

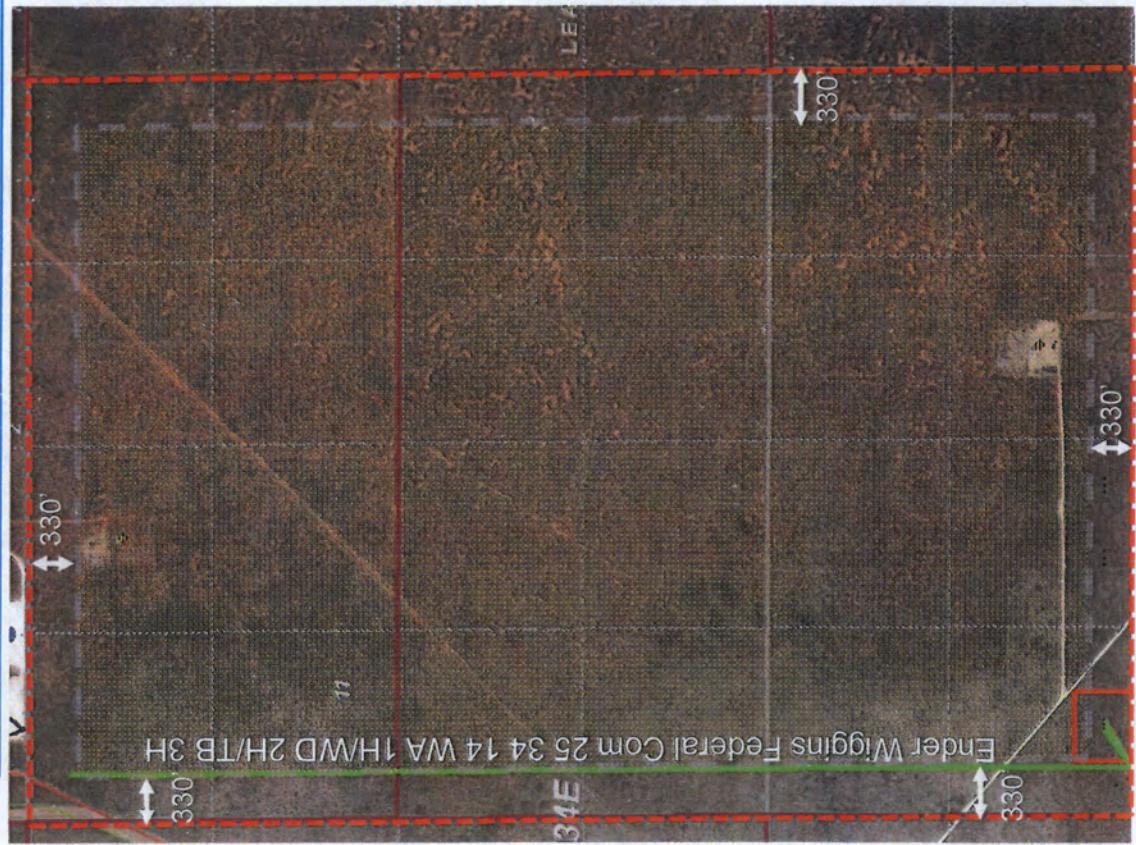
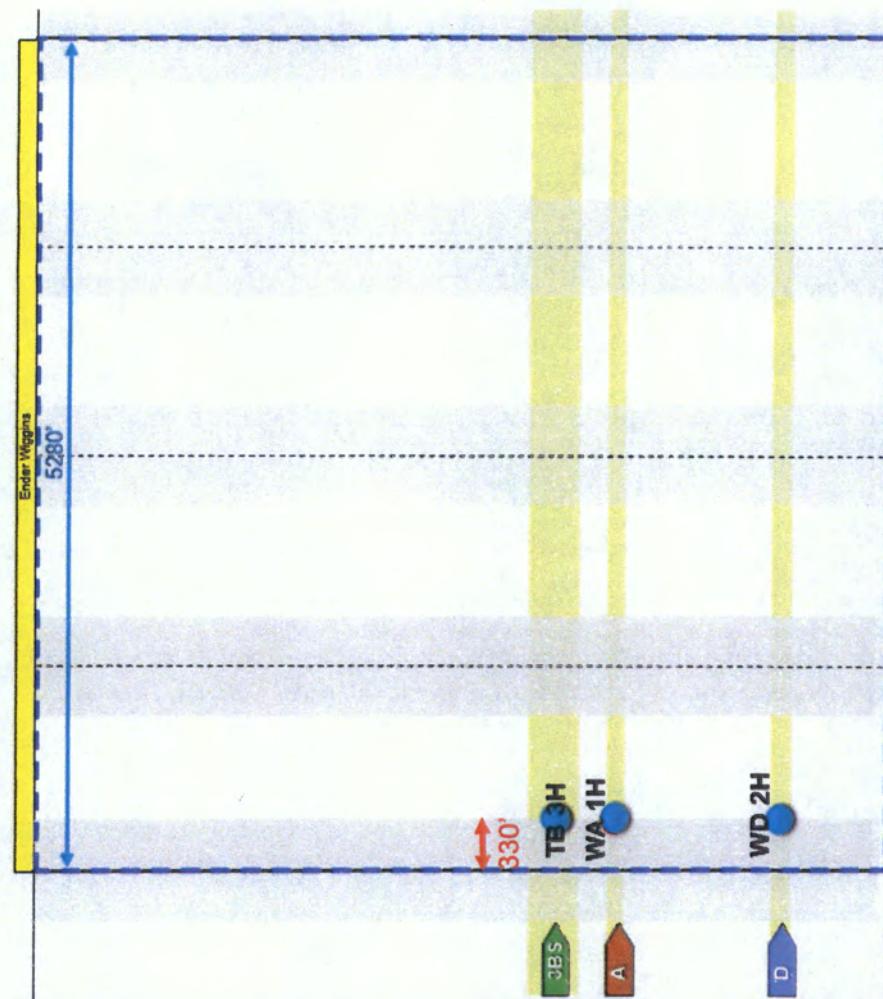
**Before the Oil Conservation Division
Examiner Hearing June 14, 2018**

Case No. 16147, 16148, & 16149

*Ender Wiggins Federal 25-34-14 WA 1H, Ender Wiggins Federal 25-34-14 WD
2H, Ender Wiggins Federal 25-34-14 TB 3H*



Ender Wiggins Federal Unit Development Plan



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

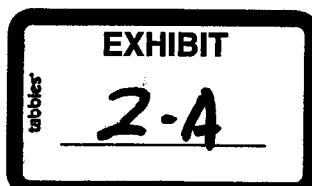
APPLICATION OF MARATHON
OIL PERMIAN LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT,
AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. _____

APPLICATION

Marathon Oil Permian LLC ("Marathon"), OGRID Number 372098, through its undersigned attorneys, hereby makes an application to the Oil Conservation Division pursuant to the provisions of NMSA (1978), Section 70-2-17, for an order: (1) creating a non-standard 240-acre, more or less, spacing and proration unit in the Bone Spring formation, comprised of the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMPPM, Lea County, New Mexico; and, (2) pooling all mineral interests in the Bone Spring formation underlying this proposed non-standard spacing and proration unit. In support of this application, Marathon states as follows:

1. Marathon is an interest owner in the subject lands and has a right to drill a well thereon.
2. Marathon seeks to dedicate the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMPPM, Lea County, New Mexico to the below proposed well to form a non-standard 240-acre, more or less, oil spacing and proration unit (the "project area").



3. Marathon plans to horizontally drill the **Ender Wiggins Federal 25-34-14 TB 3H** well to a depth sufficient to test the Bone Spring formation.

4. The well will be drilled from a surface location, located in Unit E of Section 14.

5. The well is within the Red Hills, Bone Spring East Pool (Pool Code 97369), which is subject to 330' setback requirements. The producing interval that Marathon seeks to drill will comply with the 330' setback requirements established under the Division's rules.

6. Marathon sought, but has been unable to obtain a voluntary agreement from all interest owners in the Bone Spring formation underlying the proposed project area to participate in the drilling of the well or to otherwise commit their interests to the well.

7. Approval of the non-standard unit and non-standard locations, and the pooling of all interests in the Bone Spring formation underlying the proposed project area will prevent the drilling of unnecessary wells, prevent waste and protect correlative rights.

WHEREFORE, Marathon requests this application be set for hearing before an Examiner of the Oil Conservation Division on May 17, 2018, and after notice and hearing as required by law, the Division enter its order:

A. Creating non-standard 240-acre, more or less, spacing and proration unit in the Bone Spring formation, comprised of the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico;

B. Pooling all mineral interests in the Bone Spring formation underlying this non-standard spacing and proration unit/project area;

C. Designating Marathon as operator of this unit and the wells to be drilled thereon;

D. Authorizing Marathon to recover its costs of drilling, equipping and completing these wells;

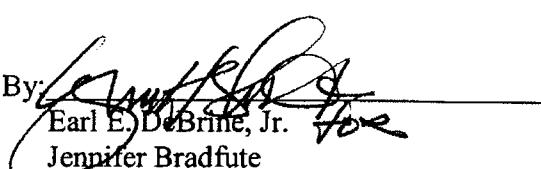
E. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and

F. Setting a 200% charge for the risk involved in drilling and completing the wells in the event a working interest owner elects not to participate in the wells.

Respectfully submitted,

MODRALL, SPERLING, ROEHL, HARRIS
& SISK, P.A.

By:


Earl E. DeBrine, Jr. *for*
Jennifer Bradfute
Post Office Box 2168
Bank of America Centre
500 Fourth Street NW, Suite 1000
Albuquerque, New Mexico 87103-2168
Telephone: 505.848.1800
Attorneys for Applicant

CASE NO. _____ : Application of Marathon Oil Permian LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Applicant seeks an order from the Division: (1) creating a non-standard 240-acre, more or less, spacing and proration unit in the Bone Spring formation, comprised of the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico; and, (2) pooling all mineral interests in the Bone Spring formation underlying this proposed non-standard spacing and proration unit. This proposed non-standard spacing and proration unit will be the project area for the **Ender Wiggins Federal 25-34-14 TB 3H** well, to be horizontally drilled. The producing area for the well will be orthodox. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Marathon as operator of the well, and a 200% charge for risk involved in drilling said well. Said area is located approximately 15 miles WNW of Jal, New Mexico.

