenzie C. Date of Delivery 3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7963

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.30
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage	

MAR 23 2016
Postmark Here

Sent To: MERIT ENERGY PTNRS III LP
Street and Apt.: 13727 NOEL RD #500
City, State, ZIP: DALLAS TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MERIT ENERGY PTNRS III LP
13727 NOEL RD #500
DALLAS TX 75240

9590 9403 1012 5271 2641 05

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7963

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jodie McKinzie ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jodie McKinzie C. Date of Delivery: 3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7970

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.30
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage	

MAR 23 2016
Postmark Here

Sent To: MONCRIEF MICHAEL J
Street and Apt.: 777 TAYLOR #1030
City, State, ZIP: FORT WORTH TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MONCRIEF MICHAEL J
777 TAYLOR #1030
FORT WORTH TX 76102

9590 9403 1012 5271 2640 99

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7970

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): Della Harper C. Date of Delivery: 3/29

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7987

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information, v

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pos	$

USPS SANTA FE NM DEVAR'S POST

MAR 25 2016 Postmark Here

Sent To MONCRIEF R B
Street ar 109 E 9TH ST
City, Sta FORT WORTH TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 7994

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 2H

For delivery information, v

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total	$

USPS SANTA FE NM DEVAR'S POST

MAR 25 2016 Postmark Here

Sent PEAR RESOURCES
Stree PO BOX 11044
City, MIDLAND TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MONCRIEF R B
109 E 9TH ST
FORT WORTH TX 76102

9590 9403 1012 5271 2640 82

2. 7015 0640 0003 5400 7987

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Henry E. Stone
C. Date of Delivery 03-25-2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
estricted Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 8007

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postag	

MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

Sent To: W A MONCRIEF JR TRST
Street and A: 109 E 9TH ST
City, State, Z: FORT WORTH TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 8014

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information

OFFI

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	

Postmark Here
DEVARGAS POST

Sent To: BURLINGTON RES OG LP PTRRC
Street an: 3401 E 30TH ST
City, Stat: FARMINGTON NM 87402

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BURLINGTON RES OG LP PTRRC
3401 E 30TH ST
FARMINGTON NM 87402

9590 9401 0132 5225 4696 77

2. Article Number (Transfer from service label)
7015 0640 0003 5400 8014

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name): Troy Moore
C. Date of Delivery: 3-28-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 7710

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 2H

For delivery information, visit o

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent

Stree

City, S

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

USPS SAN ANGELO TX DEVARGAS POST OFFICE
MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

9590 9403 1012 5271 2631 77

2. Article Number *(Transfer from ser*

7015 0640 0003 5400 7710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Addre

B. Received by *(Printed Name)*
M Crites

Date of Deliver
MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ il
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

HOLLAND&HART LLP

Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

March 25, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of Matador Production Company for a non-standard spacing and proration unit, unorthodox well location, and compulsory pooling, Lea County, New Mexico.
Mallon 27 Federal Com No. 3H Well

Ladies & Gentlemen:

This letter is to advise you that Matador Production Company has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on April 14, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases that intend to present evidence are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

HOLLAND&HART LLP

Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

March 25, 2016

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES AND OFFSETS

Re: Application of Matador Production Company for a non-standard spacing and proration unit, unorthodox well location, and compulsory pooling, Lea County, New Mexico.
Mallon 27 Federal Com No. 3H Well

This letter is to advise you that Matador Production Company has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application,* but as an affected interest owner, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on April 14, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases that intend to present evidence are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

POOLED

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

ExxonMobil Oil Corporation
810 Houston Street
Fort Worth, Texas 76102

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

Mobil E&P U.S. Development Corporation
810 Houston Street
Fort Worth, Texas 76102

Magnum Hunter Production, Inc. (Cimarex Energy Co.)
600 N. Marienfeld Street, Suite 600
Midland, Texas 79701

Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200
Tulsa, Oklahoma 74103

OFFSETS

BLM New Mexico State Office
301 Dinosaur Trail
Santa Fe, New Mexico 87502-0115

BLACK HILLS GAS RESOURCES INC
1515 WYNKOOP ST STE 500
DENVER CO 80202

BURLINGTON RES OIL & GAS CO LP
PO BOX 51810
MIDLAND TX 79710

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

EOG RESOURCES INC

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

PO BOX 2267
MIDLAND TX 79702

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

EXXONMOBIL CORP
810 HOUSTON ST
FT WORTH TX 76102

EXXONMOBIL OIL CORP
810 HOUSTON ST
FORT WORTH TX 76102

KENT ROBERT W
PO BOX 630741
HOUSTON TX 77263

LINN ENERGY HOLDINGS LLC
600 TRAVIS ST STE 5100
HOUSTON TX 77002

MAGNUM HUNTER PRODUCTION INC
202 S CHEYENNE AVE STE 1000
TULSA OK 74103

MOBIL E&P US DEVELOPMENT CORPORATION
810 HOUSTON ST
FT WORTH TX 76102

NADEL & GUSSMAN CAPITAN LLC
15 E 5TH ST STE 3200
TULSA OK 74103

TX ENERGY SUPPLY INC
4301 MAPLEWOOD #500
WICHITA FALLS TX 76308

VIOLA PROD INC
BOX 515863
DALLAS TX 77251

XTO ENERGY INC
810 HOUSTON ST

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

FORT WORTH TX 76102

Cimarex Energy Co.
600 N. Marienfeld, STE 600
Midland, TX 79701

BALL WILLIAM J JR
PO BOX 1401
ROSWELL NM 88202

BARBE KENNETH JR
PO BOX 2107
ROSWELL NM 88202

CHEVRON USA INC
1400 SMITH ST
HOUSTON TX 77002

FEATHERSTONE OLEN II
PO BOX 429
ROSWELL NM 88202

FEATHERSTONE TRES
PO BOX 429
ROSWELL NM 88202

GARDNER DONALD W
3620 W TURKEY LANE
TUCSON AZ 85741

GARONMER JOYCE K
7141 CAMINO FOSFORD
TUCSON AZ 85718

MARINE & GAS INTL
436 PETROLEUM BLDG
ROSWELL NM 88202

MITCHELL STEPHEN
200 W 1ST ST #648
ROSWELL NM 88201

MONARCH OIL & GAS
PO BOX 569
ROSWELL NM 88202

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

NARANJO ANGELA
PO BOX 429
ROSWELL NM 88202

SSS ENTERPRISES LLC
PO BOX 5422
HOBBS NM 88241

UNITED SHORES INC
6501 AMERICAS PKWY #695
ALBUQUERQUE NM 87110

XION INVESTMENT
215 WEST 100 SOUTH
SALT LAKE CITY UT 84101

ARNOLD LARRY
PO BOX 2253
HOBBS NM 88241

BALOG FAMILY TRUST
PO BOX 111890
ANCHORAGE AK 99504

BALOG PETE T
PO BOX 111890
ANCHORAGE AK 99511

BELLAH CARROLL
218 S SEVENTH ST
LOVINGTON NM 88260

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

CLM PRODUCTION CO
PO BOX 881
ROSWELL NM 88202

CORRAL INC
PO BOX 2107
ROSWELL NM 88202

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

FASKEN OIL & RANCH LTD
6101 HOLIDAY RD
MIDLAND TX 79707

FEATHERSTONE ANGELA
PO BOX 429
ROSWELL NM 88202

FIRST CENTURY OIL
PO BOX 1518
ROSWELL NM 88202

FLETCHER LOY G
PO BOX 852
ARTESIA NM 88210

FUEL PRODUCTS INC
BOX 3098
MIDLAND TX 79702

GALAXY OIL CO
4309 JACKSBORO HWY
WICHITA FALLS TX 76307

GALVEST INC
PO BOX 4682
HOUSTON TX 77210

GARDENIA INVESTMENTS LTD

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

PO BOX 11044
MIDLAND TX 79702

GOLDKING ENE CORP
777 WALKER #2450
HOUSTON TX 77002

GRANDE DRILLING CORP
PO BOX 219
RUIDOSO NM 88346

GREENBRIAR ENERGY LP IV
3000 RICHMOND # 550
HOUSTON TX 77098

GUY JAMES E
PO BOX 100
ARTESIA NM 88211

HANSEN LYNDA S
509 CARTER DR
ROSWELL NM 88201

HARLE INC
PO BOX 2608
ROSWELL NM 88202

HESS BLAINE
PO BOX 326
ROSWELL NM 88202

HICKS LIVING TRST
6212 OSUNA NE
ALBUQUERQUE NM 87109

HUNICUTT LARRY
PO BOX 326
ROSWELL NM 88202

JACKSON J T
PO BOX 100
ARTESIA NM 88210

KENNEDY OIL CO
BOX 47

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

MAYHILL NM 88339

KOLOB LLC
2720 SPRING CIR RD
HOLLADAY UT 84117

LOG PARTNERS
215 W 100 S
SALT LAKE CITY UT 84101

LOS SIETE EXPL INC
200 W 1ST ST #648
ROSWELL NM 88201

LOYD B R
2117 CANDELERO
SANTA FE NM 87505

LOYD R S
2117 CANDELERO
SANTA FE NM 87505

LUSK JAMES K
PO BOX 2043
ALBUQUERQUE NM 87103

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

MAGNUM HUNTER PRODUCTION INC.
202 S CHEYENNE AVE STE 1000
TULSA OK 74103

MANZANO OIL CORP
PO BOX 2107
ROSWELL NM 88202

MCKAMEY KEITH E
116 W 1ST ST
ROSWELL NM 88201

MITCHELL STEPHEN
200 W 1ST ST #648
ROSWELL NM 88201

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

ATLANTIC RICHFIELD CO
PO BOX 2819
DALLAS TX 75221

CLARENCE HYDE ESTATE
PETROLEUM BLDG
FORT WORTH TX 75206

ENCANA OIL & GAS (USA) INC
370 17TH ST #1700
DENVER CO 80202

HYDE FRANCES W INC
PETROLEUM BLDG
FORT WORTH TX 75206

HYDE OIL & GAS CORP
6300 RIDGLEA PL 1018
FORT WORTH TX 76116

KENT ROBERT W
PO BOX 630741
HOUSTON TX 77263

MERIT ENE MGT PARTNERS I LP
13727 NOEL RD #500
DALLAS TX 75240

MERIT ENERGY PTRS D-III LP
13727 NOEL RD #500
DALLAS TX 75240

MERIT ENERGY PTNRS III LP
13727 NOEL RD #500
DALLAS TX 75240

MONCRIEF MICHAEL J
777 TAYLOR #1030
FORT WORTH TX 76102

MONCRIEF R B
109 E 9TH ST
FORT WORTH TX 76102

MATADOR PRODUCTION COMPANY
MALLON 27 FEDERAL COM. NO. 3H

PEAR RESOURCES
PO BOX 11044
MIDLAND TX 79702

PENROC OIL CORP
PO BOX 5970
HOBBS NM 88241

W A MONCRIEF JR TRST
109 E 9TH ST
FORT WORTH TX 76102

7015 0640 0003 5400 6157

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit o

OFFICIAL

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	

Postmark Here

Sent
Street
City, S

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

PS Fo See Reverse for Instructions

7015 0640 0003 5400 6140

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vi

OFFIC USE

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total P	

Postmark Here

Sent To
Street a
City, St

ExxonMobil Oil Corporation
810 Houston Street
Fort Worth, Texas 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

9590 9401 0132 5225 4692 33

2. 7015 0640 0003 5400 6157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
C. Date of Delivery
MAR 28 2016

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

MAR 28 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

lestricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6133

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit c

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total P	
Sent To	
Street a	
City, St	

Postmark Here

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Exxon Mobil Corporation
810 Houston Street
Fort Worth, Texas 76102

9590 9401 0132 5225 4694 93

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6133

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6126

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vi

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total P	
Sent To	
Street a	
City, St	

Postmark Here

Mobil E&P U.S. Development Corporation
810 Houston Street
Fort Worth, Texas 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Mobil E&P U.S. Development Corporation
810 Houston Street
Fort Worth, Texas 76102

9590 9401 0132 5225 4695 16

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
MAR 31 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6119

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 3H

For delivery information, visit o

OFFICI

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent T

Street

City, S

Postmark Here

Magnum Hunter Production, Inc.
(Cimarex Energy Co.)
600 N. Marienfeld Street
Suite 600
Midland, Texas 79701

PS Fo... See Reverse for Instructions

7015 0640 0003 5400 6102

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 3H

For delivery information, v

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pos

Sent To

Street an

City, Stat

Postmark Here

Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200
Tulsa, Oklahoma 74103

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Magnum Hunter Production, Inc.
(Cimarex Energy Co.)
600 N. Marienfeld Street
Suite 600
Midland, Texas 79701

9590 9401 0132 5225 4695 30

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6119

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Bonnie Russell ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Bonnie Russell
C. Date of Delivery 3/28/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Nadel and Gussman Capitan LLC
15 E 5th Street, Suite 3200
Tulsa, Oklahoma 74103

9590 9401 0132 5225 4695 23

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x pleidmore ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* PLSeidmore
C. Date of Delivery 3-28-2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vis

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pos $

Sent To BLM New Mexico State Office
Street an 301 Dinosaur Trail
City, Stat Santa Fe, New Mexico 87502

Postmark Here MAR 25 2016 USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 6096

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BLM New Mexico State Office
301 Dinosaur Trail
Santa Fe, New Mexico 87502

9590 9401 0132 5225 4695 54

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6096

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☑ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery informatio

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Posta $

Sent To BLACK HILLS GAS
Street and A RESOURCES INC
City, State, 1515 WYNKOOP ST STE 500
DENVER CO 80202

Postmark Here MAR 25 2016 USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 6089

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BLACK HILLS GAS
RESOURCES INC
1515 WYNKOOP ST STE 500
DENVER CO 80202

9590 9401 0132 5225 4695 47

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6089

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6072

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	
Sent To	BURLINGTON RES OIL &
Street and	GAS CO LP
	PO BOX 51810
City, State	MIDLAND TX 79710

USPS SANTA FE NM 87594
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BURLINGTON RES OIL &
GAS CO LP
PO BOX 51810
MIDLAND TX 79710

9590 9401 0132 5225 4695 61

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6072

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Austin Barton ☑ Agent ☐ Addressee

B. Received by (Printed Name) Austin Barton
C. Date of Delivery 3-29-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6065

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Po	
Sent To	DEVON ENERGY PROD CO LP
Street a	333 W SHERIDAN AVE
	OKLAHOMA CITY OK 73102
City, Sta	

USPS SANTA FE
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

DEVON ENERGY PROD CO LP
333 W SHERIDAN AVE
OKLAHOMA CITY OK 73102

9590 9401 0132 5225 4695 78

2. [illegible]
7015 0640 0003 5400 6065

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Carrillo ☐ Agent ☐ Addressee

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

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

CENTER CITY OKLAHOMA
MAR 28 2016
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6058

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total P	
Sent T	EOG RESOURCES INC
Street	PO BOX 2267
City, S	MIDLAND TX 79702

USPS SANDIA NM 87501 DEVARGAS POST OFFICE
MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 6348

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Post	
Sent To	EOG RESOURCES INC
Street and	PO BOX 4362
City, State,	HOUSTON TX 77210

MAR 2[illegible] 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EOG RESOURCES INC
PO BOX 2267
MIDLAND TX 79702

9590 9401 0132 5225 4678 88

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6058

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) S. Berry
C. Date of Delivery 3-29-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210

9590 9401 0132 5225 4693 94

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6348

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) M Crites
C. Date of Delivery MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6324

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/MATADOR
MALLON 3H

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pc $

Sent To EXXONMOBIL OIL CORP

Street a 810 HOUSTON ST

City, Sta FORT WORTH TX 76102

MAR 25 2016 Postmark Here
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 6331

U.S. Postal Ser
CERTIFIED
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit our website a

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pi $

Sent To EXXONMOBIL CORP

Street a 810 HOUSTON ST

City, Sta FT WORTH TX 76102

MAR 2 2016 Postmark Here
SANTA FE, NM 87594

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EXXONMOBIL OIL CORP
810 HOUSTON ST
FORT WORTH TX 76102

9590 9401 0132 5225 4694 17

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6324

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EXXONMOBIL CORP
810 HOUSTON ST
FT WORTH TX 76102

9590 9401 0132 5225 4694 00

2. Arti

7015 0640 0003 5400 6331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

icted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6317

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To KENT ROBERT W
Street ar PO BOX 630741
City, Sta HOUSTON TX 77263

USPS SANTA FE NM 87594
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 6300

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visi

OFFIC IAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To LINN ENERGY HOLDINGS
Street an LLC
City, Stat 600 TRAVIS ST STE 5100
HOUSTON TX 77002

USPS SANTA FE NM 87594
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form

ctions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

LINN ENERGY HOLDINGS
LLC
600 TRAVIS ST STE 5100
HOUSTON TX 77002

9590 9401 0132 5225 4694 31

2. Article Number (Transfer from

7015 0640 0003 5400 6300

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
very Restricted Delivery
Restricted Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6294

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vi

OFFIC USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Post	

Postmark Here MAR 2 2016
DE VARGAS POST OFFICE

Sent To MAGNUM HUNTER
PRODUCTION INC
Street and 202 S CHEYENNE AVE
STE 1000
City, State, TULSA OK 74103

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:
MAGNUM HUNTER
PRODUCTION INC
202 S CHEYENNE AVE
STE 1000
TULSA OK 74103

9590 9401 0132 5225 4694 48

2. 7015 0640 0003 5400 6294

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Justin Wallace ☐ Agent ☐ Addressee
JUSTIN WALLACE

B. Received by (Printed Name) C. Date of Delivery 3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6287

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit

OFFIC USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Post	

Postmark Here MAR 2 2016
USPS SANTA FE NM 87501
DE VARGAS POST OFFICE

Sent To MOBIL E&P US
DEVELOPMENT
Street and CORPORATION
810 HOUSTON ST
City, State, FT WORTH TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:
MOBIL E&P US
DEVELOPMENT
CORPORATION
810 HOUSTON ST
FT WORTH TX 76102