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

**APPLICATION OF MARATHON
OIL PERMIAN LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT,
AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. _____

APPLICATION

Marathon Oil Permian LLC ("Marathon"), OGRID Number 372098, through its undersigned attorneys, hereby makes an application to the Oil Conservation Division pursuant to the provisions of NMSA (1978), Section 70-2-17, for an order: (1) creating a non-standard 240-acre, more or less, spacing and proration unit in the Wolfcamp formation, comprised of the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMMPM, Lea County, New Mexico; and, (2) pooling all mineral interests in the Wolfcamp formation underlying this proposed non-standard spacing and proration unit. In support of this application, Marathon states as follows:

1. Marathon is an interest owner in the subject lands and has a right to drill a well thereon.
2. Marathon seeks to dedicate the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMMPM, Lea County, New Mexico to the below proposed well to form a non-standard 240-acre, more or less, oil spacing and proration unit (the "project area").



3. Marathon plans to horizontally drill the **Ender Wiggins Federal 25-34-14 WA 1H** well to a depth sufficient to test the Wolfcamp formation.

4. The well will be drilled from a surface location, located in Unit E of Section 14.

5. The well is within the Pitchfork Ranch, Wolfcamp South Pool (Pool Code 96994), which is subject to 330' setback requirements. The producing interval that Marathon seeks to drill will comply with the 330' setback requirements established under the Division's rules.

6. Marathon sought, but has been unable to obtain a voluntary agreement from all interest owners in the Wolfcamp formation underlying the proposed project area to participate in the drilling of the well or to otherwise commit their interests to the well.

7. Approval of the non-standard unit and non-standard locations, and the pooling of all interests in the Wolfcamp formation underlying the proposed project area will prevent the drilling of unnecessary wells, prevent waste and protect correlative rights.

WHEREFORE, Marathon requests this application be set for hearing before an Examiner of the Oil Conservation Division on May 17, 2018, and after notice and hearing as required by law, the Division enter its order:

A. Creating non-standard 240-acre, more or less, spacing and proration unit in the Wolfcamp formation, comprised of the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMPPM, Lea County, New Mexico;

B. Pooling all mineral interests in the Wolfcamp formation underlying this non-standard spacing and proration unit/project area;

C. Designating Marathon as operator of this unit and the wells to be drilled thereon;

D. Authorizing Marathon to recover its costs of drilling, equipping and completing these wells;

E. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and

F. Setting a 200% charge for the risk involved in drilling and completing the wells in the event a working interest owner elects not to participate in the wells.

Respectfully submitted,

MODRALL, SPERLING, ROEHL, HARRIS
& SISK, P.A.

By:

Earl E. DeBrine, Jr.

Jennifer Bradfute

Post Office Box 2168

Bank of America Centre

500 Fourth Street NW, Suite 1000

Albuquerque, New Mexico 87103-2168

Telephone: 505.848.1800

Attorneys for Applicant

CASE NO. _____: Application of Marathon Oil Permian LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. Applicant seeks an order from the Division: (1) creating a non-standard 240-acre, more or less, spacing and proration unit in the Wolfcamp formation, comprised of the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico; and, (2) pooling all mineral interests in the Wolfcamp formation underlying this proposed non-standard spacing and proration unit. This proposed non-standard spacing and proration unit will be the project area for the **Ender Wiggins Federal 25-34-14 WA 1H** well, to be horizontally drilled. The producing area for the well will be orthodox. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Marathon as operator of the well, and a 200% charge for risk involved in drilling said well. Said area is located approximately 15 miles WNW of Jal, New Mexico.

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

**APPLICATION OF MARATHON
OIL PERMIAN LLC FOR A
NON-STANDARD SPACING AND
PRORATION UNIT, NON-STANDARD
LOCATIONS, AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. _____

APPLICATION

Marathon Oil Permian LLC ("Marathon"), OGRID Number 372098, through its undersigned attorneys, hereby makes an application to the Oil Conservation Division pursuant to the provisions of NMSA (1978), Section 70-2-17, for an order: (1) creating a non-standard 480-acre, more or less, spacing and proration unit in the Wolfcamp formation, comprised of the W/2 Section 11 and the NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico; (2) approving non-standard locations; and (3) pooling all mineral interests in the Wolfcamp formation underlying the proposed non-standard spacing and proration unit. In support of this application, Marathon states as follows:

1. Marathon is an interest owner in the subject lands and has a right to drill a well thereon.
2. Marathon seeks to dedicate the W/2 of Section 11 and the NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico to the below proposed well to form a non-standard 480-acre, more or less, oil spacing and proration unit (the "project area").

EXHIBIT

2-C

3. Marathon plans to horizontally drill the **Ender Wiggins Federal 25-34-14 WD 2H** well to a depth sufficient to test the Wolfcamp formation.

4. The well will be drilled from a surface location, located in Unit E of Section 14.

5. The well is within the Fairview Mills, Wolfcamp Gas Pool (Pool Code 76560), which is subject to 660' setback requirements. The producing interval that Marathon seeks to drill will not comply with the 660' setback requirements established under the Division's rules.

6. The first take point for the well will be located 330' from the south line of the project area boundary and 330' from the west line of the project area boundary. The last take point for the well will be located 330' from the north line of the project area boundary and 330' from the west line of the project area boundary.

7. Marathon sought, but has been unable to obtain a voluntary agreement from all interest owners in the Wolfcamp formation underlying the proposed project area to participate in the drilling of the well or to otherwise commit their interest to the well.

8. Approval of the non-standard unit and non-standard locations and compulsory pooling will prevent the drilling of unnecessary wells, prevent waste and protect correlative rights.

WHEREFORE, Marathon requests this application be set for hearing before an Examiner of the Oil Conservation Division on May 17, 2018, and after notice and hearing as required by law, the Division enter its order:

A. Creating non-standard 480-acre, more or less, spacing and proration unit in the Wolfcamp formation, comprised of the W/2 Section 11 and the NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico; and

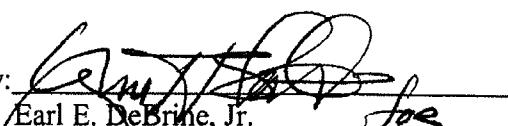
B. Approving non-standard locations;

- C. Pooling all mineral interests in the Wolfcamp formation underlying this non-standard spacing and proration unit;
- D. Designating Marathon as operator of this unit and the wells to be drilled thereon;
- E. Authorizing Marathon to recover its costs of drilling, equipping and completing these wells;
- F. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and
- G. Setting a 200% charge for the risk involved in drilling and completing the well in the event a working interest owner elects not to participate in the wells.

Respectfully submitted,

MODRALL, SPERLING, ROEHL, HARRIS
& SISK, P.A.

By:


Earl E. DeBrine, Jr.
Jennifer Bradfute
Post Office Box 2168
Bank of America Centre
500 Fourth Street NW, Suite 1000
Albuquerque, New Mexico 87103-2168
Telephone: 505.848.1800
Attorneys for Applicant

CASE NO. _____: Application of Marathon Oil Permian LLC for a non-standard spacing and proration unit, approving non-standard locations, and compulsory pooling, Lea County, New Mexico. Applicant seeks an order from the Division: (1) creating a non-standard 480-acre, more or less, spacing and proration unit in the Wolfcamp formation, comprised of the W/2 Section 11 and the NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico; (2) approving non-standard locations; and (3) pooling all mineral interests in the Wolfcamp formation underlying the proposed non-standard spacing and proration unit. This proposed non-standard spacing and proration unit will be the project area for the **Ender Wiggins Federal 25-34-14 WD 2H** well, to be horizontally drilled. The producing area for the well will have unorthodox locations. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Marathon as operator of the well, and a 200% charge for risk involved in drilling said well. Said area is located approximately 15 miles WNW of Jal, New Mexico.

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 97369	³ Pool Name RED HILLS; BONE SPRING EAST
⁴ Property Code	⁵ Property Name ENDER WIGGINS FEDERAL 25-34-14 TB		⁶ Well Number 3H
⁷ OGRID No. 372098	⁸ Operator Name MARATHON OIL PERMIAN, LLC		⁹ Elevation 3332'

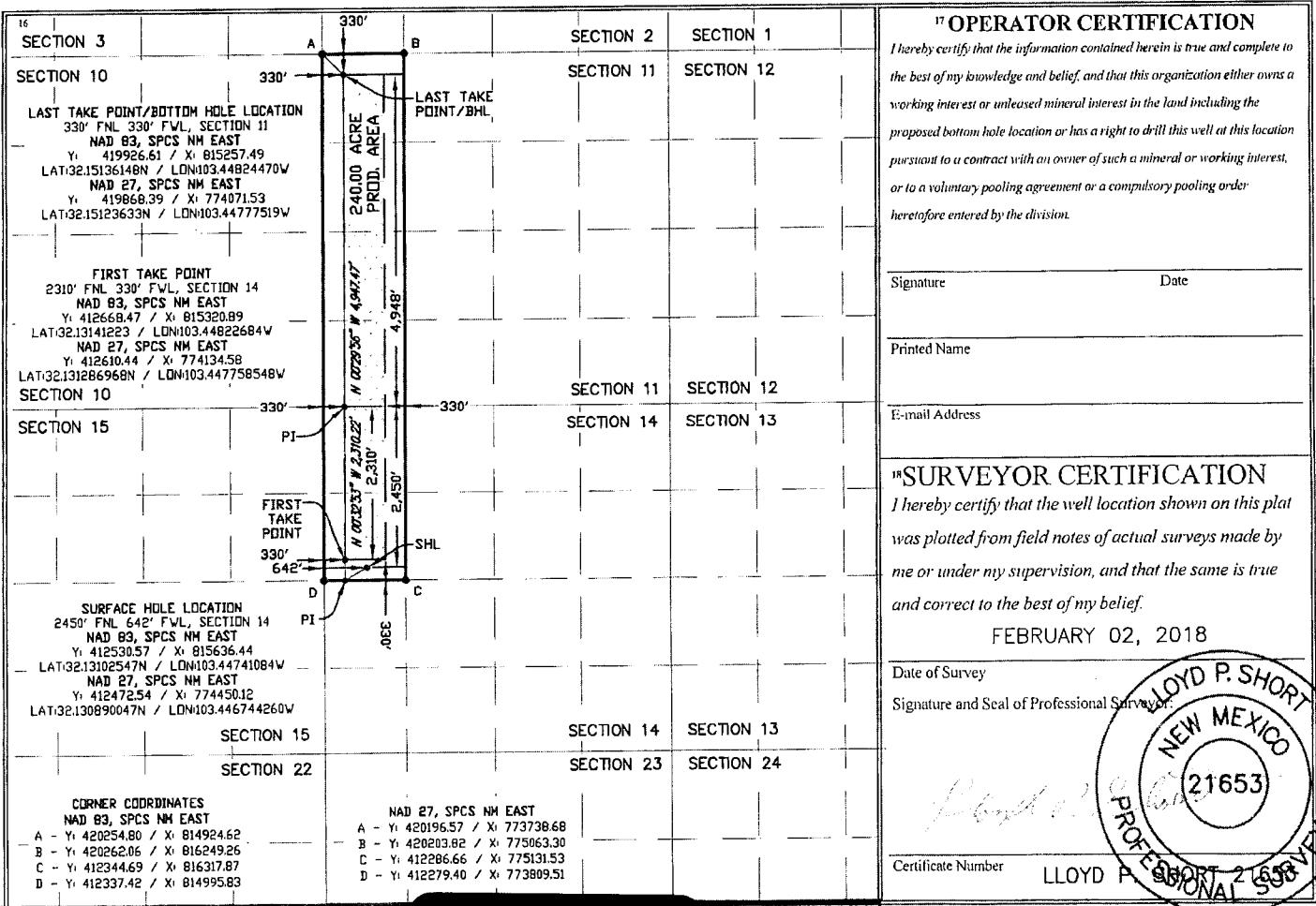
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the North/South line	Feet from the North/South line	Feet from the East/West line	County
E	14	T25S	R34E	2450	NORTH	642	WEST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the North/South line	Feet from the North/South line	Feet from the East/West line	County
D	11	T25S	R34E	330	NORTH	330	WEST	LEA
¹² Dedicated Acres 240.00	¹³ Joint or Infill		¹⁴ Consolidation Code	¹⁵ Order No.				