9590 9401 0132 5225 4694 55

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6287

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6270

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage	

MAR 2 2015
Postmark Here

Sent To: NADEL & GUSSMAN
Street and: CAPITAN LLC
City, State: 15 E 5TH ST STE 3200
TULSA OK 74103

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

NADEL & GUSSMAN
CAPITAN LLC
15 E 5TH ST STE 3200
TULSA OK 74103

9590 9401 0132 5225 4694 62

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6270

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) PLskidmor
C. Date of Delivery 3-28-2

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6263

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage	

MAR 25 2015
Postmark Here

Sent To: TX ENERGY SUPPLY INC
Street and: 4301 MAPLEWOOD #500
City, State: WICHITA FALLS TX 76308

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

TX ENERGY SUPPLY INC
4301 MAPLEWOOD #500
WICHITA FALLS TX 76308

9590 9401 0132 5225 4694 79

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6263

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S Bowden ☑ Agent ☐ Addressee

B. Received by (Printed Name) S Bowden
C. Date of Delivery 4/6/16

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:
2663 Plaza Dr
WFTX 76308

APR 6 2016 USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6256

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: VIOLA PROD INC
Street and Apt. No.: BOX 515863
City, State, ZIP+4®: DALLAS TX 77251

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

VIOLA PROD INC
BOX 515863
DALLAS TX 77251

9590 9401 0132 5225 4694 86

2. Article Number (Transfer from service label) 7015 0640 0003 5400 6256

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6447

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: XTO ENERGY INC
Street and Apt. No.: 810 HOUSTON ST
City, State, ZIP+4®: FORT WORTH TX 76102

MAR 28 2016
Postmark Here
U.S. POSTAGE PAID SANTA FE NM 87501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

XTO ENERGY INC
810 HOUSTON ST
FORT WORTH TX 76102

9590 9401 0132 5225 4678 95

2. Article Number (Transfer from service label) 7015 0640 0003 5400 6447

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery MAR 28 2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 3H

For delivery information, vis

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postag	$

Postmark Here

Sent To

Street and Ap

City, State, Z

Cimarex Energy Co.
600 N. Marienfeld, STE 600
Midland, TX 79701

PS Form 38 See Reverse for Instructions

7015 0640 0003 5400 6430

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Cimarex Energy Co.
600 N. Marienfeld, STE 600
Midland, TX 79701

9590 9401 0132 5225 4680 07

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6430

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Russell ☐ Agent ☐ Addressee

B. Received by (Printed Name) BONNIE RUSSELL
C. Date of Delivery 3-28-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 3H

For delivery information, visi

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$

Postmark Here

Sent To

Street

City, St

BALL WILLIAM J JR
PO BOX 1401
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 6423

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BALL WILLIAM J JR
PO BOX 1401
ROSWELL NM 88202

9590 9401 0132 5225 4680 14

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6423

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

ROSWELL APR 1 2016 88201

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6416

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit ou

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	
Sent To	BARBE KENNETH JR
Street an	PO BOX 2107
City, Stat	ROSWELL NM 88202

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BARBE KENNETH JR
PO BOX 2107
ROSWELL NM 88202

9590 9401 0132 5225 4680 21

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6416

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 3/28/16

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

MAR 28 2016 88201 NM

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6409

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,

OFFI

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total F	
Sent T	CHEVRON USA INC
Street	1400 SMITH ST
City, S	HOUSTON TX 77002

USPS SANTA FE, NM MAR 25 2016 DE VARGAS POST OFFICE Postmark Here

PS Fo ... Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CHEVRON USA INC
1400 SMITH ST
HOUSTON TX 77002

9590 9401 0132 5225 4680 38

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6409

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6393

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Post $

MAR 25 2016 Postmark Here
SANTA FE NM DEVARGAS POST OFFICE

Sent To FEATHERSTONE OLEN II
Street and PO BOX 429
City, State ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FEATHERSTONE OLEN II
PO BOX 429
ROSWELL NM 88202

9590 9401 0132 5225 4680 45

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6393

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Andazola ☐ Agent ☐ Addressee

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

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

MAR 28 2016 ROSWELL NM

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6386

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, v OFFIC...

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Post $

MAR 25 2016 Postmark Here
SANTA FE NM DEVARGAS POST OFFICE

Sent To FEATHERSTONE TRES
Street and PO BOX 429
City, State ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FEATHERSTONE TRES
PO BOX 429
ROSWELL NM 88202

9590 9401 0132 5225 4680 52

2. A... 7015 0640 0003 5400 6386

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Andazola ☐ Agent ☐ Addressee

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

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

MAR 28 2016 ROSWELL NM

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 6379

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, v

OFFICIAL

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postag	
Total P	
Sent T	GARDNER DONALD W
Street	3620 W TURKEY LANE
City, S	TUCSON AZ 85741

USPS SANTA FE, NM 87504
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GARDNER DONALD W
3620 W TURKEY LANE
TUCSON AZ 85741

9590 9401 0132 5225 4680 69

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6379

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Don Gardner ☐ Agent ☐ Addressee

B. Received by (Printed Name) Don Gardner C. Date of Delivery 3-29-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

7015 0640 0003 5400 6362

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,

OFFICIAL

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postag	
Sent To	GARONMER JOYCE K
Street and A	7141 CAMINO FOSFORD
City, State,	TUCSON AZ 85718

MAR 25 2016
Postmark Here
POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 6355

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visi

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

MAR 25 2016
Postmark Here
DEVAPGAS POST OFFICE

Postage
$

Total
$

Sent
Stree
City,

MARINE & GAS INTL
436 PETROLEUM BLDG
ROSWELL NM 88202

PS Fo , April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5211

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.30
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here
2016
POST OFFICE

Postage
$

Total Po
$

Sent To
Street ar
City, Sta

MITCHELL STEPHEN
200 W 1ST ST #648
ROSWELL NM 88201

PS Form , April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 5181

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, v

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Total Po

$
Sent To
Street ar
City, Stat

SSS ENTERPRISES LLC
PO BOX 5422
HOBBS NM 88241

PS Form

SANTA FE, NM 87594
Postmark Here
MAR 25 2016
POST OFFICE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

SSS ENTERPRISES LLC
PO BOX 5422
HOBBS NM 88241

9590 9401 0132 5225 4679 32

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5181

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Samuel Spence
☐ Agent
☐ Addressee

B. Received by (Printed Name) Samuel Spence
C. Date of Delivery 3-31-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5174

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vis

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Total P

$
Sent T
Street
City, S

UNITED SHORES INC
6501 AMERICAS PKWY #695
ALBUQUERQUE NM 87110

PS Fo tructions

SANTA FE, NM 87594
Postmark Here
MAR 25 2016

RETURNED

7015 0640 0003 5400 5167

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery informati

OFFICIAL

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City,

XION INVESTMENT
215 WEST 100 SOUTH
SALT LAKE CITY UT 84101

Postmark
MAR 25 2016

POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5150

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street an
City, Stat

ARNOLD LARRY
PO BOX 2253
HOBBS NM 88241

Postmark
MAR 25 2016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 5143

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit our website at www.usps.com®.
OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage and Fees	
Sent To	BALOG FAMILY TRUST
Street, Apt. No., or PO Box No.	PO BOX 111890
City, State, ZIP+4®	ANCHORAGE AK 99504

MAR 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BALOG FAMILY TRUST
PO BOX 111890
ANCHORAGE AK 99504

9590 9401 0132 5225 4679 70

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5143

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RJ Krohn ☐ Agent ☑ Addressee

B. Received by (Printed Name) RJ Krohn C. Date of Delivery MAR 29 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5136

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit our website at www.usps.com®.
OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage and Fees	
Sent To	BALOG PETE T
Street, Apt. No., or PO Box No.	PO BOX 111890
City, State, ZIP+4®	ANCHORAGE AK 99511

MAR 29 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

BALOG PETE T
PO BOX 111890
ANCHORAGE AK 99511

9590 9401 0132 5225 4679 87

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5136

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RJ Krohn ☐ Agent ☐ Addressee

B. Received by (Printed Name) RJ Krohn C. Date of Delivery MAR 29 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5129

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 3H

For delivery information, vis
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Post $

Postmark Here MAR 2016

Sent To BELLAH CARROLL
Street and 218 S SEVENTH ST
City, State, LOVINGTON NM 88260

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5112

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 3H

For delivery information
OFFI

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pos $

Postmark Here MAR

Sent To CARGOIL & GAS CO LLC
Street and PO BOX 29450
City, State SANTA FE NM 87592

PS Form ctions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

9590 9401 0132 5225 4690 97

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 5112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Veronica Sancha ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Veronica Sanchez ☐ Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5105

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFI
MHF/MATADOR
MALLON 3H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street and
City, State

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

USPS SANTA FE NM 87501 MAR 25 2016 Postmark Here DEVITOS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CARGOIL & GAS CO LLC
PO BOX 29450
SANTA FE NM 87592

9590 9401 0132 5225 4691 03

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 5105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Veroniz Sanchez ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5099

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFICIAL
MHF/MATADOR
MALLON 3H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Street and
City, State,

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

USPS SANTA FE NM 87501 Postmark Here MAR 28 2016 DEVITOS POST OFFICE

PS Form 3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CAVIN SEALY H JR
PO BOX 1125
ROSWELL NM 88202

9590 9401 0132 5225 4691 10

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 5099

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x S H Cavin ☐ Agent ☑ Addressee

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

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

ROSWELL, NM MAR 28 2016 88201

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5082

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit
OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	
Sent To	CLM PRODUCTION CO
Street	PO BOX 881
City,	ROSWELL NM 88202

USPS SANTA FE, NM 87504
MAR 25 2016
Postmark Here
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CLM PRODUCTION CO
PO BOX 881
ROSWELL NM 88202

9590 9401 0132 5225 4691 27

2. 7015 0640 0003 5400 5082

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John Morris ☑ Agent ☐ Addressee

B. Received by (Printed Name) John Morris C. Date of Delivery 3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5075

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit
OFFIC

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Pos	
Sent To	CORRAL INC
Street an	PO BOX 2107
City, Stat	ROSWELL NM 88202

USPS SANTA FE, NM 87504
MAR 25 2016
Postmark Here
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

CORRAL INC
PO BOX 2107
ROSWELL NM 88202

9590 9401 0132 5225 4691 34

2. 7015 0640 0003 5400 5075

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Debbie Griffin ☐ Agent ☐ Addressee

B. Received by (Printed Name) Debbie Griffin C. Date of Delivery 3/28/16

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

MAR 28 2016
ROSWELL NM

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5068

U.S. Postal Service™
CERTIFIED MA
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Pc $

Sent To
Street a
City, Sta

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

USPS SANTA FE NM 87504
Postmark Here MAR 25 2016
DEVARGAS POST OFFICE

PS Form [illegible] See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

DURAN ELOY S
PO BOX 1854
ROSWELL NM 88202

9590 9401 0132 5225 4691 41

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Reyes S [illegible]

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

ROSWELL NM 88201

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5051

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visi

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total Po $

Sent To
Street a
City, Sta

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

USPS SANTA FE NM 87504
Postmark Here MAR 25 2016
DEVARGAS POST OFFICE

PS For [illegible] ructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

EVANS HAROLD
907 15TH ST
ARTESIA NM 88210

9590 9401 0132 5225 4691 58

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5051

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

USPS 88210 ARTESIA NM

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5044

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Post	

USPS SANTA FE, NM 87594
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

Sent To: FASKEN OIL & RANCH LTD
Street and: 6101 HOLIDAY RD
City, State: MIDLAND TX 79707

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FASKEN OIL & RANCH LTD
6101 HOLIDAY RD
MIDLAND TX 79707

9590 9401 0132 5225 4691 65

2. Article Number (Transfer from service label) 7015 0640 0003 5400 5044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Cynthia Morene ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5037

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Po	

USPS SANTA FE, NM 87594
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

Sent To: FEATHERSTONE ANGELA
Street a: PO BOX 429
City, Sta: ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FEATHERSTONE ANGELA
PO BOX 429
ROSWELL NM 88202