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



EXHIBIT

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1 01/22/2018 JRP

REV. DATE BY

3

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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Form C-102
Revised August 1, 2011
Submit one copy to appropriate
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name			
		96994		PITCHFORK RANCH; WOLFCAMP, SOUTH			
⁴ Property Code		⁵ Property Name				⁶ Well Number	
ENDER WIGGINS FEDERAL		25-34-14 WA				1H	

⁷ OGRID No.		⁸ Operator Name				⁹ Elevation	
372098		MARATHON OIL PERMIAN, LLC				3332'	

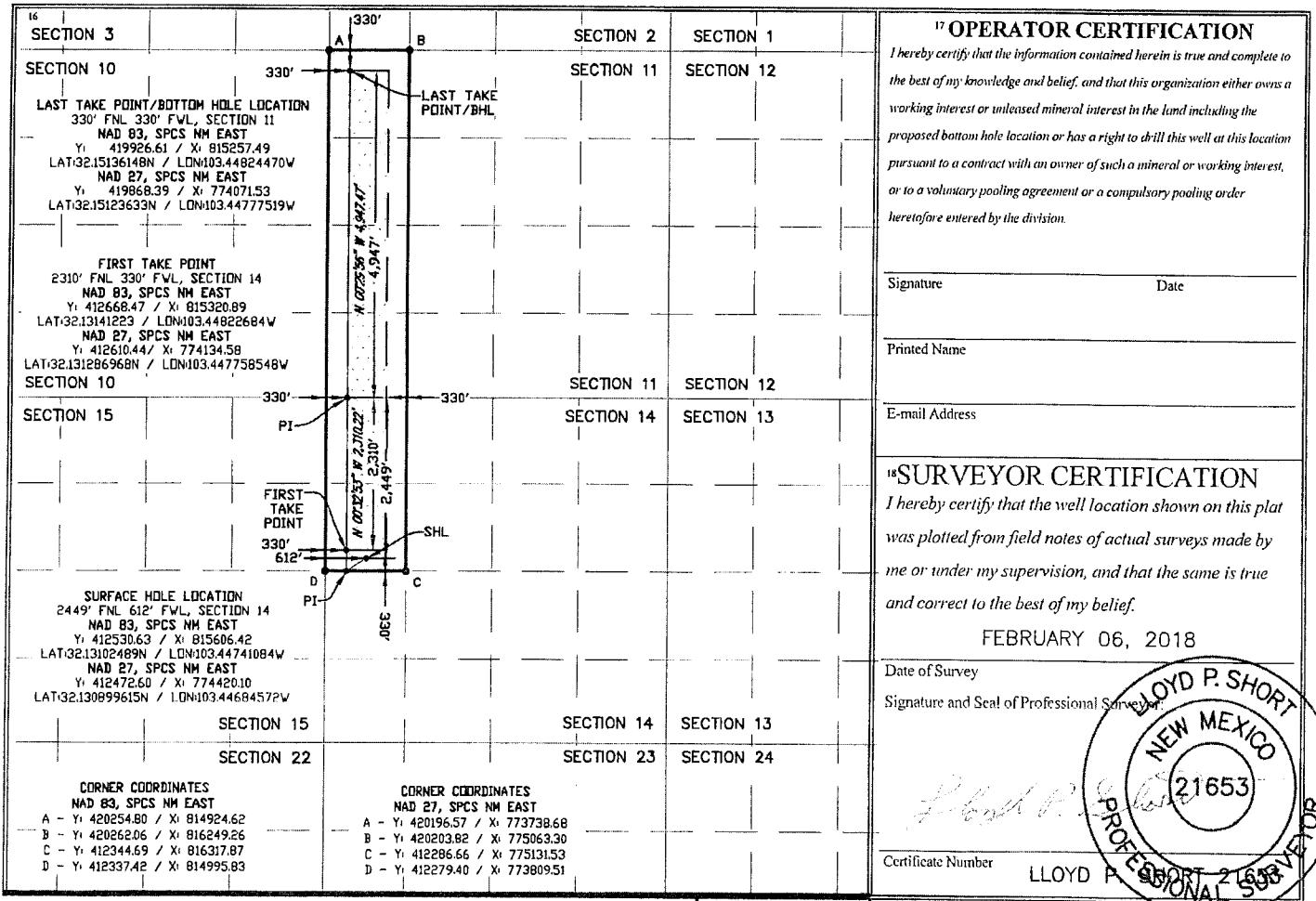
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	14	T25S	R34E	2449	2449	NORTH	612	WEST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	11	T25S	R34E	330	330	NORTH	330	WEST	LEA
¹² Dedicated Acres	¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.				
240.00									

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



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Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 76560	³ Pool Name FAIRVIEW MILLS, WOLFCAMP (GAS)			
⁴ Property Code		⁵ Property Name ENDER WIGGINS FEDERAL 25-34-14 WD				
⁷ OGRID No. 372098		⁸ Operator Name MARATHON OIL PERMIAN, LLC				

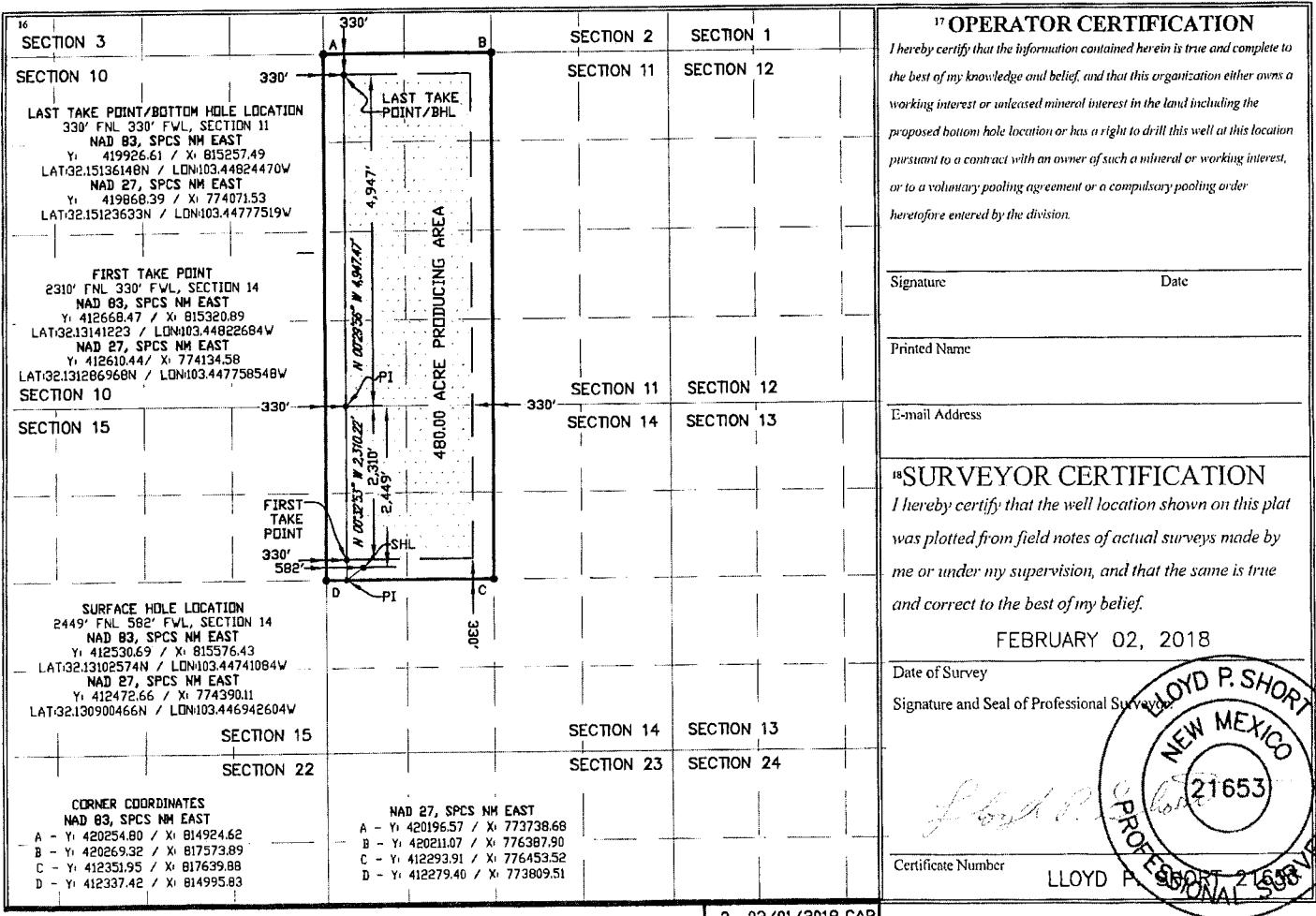
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	14	T25S	R34E		2449	NORTH	582	WEST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County		
D	11	T25S	R34E		330	NORTH	330	WEST	LEA		
¹² Dedicated Acres 480.00	¹³ Joint or Infill		¹⁴ Consolidation Code	¹⁵ Order No.							