9590 9401 0132 5225 4691 72

2. Article Number (Transfer from service label) 7015 0640 0003 5400 5037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x J Andazola ☐ Agent ☐ Addressee

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

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

MAR 25 2016 USPS ROSWELL NM

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5020

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visi

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total P	$

Postmark Here

Sent To
Street a
City, St

FIRST CENTURY OIL
PO BOX 1518
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FIRST CENTURY OIL
PO BOX 1518
ROSWELL NM 88202

9590 9401 0132 5225 4691 89

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5020

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received By (Printed Name) GRIFFITH C. Date of Delivery

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

ROSWELL NM MAR 29 2016 88201

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5419

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, v

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postag	$

MAR 2016 POST OFFICE

Postmark Here

Sent To
Street and A
City, State,

FLETCHER LOY G
PO BOX 852
ARTESIA NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 5402

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit c
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

To
$
Se
St
Cit

FUEL PRODUCTS INC
BOX 3098
MIDLAND TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

FUEL PRODUCTS INC
BOX 3098
MIDLAND TX 79702

9590 9401 0132 5225 4690 04

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 5402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Andrea Arndt ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Andrea Arndt
C. Date of Delivery 3-27-16

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

MIDLAND, TX 797 MAR 28 2016 USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5396

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit c
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

Total Posta
$
Sent To
Street and
City, State,

GALAXY OIL CO
4309 JACKSBORO HWY
WICHITA FALLS TX 76307

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GALAXY OIL CO
4309 JACKSBORO HWY
WICHITA FALLS TX 76307

RETURNED

9590 9401 0132 5225 4690 11

Number *(Transfer from service label)*
7015 0640 0003 5400 5396

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

, July 2015 PSN 7530-02-000-9053 Domestic Return Rec

7015 0640 0003 5400 5389

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Street a
City, St

GALVEST INC
PO BOX 4682
HOUSTON TX 77210

Postmark
MAR 2016
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GALVEST INC
PO BOX 4682
HOUSTON TX 77210

9590 9401 0132 5225 4690 28

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 5389

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5372

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit o

OFFICI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street and
City, State

GARDENIA INVESTMENTS LTD
PO BOX 11044
MIDLAND TX 79702

MAR 2016
Postmark
Here

PS Form

See Reverse for Instructions

7015 0640 0003 5400 5365

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vi

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postag
$

Postmark Here
MAR 2 2016

Sent To GOLDKING ENE CORP
Street and Ap 777 WALKER #2450
City, State, Z HOUSTON TX 77002

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 5358

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Postmark Here
MAR 24 2016

Sent To GRANDE DRILLING CORP
Street and PO BOX 219
City, State, RUIDOSO NM 88346

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GRANDE DRILLING CORP
PO BOX 219
RUIDOSO NM 88346

9590 9401 0132 5225 4690 59

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 5358

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

APR - 4 2016
USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5341

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, v

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	

Postmark Here
MAR 25 2016
DEVARGAS POST OFFICE

Sent To: GREENBRIAR ENERGY LP IV
Street: 3000 RICHMOND # 550
City, S: HOUSTON TX 77098

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GREENBRIAR ENERGY LP IV
3000 RICHMOND # 550
HOUSTON TX 77098

9590 9401 0132 5225 4690 66

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5341

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R Poplin ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rikki Poplin
C. Date of Delivery 3.28.16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5334

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vi

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Post	

USPS SANTA FE NM 87504
Postmark Here
MAR 25 2016
DEVARGAS POST OFFICE

Sent To: GUY JAMES E
Street and: PO BOX 100
City, State: ARTESIA NM 88211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

GUY JAMES E
PO BOX 100
ARTESIA NM 88211

9590 9401 0132 5225 4690 73

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5334

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Jackson ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5327

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City,

HANSEN LYNDA S
509 CARTER DR
ROSWELL NM 88201

USPS SANTA FE, NM 87504
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5310

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Street
City, S

HARLE INC
PO BOX 2608
ROSWELL NM 88202

MAR 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HANSEN LYNDA S
509 CARTER DR
ROSWELL NM 88201

9590 9401 0132 5225 4690 80

2. 7015 0640 0003 5400 5327

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Lynda S Hansen ☐ Agent ☑ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
Restricted Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

RETURNED

7015 0640 0003 5400 5303

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$

Postmark Here MAR 28 2016

Sent To HESS BLAINE
Street and Apt. No., or PO Box No. PO BOX 326
City, State, ZIP+4® ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HESS BLAINE
PO BOX 326
ROSWELL NM 88202

9590 9401 0132 5225 4689 08

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
P.O. BOX 326 ROSWELL NM

USPS MAR 28 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5297

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

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

OFFICIAL USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage and Fees	$

Postmark Here MAR 28 2016

Sent To HICKS LIVING TRST
Street and Apt. No., or PO Box No. 6212 OSUNA NE
City, State, ZIP+4® ALBUQUERQUE NM 87109

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HICKS LIVING TRST
6212 OSUNA NE
ALBUQUERQUE NM 87109

RETURNED

9590 9401 0132 5225 4689 15

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5297

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5280

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit o

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	

Postmark Here
MAR 28 2016
USPS SANTA FE NM 87594
DEVARGAS POST OFFICE

Sent
Stree
City,

HUNICUTT LARRY
PO BOX 326
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HUNICUTT LARRY
PO BOX 326
ROSWELL NM 88202

9590 9401 0132 5225 4689 22

2. 7015 0640 0003 5400 5280

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

ROSWELL NM
MAR 28 2016
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5273

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Po	

Postmark Here
MAR 28 2016
USPS SANTA FE NM 87594
DEVARGAS POST OFFICE

Sent To
Street a
City, Sta

JACKSON J T
PO BOX 100
ARTESIA NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 ...tructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

JACKSON J T
PO BOX 100
ARTESIA NM 88210

9590 9401 0132 5225 4687 37

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 5273

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5266

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail On

MHF/MATADOR
MALLON 3H

For delivery informa

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posi
$

Sent To KENNEDY OIL CO
Street and BOX 47
City, State MAYHILL NM 88339

USPS SANTA FE NM 87501
MAR 25 2016
Postmark Here
DEVALLS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 5259

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery informati

OFF

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$

Sent T KOLOB LLC
Street 2720 SPRING CIR RD
City, S HOLLADAY UT 84117

USPS SANTA FE NM 87501
MAR 25 2016
Postmark Here
DEVALLS POST OFFICE

PS Fo See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

KOLOB LLC
2720 SPRING CIR RD
HOLLADAY UT 84117

9590 9401 0132 5225 4689 53

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5259

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Edward Lee
☑ Agent
☐ Addressee

B. Received by (Printed Name) EDWARD LEE
C. Date of Delivery 3-29-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5242

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information,

MHF/MATADOR
MALLON 3H

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
LOG PARTNERS

Street a
215 W 100 S

City, St
SALT LAKE CITY UT 84101

MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

LOG PARTNERS
215 W 100 S
SALT LAKE CITY UT 84101

RETURNED

9590 9401 0132 5225 4689 60

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5242

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

PS Form 3811, July 2013 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5235

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi

MHF/MATADOR
MALLON 3H

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To
LOS SIETE EXPL INC

Street an
200 W 1ST ST #648

City, Stat
ROSWELL NM 88201

MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RETURNED

7015 0640 0003 5400 5228

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pc
$

Sent To LOYD B R
Street ai 2117 CANDELERO
City, Sta SANTA FE NM 87505

SANTA FE, NM 87594
MAR 25 2016
Postmark Here
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5518

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To LOYD R S
Street an 2117 CANDELERO
City, Stat SANTA FE NM 87505

USPS SANTA FE, NM 87594
MAR 25 2016
Postmark Here
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5501

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total P

$

Sent To

Street

City, S

LUSK JAMES K
PO BOX 2043
ALBUQUERQUE NM 87103

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5495

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery informati

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos

$

Sent To

Street and

City, State

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

USPS SANTA FE NM 87594
MAR 29 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

M&W OF LOVINGTON INC
PO BOX 922
LOVINGTON NM 88260

9590 9401 0132 5225 4688 23

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5495

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
MAR 29 2016

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

USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5488

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pc

$
Sent To
Street a
City, Sta

MAGNUM HUNTER
PRODUCTION INC.
202 S CHEYENNE AVE STE
1000
TULSA OK 74103

USPS SANTA FE NM 87504
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5471

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pc

$
Sent To
Street a
City, Sta

MANZANO OIL CORP
PO BOX 2107
ROSWELL NM 88202

USPS SANTA FE NM 87504
MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:
MAGNUM HUNTER
PRODUCTION INC.
202 S CHEYENNE AVE STE
1000
TULSA OK 74103

9590 9401 0132 5225 4688 30

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5488

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

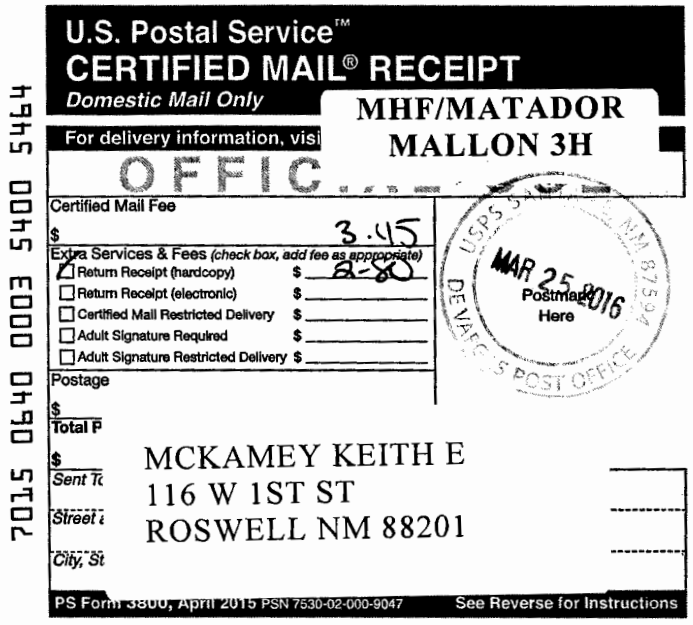
C. Date of Delivery
3/28/16

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

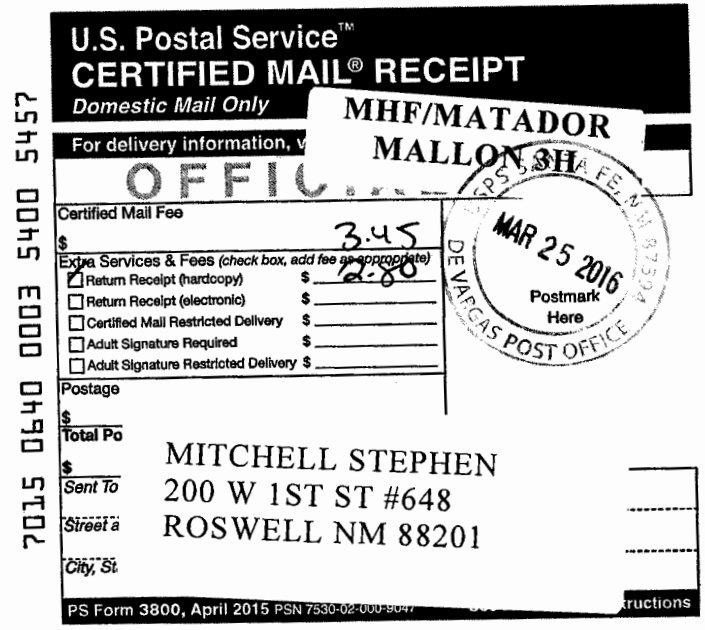
3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



RETURNED



RETURNED

7015 0640 0003 5400 5440

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/MATADOR
MALLON 3H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
Street and A
City, State,

ATLANTIC RICHFIELD CO
PO BOX 2819
DALLAS TX 75221

USPS SANTA FE, NM 87594
MAR 25 2016
Postmark Here
POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 6164

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/MATADOR
MALLON 3H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent T
Street
City, St