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Printed Name _____

E-mail Address _____

¹⁸ SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

FEBRUARY 02, 2018

Date of Survey _____

Signature and Seal of Professional Surveyor

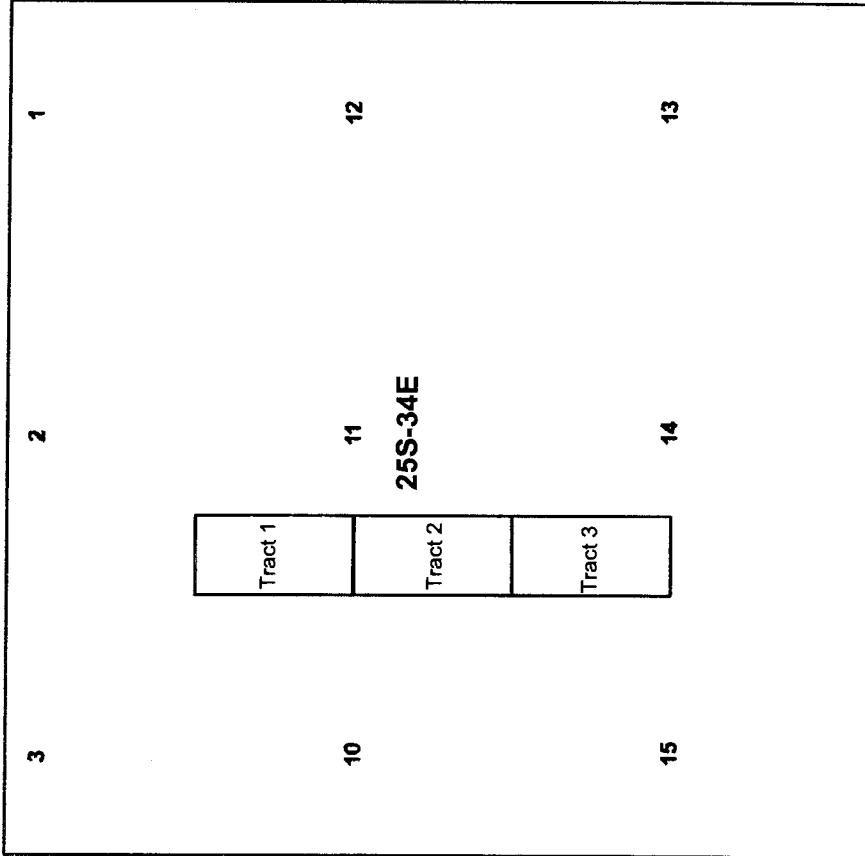
Certificate Number _____

LLOYD P. SHORT
PROFESSIONAL SURVEYOR
21653

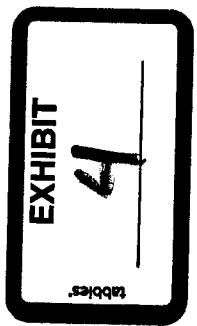
2 02/01/2018 CAP
REV. DATE BY

**Lease Tract Map
Under Wiggins Federal 25-34-14 WA 1H and Ender Wiggins Federal 25-34-14 TB 3H
W/2 W/2 of Section 11, 25S-34E, and W/2 NW/4 of Section 14, 25S-34E – 240 acres**

- Tract 1: Federal Acreage
- Tract 2: Federal Acreage
- Tract 3: Fee Acreage

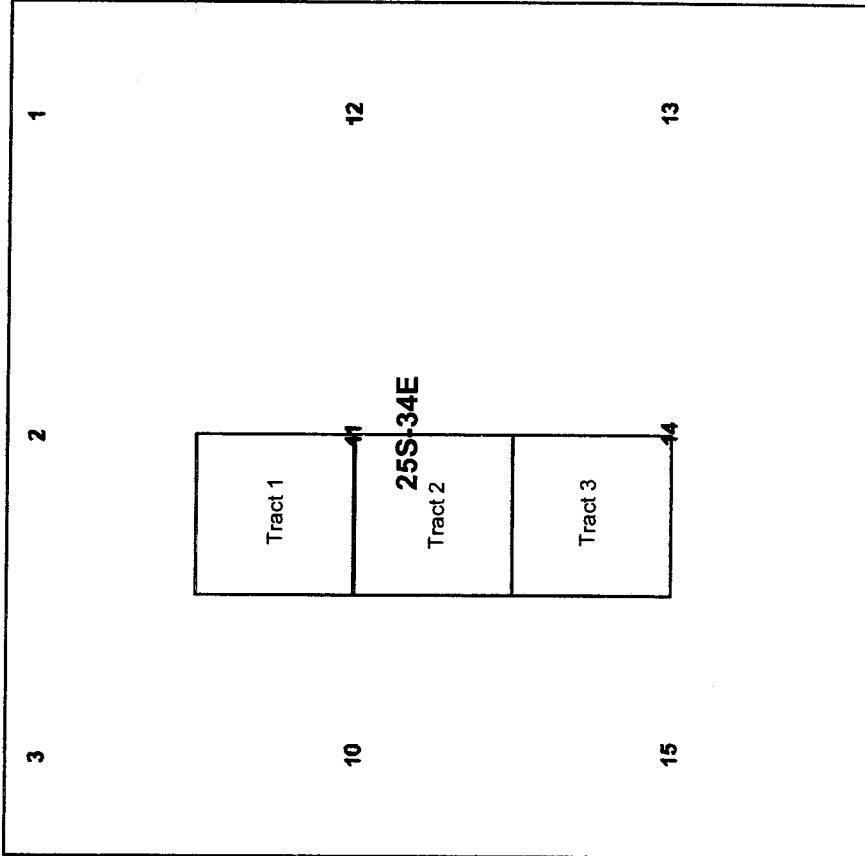


Marathon Oil



**Lease Tract Map
Under Wiggins Federal 25-34-14 WD 2H
W/2 of Section 11, 25S-34E, and NW/4 of Section 14, 25S-34E – 480 acres**

- Tract 1: Federal Acreage
- Tract 2: Federal Acreage
- Tract 3: Fee Acreage



Marathon Oil

Summary of Interests
Ender Wiggins Federal 25-34-14 WA 1H, Ender Wiggins Federal 25-34-14 WD 2H, Ender Wiggins Federal 25-34-14 TB 3H

<u>Committed Working Interest:</u>	55.408951%	55.408951%
Marathon Oil Permian LLC		
<u>Uncommitted Working Interest:</u>	39.035493%	39.035493%
Chevron U.S.A. Inc. Chevron Midcontinent, L.P. OXY Y-1 EOG Resources Inc. COG Operating LLC	16.812721% 8.333333% 8.187279% 3.356481% 2.345679%	
<u>Unleased Mineral Interest:</u>	5.555556%	5.555556%
Sugarberry Oil & Gas Corporation		



Ryan Gyllenband
Land Professional



Marathon Oil Permian LLC
5555 San Felipe Street
Houston, TX 77056
Telephone: 713.296.2453 Mobile: 281.684.7389
Fax: 713.513.4006
mrgyllenband@marathonoil.com

February 20, 2018

VIA CERTIFIED RETURN RECEIPT MAIL

Chevron U.S.A. Inc.
6301 Deauville Blvd.
Midland, TX 79706

Re: Ender Wiggins 1H, 2H and 3H Well Proposals
Sections 11 & 14, T25S-R34E
Lea County, New Mexico

Dear Chevron U.S.A. Inc.:

Marathon Oil Permian LLC ("MRO") proposes the drilling of the following wells located in the W/2 of Section 11, and the NW/4 of Section 14, 25S-34E, Lea County, New Mexico all to be drilled from the same surface pad location.

- Ender Wiggins Federal Com 25 34 14 WA 1H with a proposed first take point located 2,490' FNL and 330' FWL of Section 14, 25S-34E, and a proposed last take point located 150' FNL and 330' FWL of Section 11, 24S-35E. The well will have a targeted interval located in the Wolfcamp Formation (~12,702' TVD) with a productive lateral length of approximately 7,260'. The total estimated drilling and completion cost is \$9,101,536 as shown in the attached AFE.
- Ender Wiggins Federal Com 25 34 14 WD 2H with a proposed first take point located 2,490' FNL and 330' FWL of Section 14, 25S-34E, and a proposed last take point located 150' FNL and 330' FWL of Section 11, 24S-35E. The well will have a targeted interval located in the Wolfcamp Formation (~13,917' TVD) with a productive lateral length of approximately 7,260'. The total estimated drilling and completion cost is \$10,983,927 as shown in the attached AFE.
- Ender Wiggins Federal Com 25 34 14 TB 3H with a proposed first take point located 2,490' FNL and 330' FWL of Section 14, 25S-34E, and a proposed last take point located 150' FNL and 330' FWL of Section 11, 24S-35E. The well will have a targeted interval located in the Bone Springs Formation (~12,440' TVD) with a productive lateral length of approximately 7,260'. The total estimated drilling and completion cost is \$9,093,976 as shown in the attached AFE.

These proposed locations and target depths are subject to change depending on any surface or subsurface concerns encountered. The AFEs represent an estimate of the costs that will be incurred to drill and complete the wells, but those electing to participate in the wells are responsible for their proportionate share of the actual costs incurred.

MRO proposes drilling the well under the terms of the 1989 AAPL JOA and a form of this JOA will be sent to you following this proposal. The JOA will have these general provisions:

- 100%/300%/300% non-consent penalty
- \$7,500/\$750 drilling and producing rates
- Contract area of W/2 Section 11 & NW/4 Section 14, 25S-34E, covering all depths

Our title records show that you own 13.89% WI in the proposed unit.



If your election is to participate in the drilling and completion of the wells please sign and return a copy of this letter along with the enclosed AFE within thirty (30) days of receipt of this proposal.

If you do not wish to participate, Marathon proposes to acquire your interest via term assignment at the following terms:

- 3 year lease term
- \$2000 bonus consideration per net mineral acre
- Delivering a 75% NRI, proportionately reduced

This term assignment offer terminates March 15, 2018 and is subject to due diligence and title verification satisfactory to Marathon.

Should you have any questions regarding this or other matters, please don't hesitate to contact me at the above listed numbers.

Sincerely,

Ryan Gyllenband

Ender Wiggins 1H, 2H and 3H

- ____ elects to participate in the drilling, completing, and equipping of the Ender Wiggins Federal Com 25 34 14 WA 1H well.
- ____ elects NOT to participate in the drilling, completing, and equipping of the Ender Wiggins Federal Com 25 34 14 WA 1H well.
- ____ elects to participate in the drilling, completing, and equipping of the Ender Wiggins Federal Com 25 34 14 WD 2H well.
- ____ elects NOT to participate in the drilling, completing, and equipping of the Ender Wiggins Federal Com 25 34 14 WD 2H well.
- ____ elects to participate in the drilling, completing, and equipping of the Ender Wiggins Federal Com 25 34 14 TB 3H well.
- ____ elects NOT to participate in the drilling, completing, and equipping of the Ender Wiggins Federal Com 25 34 14 TB 3H well.

Chevron U.S.A. Inc.

By: _____

Print Name: _____

Title: _____

Date: _____



AUTHORITY FOR EXPENDITURE
EXPLORATION & PRODUCTION

Drilling Project #	GFO
Pad Project #	

DATE: 10/19/00

Permian Asset Team		Location	25, 34, 11	Rig	480
Field	0	State	NEW MEXICO		
Lease / Facility	ENDER WIGGINS FEDERAL 25 34 14 TB 3H	County/Parish	LEA		
Operator	MARATHON OIL PERMIAN LLC	Estimated Start Date	27-Oct-2018		
		Estimated Completion Date	30-Nov-2018		

Estimated Gross Cost This AFE: \$9,093,976

Project Description & Reason for Expenditure: Drill, Complete, & Equip a Horizontal Well

This well is planned to be drilled and completed with multistage fracturing using plug and perf. The estimated cost of drilling, testing, completing, and equipping the well is \$9,093,976 as detailed in the provided authority for expenditure document. This will include installation of transitional and long term artificial lift systems.

The well will be drilled to a total vertical depth of 12,440' and a total measured depth of 19,707', with an estimated treatable lateral length of 7,260' and will be completed with an estimated 45 stages and approximately 2500 lbs/ft of proppant.

Prepared by

AG PRADEEP, JACOB BEATY, JOSH SHANNON, MATT HENSCHEN, TOMMY MAZAL, LANE NEAL

Final Approval

Date: _____

Title: Regional Vice President Permian Asset Team

Participant's Approval

Name of
Company: _____

Signature: _____

Title: _____

Date: _____



MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 1/0/1900

DRILLING & LOCATION PREPARED BY JACOB BEATY
COMPLETION PREPARED BY JOSH SHANNON
FACILITIES PREPARED BY MATT HENSCHEN
ARTIFICIAL LIFT PREPARED BY TOMMY MAZAL

Asset Team	PERMIAN	FORMATION: 3RD BONE SPRINGS	WILDCAT	EXPLORATION
Field	0		DEVELOPMENT	RECOMPLETION
Lease/Facility	ENDER WIGGINS FEDERAL 25 34 14 TB 3H		X EXPLOITATION	WORKOVER
Location	LEA COUNTY			
Prospect	RED HILLS			

Est Total Depth 19,707 Est Drilling Days 27 Est Completion Days 5.5

LOCATION COST - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access	43,333
7001250	Land Broker Fees and Services	50,000
	TOTAL LOCATION COST - INTANGIBLE	103,333

DRILLING COST - TANGIBLE

7012050	Conductor Pipe	28,000
7012050	Surface Casing	33,000
7012050	Intermediate Casing 1	148,000
7012050	Intermediate Casing 2	289,000
7012050	Production Casing	88,000
7012050	Drill Liner Hanger, Tieback Eq & Csg Accessories	55,000
7012550	Drilling Wellhead Equipment	70,000
7012040	Casing & Tubing Access	30,000
7012270	Miscellaneous MRO Materials	10,000
	TOTAL DRILLING - TANGIBLE	751,000

DRILLING COST - INTANGIBLE

7019200	Drilling Rig Mob/Demob	43,333
7019220	Drilling Rig - day work/footage	567,000
7019040	Directional Drilling Services	224,000
7019020	Cement and Cementing Service	20,000
7019020	Cement and Cementing Service	40,000
7019020	Cement and Cementing Service	70,000
7019020	Cement and Cementing Service	60,000
7019140	Mud Fluids & Services	70,000
7012310	Solids Control equipment	47,000
7012020	Bits	70,000
7019010	Casing Crew and Services	35,000
7016350	Fuel (Rig)	83,000
7019140	Fuel (Mud)	18,000
7001460	Water (non potable)	25,000
7019000	Well Logging Services	18,000
7019150	Mud Logging/geosteering	15,000
7019250	Stabilizers, Hole Openers, Underreamers (OH rentals)	15,000
7019110	Casing inspection/cleaning	15,000
7019110	Drill pipe/collar inspection services	10,000
7016180	Freight - truck	25,000
7001460	Water hauling and disposal (includes soil farming)	135,000
7001440	Vacuum Truck	20,000
7000030	Contract Labor - general	30,000
7018150	Rental Tools and Equipment (surface rentals)	108,000
7018150	Rig Equipment and Misc.	8,100
7001110	Telecommunications Services	10,000
7001120	Consulting Services	126,900
7001400	Safety and Environmental	10,000
7018170	Rental Buildings (trailers)	13,500
7019310	Coring (sidewall & analysis)	-
7010110	B&C Contingency & Taxes	233,427
	TOTAL DRILLING - INTANGIBLE	\$2,130,260

TOTAL DRILLING COST \$2,881,260

COMPLETION - TANGIBLE

7012580	Tubing	75,000
7012040	Tubing Accessories (nipple, wireline entry)	15,000
7012550	Wellhead Equip	20,000
7012560	Packers - Completion Equipment	38,850

TOTAL COMPLETION - TANGIBLE \$148,850

MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 1/0/1900

Asset Team	PERMIAN
Field	0
Lease/Facility	ENDER WIGGINS FEDERAL 25 34 14 TB 3H

COMPLETION - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access (dress location after rig move, set anchors)	20,000
7019220	Drilling Rig During Completion	20,000
7019140	Mud Fluids & Services	-
7019030	Cold Tubing Services (3 runs)	170,000
7019240	Snubbing Services	25,000
7019270	Pulling/Swab Units	10,000
7016350	Fuel (from drig)	-
7019010	Casing Crew and Services	-
7019020	Cement and Cementing Services	-
7019080	Well Testing Services (flow hand & equip)	71,000
7019320	Fracturing Services	2,880,000
7019330	Perforating	124,000
7019360	Wireline Services	-
7001460	Water Hauling & Disposal (frac fluids)	800,000
7016180	Freight - Truck (haul pipe, drig & compl)	40,000
7018150	BOP Rental & Testing	-
7018150	Rental Tools and Equipment (incl drig; lightplant,hydra-walk)	-
7018150	CT Downhole Rental Equipment (ie. Bit, BHA)	45,000
7000030	Contract Labor - general	85,000
7001110	Telecommunications Services	35,000
7001400	Safety and Environmental	-
7001120	Consulting Services	30,000
7018150	Zipper Manifold	77,600
7019300	Frack Stack Rentals	50,000
7016190	Freight (Transportation Services)	-
7018150	Equipment Rental (w/o operator, frac tanks, lightplants)	100,000
7018120	Rental Buildings (trailers)	55,000
7000030	Contract Labor - Pumping (pump-down pumps)	60,000
7011010	8% Contingency & Taxes	374,448

TOTAL COMPLETION - INTANGIBLE \$5,072,048

TOTAL COMPLETION COST \$5,220,898

SURFACE EQUIPMENT - TANGIBLE

7012350	Misc. Piping, Fittings & Valves	86,765
7006640	Company Labor & Burden	-
7000030	Contract Labor - General	69,528
7001110	Telecommunication equip (Telemetry)	-
7012410	Line Pipe & Accessories	27,078
7012270	Miscellaneous Materials (containment system)	43,047
7008060	SCADA	-
7016180	Freight - truck	-
7001190	Contract Engineering	29,116
7012290	Metering and Instrumentation	250,831
7012290	I&E Materials	-
7012200	Gas Treating	-
7012200	Dehydration	-
7012010	Compressor	-
7012350	Power	-
7012611	Vapor Recovery Unit	-
7012440	Separator & other pressure vessels	77,572
7012500	Tanks	142,674
7012100	Heater Treater	12,997
7012640	Flare & Accessories	17,469
7000010	Electrical Labor	29,116
7000010	Mechanical Labor	-
7012480	Rod Pumping Unit & Pad	-
7012380	Pumping Unit Engine	-
7012350	Electrical Power (electrical cooperative construction costs)	23,293

TOTAL SURFACE EQUIPMENT - TANGIBLE \$809,485

TOTAL SURFACE EQUIPMENT COST \$ 809,485

ARTIFICIAL LIFT

7006640	Company Labor	3,000
7012180	Gas Lift Equipment	23,000
7012480	Rod Pumping, Sucker Rods & Rod Pump	-
7012140	Elect Sub Pumps (ESP)	-
7019350	Well Services-Well/Wellhead Services	22,500
7012270	Materials & Supplies-Tangible	25,000
7012550	Surface Wellhead Equipment	3,000
7012390	Pig Launchers/Receivers & Rel Equip	-
7011010	8% Contingency & Taxes	2,500

TOTAL ARTIFICIAL LIFT \$79,000

TOTAL ARTIFICIAL LIFT COST \$ 79,000

SUMMARY OF ESTIMATED DRILLING WELL COSTS

TOTAL COST

TOTAL LOCATION COST	\$ 103,333
TOTAL DRILLING COST	\$ 2,881,260
TOTAL COMPLETIONS COST	\$ 5,220,898
TOTAL SURFACE EQUIPMENT COST	\$ 809,485
TOTAL ARTIFICIAL LIFT COST	\$ 79,000

GRAND TOTAL COST

\$9,093,976



AUTHORITY FOR EXPENDITURE
EXPLORATION & PRODUCTION

Drilling Project #	GFO
Pad Project #	
DATE:	1/01/00

Permian Asset Team	Location	25, 34, 11	Rig	480
Field	0	State	NEW MEXICO	
Lease / Facility	ENDER WIGGINS FEDERAL 25 34 14 WA 1H	County/Parish	LEA	
Operator	MARATHON OIL PERMIAN LLC	Estimated Start Date	8-Sep-2018	
		Estimated Completion Date	12-Oct-2018	

Estimated Gross Cost This AFE: \$9,101,536

Project Description & Reason for Expenditure: Drill, Complete, & Equip a Horizontal Well

This well is planned to be drilled and completed with multistage fracturing using plug and perf. The estimated cost of drilling, testing, completing, and equipping the well is \$9,101,536 as detailed in the provided authority for expenditure document. This will include installation of transitional and long term artificial lift systems.

The well will be drilled to a total vertical depth of 12,702' and a total measured depth of 19,963', with an estimated treatable lateral length of 7,260' and will be completed with an estimated 45 stages and approximately 2500 lbs/ft of proppant.

Prepared By: AG PRADEEP, JACOB BEATY, JOSH SHANNON, MATT HENSCHEN, TOMMY MAZAL, LANE NEAL

Final Approval

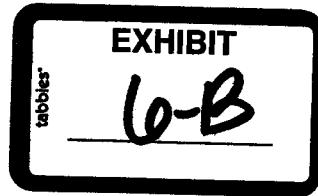

Eric H. Henschen
Title: Regional Vice President Permian Asset Team

Participant's Approval

Name of
Company _____

Signature _____

Title: _____ Date: _____



MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 1/0/1900

DRILLING & LOCATION PREPARED BY JACOB BEATY

COMPLETION PREPARED BY JOSH SHANNON

FACILITIES PREPARED BY MATT HENSCHEN

ARTIFICIAL LIFT PREPARED BY TOMMY MAZAL

Asset Team	PERMIAN	FORMATION: WOLF CAMP A	WILDCAT	EXPLORATION
Field	0		DEVELOPMENT	RECOMPLETION
Lease/Facility	ENDER WIGGINS FEDERAL 25 34 14 WA 1H		X EXPLOITATION	WORKOVER
Location	LEA COUNTY			
Prospect	RED HILLS			

Est Total Depth 19,963 Est Drilling Days 27 Est Completion Days 5.5

LOCATION COST - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access	43,333
7001250	Land Broker Fees and Services	60,000

TOTAL LOCATION COST - INTANGIBLE 103,333

DRILLING COST - TANGIBLE

7012050	Conductor Pipe	28,000
7012050	Surface Casing	33,000
7012050	Intermediate Casing 1	148,000
7012050	Intermediate Casing 2	295,000
7012050	Production Casing	88,000
7012050	Drill Liner Hanger, Tieback Eq & Csg Accessories	55,000
7012550	Drilling Wellhead Equipment	70,000
7012040	Casing & Tubing Access	30,000
7012270	Miscellaneous MRO Materials	10,000

TOTAL DRILLING - TANGIBLE 758,000

DRILLING COST - INTANGIBLE

7019200	Drilling Rig - day work/footage	567,000
7019040	Directional Drilling Services	224,000
7019020	Cement and Cementing Service	20,000
7019020	Cement and Cementing Service	40,000
7019020	Cement and Cementing Service	70,000
7019020	Cement and Cementing Service	60,000
7019140	Mud Fluids & Services	70,000
7012310	Solids Control equipment	47,000
7012020	Bits	70,000
7019010	Casing Crew and Services	35,000
7016350	Fuel (Rig)	83,000
7019140	Fuel (Mud)	18,000
7001460	Water (non potable)	25,000
7019000	Well Logging Services	
7019150	Mud Logging+geosteering	18,000
7019250	Stabilizers, Hole Openers, Underreamers (DH rentals)	15,000
7019110	Casing Inspection/cleaning	15,000
7019110	Drill pipe/collar inspection services	10,000
7016180	Freight - truck	25,000
7001460	Water hauling and disposal (includes soil farming)	135,000
7001440	Vacuum Trucks	20,000
7000030	Contract Labor - general	30,000
7018150	Rental Tools and Equipment (surface rentals)	108,000
7018150	Rig Equipment and Misc.	8,100
7001110	Telecommunications Services	10,000
7001120	Consulting Services	126,900
7001400	Safety and Environmental	10,000
7018120	Rental Buildings (trailers)	13,300
7019310	Coring (sidewalls & analysis)	
7011010	B&E Contingency & Taxes	213,987

TOTAL DRILLING - INTANGIBLE \$2,130,820

TOTAL DRILLING COST \$2,888,820

COMPLETION - TANGIBLE

7012580	Tubing	75,000
7012040	Tubing Accessories (nipple, wireline entry)	15,000
7012550	Wellhead Equip	20,000
7012560	Packers - Completion Equipment	38,850

TOTAL COMPLETION - TANGIBLE \$148,850

MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 1/01/1900

Asset Team	PERMIAN
Field	0
Lease/Facility	ENDER WIGGINS FEDERAL 25 34 14 WA 1H

COMPLETION - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access (dress location after rig move, set anchors)	20,000
7019220	Drilling Rig During Completion	20,000
7019140	Mud Fluids & Services	-
7019030	Coiled Tubing Services (3 runs)	170,000
7019240	Snubbing Services	25,000
7019270	Pulling/Swab Units	10,000
7016350	Fuel (from drig)	-
7019010	Casing Crew and Services	-
7019020	Cement and Cementing Services	-
7019080	Well Testing Services (flow hand & equip)	71,000
7019320	Fracturing Services	2,880,000
7019330	Perforating	124,000
7019360	Wireline Services	-
7001460	Water Hauling & Disposal (frac fluids)	800,000
7016180	Freight - Truck (haul pipe; drig & compl)	40,000
7018150	BOP Rental & Testing	-
7018150	Rental Tools and Equipment (incl drig; lightplant,hydra-walk)	-
7018150	CT Downhole Rental Equipment (ie. BHT, BHA)	45,000
7000030	Contract Labor - general	85,000
7001110	Telecommunications Services	35,000
7001400	Safety and Environmental	-
7001120	Consulting Services	30,000
7018150	Zinger Manifold	77,600
7019300	Frac Stack Rentals	50,000
7016190	Freight (Transportation Services)	-
7018150	Equipment Rental (w/o operator, frac tanks, lightplants)	100,000
7018120	Rental Buildings (trailers)	55,000
7000030	Contract Labor - Pumping (pump-down pumps)	60,000
7011010	8% Contingency & Taxes	374,448
TOTAL COMPLETION - INTANGIBLE		\$5,072,048

TOTAL COMPLETION COST **\$5,220,898**

SURFACE EQUIPMENT - TANGIBLE

7012350	Misc. Piping, Fittings & Valves	86,765
7006640	Company Labor & Burden	-
7000030	Contract Labor - General	69,528
7001110	Telecommunication equip (Telemetry)	-
7012410	Line Pipe & Accessories	27,078
7012270	Miscellaneous Materials (containment system)	43,047
7008060	SCADA	-
7016180	Freight - truck	-
7001190	Contract Engineering	29,116
7012290	Metering and Instrumentation	250,831
7012290	I&E Materials	-
7012200	Gas Treating	-
7012200	Dehydration	-
7012010	Compressor	-
7012350	Power	-
7012610	Vapor Recovery Unit	-
7012440	Separator & other pressure vessels	77,572
7012500	Tanks	142,674
7012100	Heater Treater	12,997
7012640	Flare & Accessories	17,469
7000010	Electrical Labor	29,116
7000010	Mechanical Labor	-
7012480	Rod Pumping unit & Pad	-
7012180	Pumping Unit Engine	-
7012350	Electrical Power (electrical cooperative construction costs)	23,293
TOTAL SURFACE EQUIPMENT - TANGIBLE		\$809,485

TOTAL SURFACE EQUIPMENT COST **\$ 809,485**

ARTIFICIAL LIFT

7006640	Company Labor	3,000
7012180	Gas Lift Equipment	23,000
7012480	Rod Pumping, Sucker Rods & Rod Pump	-
7012140	Elect Sub Pumps (ESP)	-
7019350	Well Services-Well/Wellhead Services	22,500
7012270	Materials & Supplies-Tangible	25,000
7012550	Surface Wellhead Equipment	3,000
7012390	Pig Launchers/Receivers & Rel Equip	-
7011010	8% Contingency & Taxes	2,500
TOTAL ARTIFICIAL LIFT		79,000

TOTAL ARTIFICIAL LIFT COST **\$ 79,000**

SUMMARY OF ESTIMATED DRILLING WELL COSTS

TOTAL COST

TOTAL LOCATION COST	\$ 103,333
TOTAL DRILLING COST	\$ 2,888,820
TOTAL COMPLETIONS COST	\$ 5,220,898
TOTAL SURFACE EQUIPMENT COST	\$ 809,485
TOTAL ARTIFICIAL LIFT COST	\$ 79,000
GRAND TOTAL COST \$9,101,536	



AUTHORITY FOR EXPENDITURE
EXPLORATION & PRODUCTION

Drilling Project #	GFO
Pad Project #	
DATE:	10/19/00

Permian Asset Team		Location	25, 34, 11	Rig	480
Field	0	State	NEW MEXICO		
Lease / Facility	ENDER WIGGINS FEDERAL 25 34 14 WD 2H	County/Parish	LEA		
Operator	MARATHON OIL PERMIAN LLC	Estimated Start Date	2-Oct-2018		
		Estimated Completion Date	8-Nov-2018		

Estimated Gross Cost This AFE: \$10,983,927

Project Description & Reason for Expenditure: Drill, Complete, & Equip a Horizontal Well

This well is planned to be drilled and completed with multistage fracturing using plug and perf. The estimated cost of drilling, testing, completing, and equipping the well is \$10,983,927 as detailed in the provided authority for expenditure document. This will include installation of transitional and long term artificial lift systems.

The well will be drilled to a total vertical depth of 13,917' and a total measured depth of 21,183', with an estimated treatable lateral length of 7,260' and will be completed with an estimated 45 stages and approximately 2500 lbs/ft of proppant.

Prepared By

AG PRADEEP, JACOB BEATY, JOSH SHANNON, MATT HENSCHEN, TOMMY MAZAL, LANE NEAL

Final Approval


Title: Regional Vice President Permian Asset Team

Date: _____

Participant's Approval

Name of
Company: _____

Signature: _____

Title: _____

Date: _____



MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 1/0/1900
DRILLING & LOCATION PREPARED BY JACOB BEATY
COMPLETION PREPARED BY JOSH SHANNON
FACILITIES PREPARED BY MATT HENSCHEN
ARTIFICIAL LIFT PREPARED BY TOMMY MAZAL

Asset Team	PERMIAN	FORMATION: WOLFCAMP D	WILDCAT	EXPLORATION
Field	0	ENDER WIGGINS FEDERAL 25 34 14 WD 2H	DEVELOPMENT	RECOMPLETION
Lease/Facility	LEA COUNTY		X EXPLOITATION	WORKOVER
Location	RED HILLS			
Prospect				

Est Total Depth	21,183	Est Drilling Days	30	Est Completion Days	5.5
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LOCATION COST - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access	43,333
7001250	Land Broker Fees and Services	60,000
TOTAL LOCATION COST - INTANGIBLE		103,333

DRILLING COST - TANGIBLE

7012050	Conductor Pipe	28,000
7012050	Surface Casing	33,000
7012050	Intermediate Casing 1	148,000
7012050	Intermediate Casing 2	273,000
7012050	Production Casing	407,000
7012050	Drill Liner Hanger, Tieback Eq & Csg Accessories	10,000
7012550	Drilling Wellhead Equipment	75,000
7012040	Casing & Tubing Access	45,000
7012270	Miscellaneous MRO Materials	10,000
TOTAL DRILLING - TANGIBLE		1,029,000

DRILLING COST - INTANGIBLE

7019200	Drilling Rig Mob/Demob	43,333
7019220	Drilling Rig - day work/footage	630,000
7019040	Directional Drilling Services	243,000
7019020	Cement and Cementing Service	20,000
7019020	Cement and Cementing Service	40,000
7019020	Cement and Cementing Service	70,000
7019020	Cement and Cementing Service	50,000
7019140	Mud Fluids & Services	78,000
7012310	Solids Control Equipment	52,000
7012020	Bits	70,000
7019010	Casing Crew and Services	35,000
7016350	Fuel (Alg)	92,000
7019140	Fuel (Mud)	27,000
7001460	Water (non potable)	25,000
7019000	Well Logging Services	20,000
7019150	Mud Logging/geosteering	20,000
7019250	Stabilizers, Hole Openers, Underreamers (DH rentals)	15,000
7019110	Casing inspection/cleaning	15,000
7019110	Drill pipe/collar inspection services	10,000
7016180	Freight - truck	25,000
7001460	Water hauling and disposal (Includes soil farming)	135,000
7001440	Vacuum Trucks	20,000
7000030	Contract Labor - general	30,000
7038150	Rental Tools and Equipment (surface rentals)	120,000
7018150	Rig Equipment and Misc.	9,000
7001110	Telecommunications Services	10,000
7001120	Consulting Services	141,000
7001400	Safety and Environmental	10,000
7018120	Rental Buildings (trailers)	15,000
7019310	Coring (sidewall & analysis)	-
7010101	8% Contingency & Taxes	246,347
TOTAL DRILLING - INTANGIBLE		\$2,296,680

TOTAL DRILLING COST	\$3,325,680
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COMPLETION - TANGIBLE

7012580	Tubing	75,000
7020400	Tubing Accessories (nipple, wireline entry)	15,000
7012550	Wellhead Equip	20,000
7012560	Packers - Completion Equipment	38,850
TOTAL COMPLETION - TANGIBLE		\$148,850

MARATHON OIL PERMIAN LLC
AUTHORITY FOR EXPENDITURE
DETAIL OF ESTIMATED WELL COSTS

DATE 1/0/1900

Asset Team	PERMIAN
Field	0
Lease/Facility	ENDER WIGGINS FEDERAL 25 34 14 WD 2H

COMPLETION - INTANGIBLE

GL CODE	DESCRIPTION	ESTIMATED COST
7001270	Location and Access (dress location after rig move, set anchors)	20,000
7019220	Drilling Rig During Completion	20,000
7019140	Mud Fluids & Services	-
7019030	Coiled Tubing Services (3 runs)	170,000
7019240	Snubbing Services	25,000
7019270	Pulling/Swab Units	10,000
7016350	Fuel (from drig)	-
7019010	Casing Crew and Services	-
7019020	Cement and Cementing Services	-
7019080	Well Testing Services (flow hand & equip)	71,000
7019320	Fracturing Services	4,325,531
7019330	Perforating	124,000
7019360	Wireline Services	-
7001460	Water Hauling & Disposal (frac fluids)	800,000
7016180	Freight - Truck (haul pipe; drig & compl)	40,000
7018150	BOP Rental & Testing	-
7018150	Rental Tools and Equipment (Incl drig, lightplant, hydra-walk)	-
7018150	CT Downhole Rental Equipment (ie. Bit, BHA)	45,000
7000030	Contract Labor - general	85,000
7001110	Telecommunications Services	35,000
7001400	Safety and Environmental	-
7001120	Consulting Services	30,000
7018150	Zipper Manifold	77,600
7019300	Frack Stack Rentals	50,000
7016190	Freight (Transportation Services)	-
7018150	Equipment Rental (w/o operator, frac tanks, lightplants)	100,000
7018120	Rental Buildings (trailers)	55,000
7000030	Contract Labor - Pumping (pump-down pumps)	60,000
7011010	8% Contingency & Taxes	374,448
TOTAL COMPLETION - INTANGIBLE		\$6,517,579

TOTAL COMPLETION COST

\$6,666,429

SURFACE EQUIPMENT - TANGIBLE

7012350	Misc. Piping, Fittings & Valves	86,765
7006640	Company Labor & Burden	-
7000030	Contract Labor - General	69,528
7001110	Telecommunication equip (Telemetry)	-
7012410	One Pipe & Accessories	27,078
7012270	Miscellaneous Materials (containment system)	43,047
7008050	SCADA	-
7016180	Freight - truck	-
7001190	Contract Engineering	29,116
7012290	Metering and Instrumentation	250,831
7012290	I&E Materials	-
7012200	Gas Treating	-
7012200	Dehydration	-
7012010	Compressor	-
7012350	Power	-
7012610	Vapor Recovery Unit	-
7012440	Separator & other pressure vessels	77,572
7012500	Tanks	142,674
7012100	Heater Treater	12,997
7012640	Flare & Accessories	17,459
7000010	Electrical Labor	29,116
7000010	Mechanical Labor	-
7012480	Rod Pumping unit & Pad	-
7012180	Pumping Unit Engine	-
7012350	Electrical Power (electrical cooperative construction costs)	23,293
TOTAL SURFACE EQUIPMENT - TANGIBLE		\$809,485

TOTAL SURFACE EQUIPMENT COST

\$ 809,485

ARTIFICIAL LIFT

2006640	Company Labor	3,000
7012180	Gas Lift Equipment	23,000
7012480	Rod Pumping, Sucker Rods & Rod Pump	-
7012140	Elect Sub Pumps (ESP)	-
7019350	Well Services-Well/Wellhead Services	22,500
7012270	Materials & Supplies-Tangible	25,000
7012550	Surface Wellhead Equipment	3,000
7012390	Pig Launchers/Receivers & Rel Equip	-
7011010	8% Contingency & Taxes	2,500
TOTAL ARTIFICIAL LIFT		79,000

TOTAL ARTIFICIAL LIFT COST

\$ 79,000

SUMMARY OF ESTIMATED DRILLING WELL COSTS

TOTAL COST

TOTAL LOCATION COST	\$ 103,333	
TOTAL DRILLING COST	\$ 3,325,680	
TOTAL COMPLETIONS COST	\$ 6,666,429	
TOTAL SURFACE EQUIPMENT COST	\$ 809,485	
TOTAL ARTIFICIAL LIFT COST	\$ 79,000	
GRAND TOTAL COST		\$10,983,927

Unit Owner to be Force Pooled		
Name	Address 1	Address 2
Chevron U.S.A. Inc.	6301 Deauville Blvd.	Midland, TX 79706
Chevron Midcontinent, L.P.	6301 Deauville Blvd.	Midland, TX 79706
OXY Y-1	5 Greenway Plaza, Suite 110	Houston, TX 77046
EOG Resources Inc.	5509 Champions Drive	Midland, TX 79706
COG Operating LLC	One Concho Center, 600 West Illinois	Midland, TX 79701
Sugarberry Oil & Gas Corporation	5950 Cedar Springs Road; Lock Box 230	Dallas, TX 75235
ORRI Owners in Unit		
Name	Address 1	Address 2
Tha Allar Company	P.O. Box 1567	Graham, TX 76450
EOG A Resources, Inc.	5509 Champions Drive	Midland, TX 79706
EOG M. Resources, Inc.	5509 Champions Drive	Midland, TX 79706
Cornerstone Family Trust	P.O. Box 17656	Golden, CO 80402
Crownrock Minerals, L.P.	P.O. Box 51933	Midland, TX 79710
Allar Development LLC	P.O. Box 1567	Graham, TX 76450
Regeneration Energy Corp.	P.O. Box 210	Artesia, NM 88211
Offset Owners		
Name	Address 1	Address 2
EOG RESOURCES INC.	5509 Champions Drive	Midland, TX 79706
CHEVRON U.S.A. INC.	6301 Deauville Blvd.	Midland, TX 79706
FEATHERSTONE DEVELOPMENT CORPORATION	PO Box 429	Roswell, NM 88202-0429
EOG M RESOURCES, INC.	5509 Champions Drive	Midland, TX 79706
EOG A RESOURCES, INC.	5509 Champions Drive	Midland, TX 79706
THE ALLAR CO.	P.O. Box 1567	Graham, TX 76450
SUGARBERRY OIL & GAS CORPORATION	5950 Cedar Springs Rd., Lock Box 230	Dallas, TX 75235
AMEREDEV NEW MEXICO, LLC	5707 Southwest Parkway, Building 1, Suite 275	Austin, TX 78735
FRANK T. FLEET, INC.	P.O. Box 729	Ada, OK 74820
MARGARET HELEN KALMAR TRUST A, A/K/A the MARGARET HELEN KALMAR CHILDREN'S TRUST	P.O. Box 729	Ada, OK 74820
P.A.W.N. ENTERPRISES, LP	P.O. Box 729	Ada, OK 74820
CROWN OIL PARTNERS V, LP	4000 N. Big Spring, Suite 300	Midland, TX 79705
CRUMP ENERGY PARTNERS II, LLC	4000 N. Big Spring, Suite 300	Midland, TX 79705
NADEL AND GUSSMAN DELAWARE, LLC	15 East Fifth St., Suite 3300	Tulsa, OK 74103
OZARK ROYALTY CO., LLC	111 S. Highland St., Suite 352	Memphis, TN 38111
ENERGEN RESOURCES CORPORATION	605 Richard Arrington, Jr. Blvd.	North Birmingham, AL 35203
OXY USA WTP LP	5 Greenway Plaza, Suite 110	Houston, TX 77046
SANTO PETROLEUM LLC	P.O. Box 1020	Artesia, NM 88211
SEEGERES DRILLING COMPANY	14140 Midway Rd., Suite 202	Dallas, TX 75244
ESTATE OF PAUL PAGE & LUCY PAGE	1920 Crescent Place	Midland, TX 79705
ESTATE OF HENRY D. LINDSLEY, III	5525 Stonegate Rd.	Dallas, TX 75209
E.B. LARUE, JR.	25 Highland Park, VLG #100280	Dallas, TX 75205
MONTGOMERY PETROLEUM, INC.	4925 Greenville Ave., Suite 915	Dallas, TX 75205
OKLAHOMA EXPLORATION COMPANY	5121 McKinney Ave.	Dallas, TX 75205
KEVIN FLYNN	216 Long Mountain	New Braunfels, TX 78132
KATHY WHITWORTH	1437 Brittany Way	Rockwall, TX 75087
CATHERINE RAY	5223 Beckington Ln	Dallas, TX 75287
LUCY ANN RAY	5223 Beckington Ln	Dallas, TX 75287
WILLIAM HARLAN RAY	5223 Beckington Ln	Dallas, TX 75287
ANNE C. RAY	5223 Beckington Ln	Dallas, TX 75287
ROBERT B. RAY	5223 Beckington Ln	Dallas, TX 75287
JACQULYN R. JOHNSON	7009 Kingsbury Dr.	Dallas, TX 75231
CASCADE ENERGY, LP	P.O. Box 7849	Dallas, TX 75209
ASHLAND ASSEST HOLDING COMPANY	4330 W. Vickery Blvd., Suite 150	Fort Worth, TX 76107
ROBERT ROY ALLEN	241 N Huachua Street	Benson, AZ 85602
CAROLYN PRICE	1205 Country Club Dr	Midland, TX 79701
KATHY NOBLES	2503 Sinclair Ave	Midland, TX 79705
WILLIAM E HORVATH, Jr.	6296 S. Farm Road	Ozark, MO 65721
FERINEZ PHELPS ESTATE	1014 Quaker Knoll Road	Spring, MD 20860
D. MORGAN FIRESTONE	353 Iriquois Shore Road	Oaksville, Ontario, Canada L6M1M3
ESTATE of DANIEL M. GALBREATH	155 E. Broad Street	Columbus, OH 43215
JOAN G. PHILLIPS	155 E. Broad Street	Columbus, OH 43215
MRC PERMIAN COMPANY	S400 LBJ Freeway, Suite 1500	Dallas, TX 75240
BRAZOS LIMITED PARTNERSHIP	P.O. Box 911	Breckenridge, TX 76424
IBEX PARTNERSHIP, LTD	P.O. Box 911	Breckenridge, TX 76424
BBL LTD	P.O. Box 911	Breckenridge, TX 76424
AMEREDEV NEW MEXICO	5707 Southwest Parkway	Austin, TX 78735
ONE ENERGY PARTNERS OPERATING, LLC	2929 Allen Parkway, Suite 200	Houston, TX 77019
JOHN T. NEISLER 2012 TRUST JOHN T. NEISLER, TRUSTEE	6216 Riviera Dr.	North Richland Hills, TX 76180
SHANNON R. SPROWLS 2012 TRUST SHANNON R. SPROWLS, TR	6216 Riviera Dr.	North Richland Hills, TX 76180
LOIS ANN LINGO	P.O. Box 212	Cromwell, OK 74837
CHANCE C. BARTON	1919 N. Turner St.	Hobbs, NM 88240-2712
HAZEL WARREN FERQUAIN JONES	604 E. 52nd Place North	Tulsa, OK 74126
ESTATE OF DONNIE JOE WARREN	Route 1, Box 85	Lewisville, AR 71845
ESTATE OF RUBY EARL RHoadS	650 S. McLean St.	Fallon, NV 89406
ESTATE OF JESSIE PEARL SETTLES	Route 4, Box 51	Midland, TX 79701
ESTATE OF MICKIE MARIE WAREN	7804 Colton Dr.	Ft. Worth, TX 76108
BILL (WILLIAM) O. EVANS	12202 Advance Dr.	Houston, TX 77065
ESTATE OF ELRIDGE W. COPELIN	Route 4	Tahoka, TX 79373
ESTATE OF NELL MARIE WAREN THOMAS PERRY		
SALLY ANN COOPER		
CHARLES LINGO, WIDOW OF PATSY LINGO		
ESTATE OF SHARRON WARREN		
VIRGINIA WARREN		

EXHIBIT

7

tables

LOUIS CHARLES WEAVER		
ESTATE OF JAMES ALEXANDER WAREN		
ESTATE OF FAY RENE SETTLES MORELAND MCCALL		
ESTATE OF JESSIE MAUDE WAREN (WIDOW OF JAMES ALEXANDER WAREN)		
ESTATE OF JOSEPH ALEXANDER WAREN		
ESTATE OF PATSY WAREN LINGO		
ESTATE OF JOHN WALTER WARREN		
ESTATE OF VERNON FRANKLIN WAREN		
ESTATE OF DELYIA WAREN		
ESTATE OF BESSIE FAY WAREN SETTLES		
ESTATE OF LONZO ESTELL SETTLES, SR.		
ESTATE OF BETTY FRANCES SETTLES COKER (WIDOWER ELMER LLOYD COKER)		
ESTATE OF NANCY NELL THOMAS COOK JENKINS		
ESTATE OF LEONA BAKER WAREN		
ESTATE OF FRANCES LANE CUNNINGHAM WARREN		
ESTATE OF GEORGE W. WAREN JR.		
ESTATE OF ANNIE WAREN COPELIN		
ESTATE OF TROY COPELIN (WIDOWER OF ANNIE WAREN COPELIN)		
ESTATE OF PAULINE COPELIN WARREN		

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

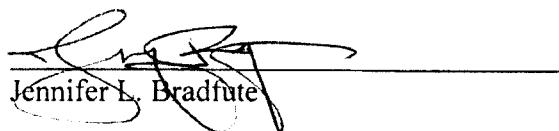
APPLICATION OF MARATHON OIL
PERMIAN LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT
AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 16147

AFFIDAVIT

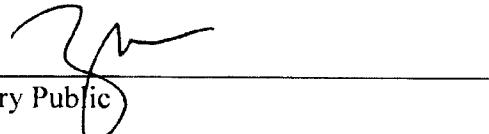
STATE OF NEW MEXICO)
)
) ss.
COUNTY OF BERNALILLO)

Jennifer L. Bradfute, attorney in fact and authorized representative of Marathon Oil Permian LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.



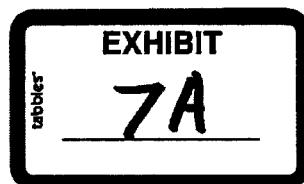
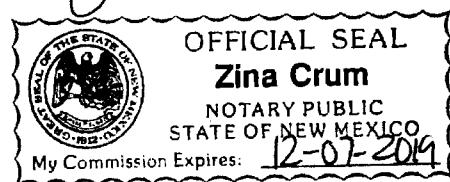
Jennifer L. Bradfute

SUBSCRIBED AND SWORN to before me this 13th day of June, 2018 by Jennifer L. Bradfute.



Notary Public

My commission expires: 12-07-2019



Marathon

Ender Wiggins Application

Mailed on 04/27/18

Pooled Parties	Certified No.
Chevron U.S.A. Inc. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
Chevron Midcontinent, L.P. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
OXY Y-1 5 Greenway Plaza, Suite 110 Houston, TX 77046	7017-2400-0000-5766-2533 5/7/18
EOG Resources Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
COG Operating LLC One Concho Center, 600 West Illinois Midland, TX 79701	7017-2400-0000-5766-2557 5/2/18
Sugarberry Oil & Gas Corporation 5950 Cedar Springs Road; Lock Box 230 Dallas, TX 75235	7017-2400-0000-5766-2564 5/7/18
Tha Allar Company P.O. Box 1567 Graham, TX 76450	7107-2400-0000-5766-2571 5/7/18
EOG A Resources, Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 Duplicate 5/8/18
EOG M. Resources, Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
Cornerstone Family Trust P.O. Box 17656 Golden, CO 80402	7017-2400-0000-5766-2588 5/8/18
Crownrock Minerals, L.P. P.O. Box 51933 Midland, TX 79710	7017-2400-0000-5766-2595 5/7/18
Allar Development LLC P.O. Box 1567 Graham, TX 76450	7017-2400-0000-5766-2571 5/7/18
Regeneration Energy Corp. P.O. Box 210 Artesia, NM 88211	7017-2400-0000-5766-2601 5/2/18
Offset Parties	Certified No.

Marathon

Ender Wiggins Application

Mailed on 04/27/18

EOG RESOURCES INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
CHEVRON U.S.A. INC. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
FEATHERSTONE DEVELOPMENT CORPORATION PO Box 429 Roswell, NM 88202-0429	7017-0190-0000-7530-9184 5/2/18
EOG M RESOURCES, INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
EOG A RESOURCES, INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
THE ALLAR CO. P.O. Box 1567 Graham, TX 76450	7107-2400-0000-5766-2571 5/7/18
SUGARBERRY OIL & GAS CORPORATION 5950 Cedar Springs Rd., Lock Box 230 Dallas, TX 75235	7017-2400-0000-5766-2564 5/7/18
AMEREDEV NEW MEXICO, LLC 5707 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735	7017-0190-0000-7530-9191 5/7/18
FRANK T. FLEET, INC. P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-9280 5/8/17
MARGARET HELEN KALMAR TRUST A, A/K/A the MARGARET HELEN KALMAR CHILDREN'S TRUST P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-9297 5/7/18
P.A.W.N. ENTERPRISES, LP P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-2946 5/7/18
CROWN OIL PARTNERS V, LP 4000 N. Big Spring, Suite 300 Midland, TX 79705	7017-2400-0000-5766-2953 5/7/18
CRUMP ENERGY PARTNERS II, LLC 4000 N. Big Spring, Suite 300 Midland, TX 79705	7017-2400-0000-5766-2960 5/7/18

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Ender Wiggins Application

Mailed on 04/27/18

NADEL AND GUSSMAN DELAWARE, LLC 15 East Fifth St., Suite 3300 Tulsa, OK 74103	7017-2400-0000-5766-2977 5/7/18
OZARK ROYALTY CO., LLC 111 S. Highland St., Suite 352 Memphis, TN 38111	7017-2400-0000-5766-2984 5/3/18
ENERGEN RESOURCES CORPORATION 605 Richard Arrington, Jr. Blvd. North Birmingham, AL 35203	7017-2400-0000-5766-2991 5/3/18
OXY USA WTP LP 5 Greenway Plaza, Suite 110 Houston, TX 77046	7017-2400-0000-5766-2533 5/7/18
SANTO PETROLEUM LLC P.O. Box 1020 Artesia, NM 88211	7017-2400-0000-5766-3004 5/2/18
SEGERES DRILLING COMPANY 14140 Midway Rd., Suite 202 Dallas, TX 75244	7017-2400-0000-5766-3011 5/3/18
ESTATE OF PAUL PAGE & LUCY PAGE 1920 Crescent Place Midland, TX 79705	7017-2400-0000-5766-3028 Returned to Sender 5/9/18
ESTATE of HENRY D. LINDSLEY, III 5525 Stonegate Rd. Dallas, TX 75209	7017-2400-0000-5766-3035 05/01/18
E.B. LARUE, JR. 25 Highland Park, VLG #100280 Dallas, TX 75205	7017-2400-0000-5766-3042 In Transit 05/03/18
MONTGOMERY PETROLEUM, INC. 4925 Greenville Ave., Suite 915 Dallas, TX 75206	7017-2400-0000-5766-3059 5/7/18
OKLAHOMA EXPLORATION COMPANY 5121 McKinney Ave. Dallas, TX 75205	7017-2400-0000-5766-3066 5/7/18
KEVIN FLYNN 216 Lone Mountain New Braunfels, TX 78132	7017-2400-0000-5