CLARENCE HYDE ESTATE
PETROLEUM BLDG
FORT WORTH TX 75206

USPS SANTA FE, NM
MAR 26 2016
Postmark Here
DEVARGAS POST OFFICE

PS For See Reverse for Instructions

7015 0640 0003 5400 5433

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 3H

For delivery information, vis

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total	$

Postmark Here

MAR 2

Sent
Stree
City,

ENCANA OIL & GAS (USA)
INC
370 17TH ST #1700
DENVER CO 80202

PS Fo April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5426

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR MALLON 3H

For delivery information,

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postag	$

Postmark Here 2016

Sent To
Street and Ap
City, State, Z

HYDE FRANCES W INC
PETROLEUM BLDG
FORT WORTH TX 75206

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

ENCANA OIL & GAS (USA)
INC
370 17TH ST #1700
DENVER CO 80202

9590 9401 0132 5225 4686 56

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5433

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

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

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

DENVER CO 80202 USPS MAR 30 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
ail
ail Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5617

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/MATADOR
MALLON 3H

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Post	$

MAR 25 2016
Postmark Here
DE VARGAS POST OFFICE

Sent To
Street and
City, State

HYDE OIL & GAS CORP
6300 RIDGLEA PL 1018
FORT WORTH TX 76116

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5600

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/MATADOR
MALLON 3H

OFFIC USE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage a	$

Postmark Here
MAR 25 2016
DE VARGAS POST OFFICE

Sent To
Street and Apt. N
City, State, ZIP+

KENT ROBERT W
PO BOX 630741
HOUSTON TX 77263

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

HYDE OIL & GAS CORP
6300 RIDGLEA PL 1018
FORT WORTH TX 76116

9590 9401 0132 5225 4693 01

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 5617

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Barbara Nortman ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Barbara Nortman
C. Date of Delivery 3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
ail
ail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5594

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit o

OFFICI

MHF/MATADOR
MALLON 3H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Posta

Sent To
Street and
City, State,

MERIT ENE MGT
PARTNERS I LP
13727 NOEL RD #500
DALLAS TX 75240

USPS SANTA FE, NM 87504
MAR 25 2016
Postmark Here
POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MERIT ENE MGT
PARTNERS I LP
13727 NOEL RD #500
DALLAS TX 75240

9590 9401 0132 5225 4692 57

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5594

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
3/28/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5587

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFIC

MHF/MATADOR
MALLON 3H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total I

Sent
Street
City,

MERIT ENERGY PTRS D-III LP
13727 NOEL RD #500
DALLAS TX 75240

USPS SANTA FE, NM 87504
MAR 25 2016
Postmark Here
POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 structions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MERIT ENERGY PTRS D-III LP
13727 NOEL RD #500
DALLAS TX 75240

9590 9401 0132 5225 4692 64

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5587

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
3/28/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5570

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Domestic Mail Only

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OFFI

MHF/MATADOR
MALLON 3H

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postag	$

MAR 25 2016
Postmark Here
POST OFFICE

Sent To: MERIT ENERGY PTNRS III LP
Street and Ap: 13727 NOEL RD #500
City, State, Z: DALLAS TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MERIT ENERGY PTNRS III LP
13727 NOEL RD #500
DALLAS TX 75240

9590 9401 0132 5225 4692 71

2. Article Number (Transfer from service label) 7015 0640 0003 5400 5570

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sadie McKinzie ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sadie McKinzie C. Date of Delivery 3/28/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5563

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFI

MHF/MATADOR
MALLON 3H

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postag	$

MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

Sent To: MONCRIEF MICHAEL J
Street and Ap: 777 TAYLOR #1030
City, State, Z: FORT WORTH TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MONCRIEF MICHAEL J
777 TAYLOR #1030
FORT WORTH TX 76102

9590 9401 0132 5225 4647 88

2. Article Number (Transfer from service label) 7015 0640 0003 5400 5563

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dena Harper C. Date of Delivery 3/28

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5556

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit o

OFFICIAL

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To
Street and Apt.
City, State, ZIP

MONCRIEF R B
109 E 9TH ST
FORT WORTH TX 76102

MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 380

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MONCRIEF R B
109 E 9TH ST
FORT WORTH TX 76102

9590 9401 0132 5225 4691 96

2. 7015 0640 0003 5400 5556

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Henry E. Stone
C. Date of Delivery 03-28-2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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7015 0640 0003 5400 5549

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit

OFFICIAL

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
Street and
City, State,

PEAR RESOURCES
PO BOX 11044
MIDLAND TX 79702

MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

PEAR RESOURCES
PO BOX 11044
MIDLAND TX 79702

9590 9401 0132 5225 4692 02

2. 7015 0640 0003 5400 5549

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* JoAnn Jackson
C. Date of Delivery 3-30-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

7015 0640 0003 5400 5532

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, vi

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
Street and
City, State,

PENROC OIL CORP
PO BOX 5970
HOBBS NM 88241

MAR 25 2016
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0003 5400 5525

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, v

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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City

W A MONCRIEF JR TRST
109 E 9TH ST
FORT WORTH TX 76102

MAR 25 2015
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

PENROC OIL CORP
PO BOX 5970
HOBBS NM 88241

9590 9401 0132 5225 4692 19

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5532

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
MAR 28 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5204

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information,

OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total Po $
Sent To
Street ar
City, Sta

MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

MONARCH OIL & GAS
PO BOX 569
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

MONARCH OIL & GAS
PO BOX 569
ROSWELL NM 88202

9590 9401 0132 5225 4679 18

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5204

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

P.O BOX
1473
Roswell, NM 88202

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0003 5400 5198

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/MATADOR
MALLON 3H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total Post $
Sent To
Street and
City, State,

MAR 25 2016
Postmark Here
DEVARGAS POST OFFICE

NARANJO ANGELA
PO BOX 429
ROSWELL NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

NARANJO ANGELA
PO BOX 429
ROSWELL NM 88202

9590 9401 0132 5225 4679 25

2. Article Number (Transfer from service label)
7015 0640 0003 5400 5198

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

MAR 28 2016
ROSWELL NM

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt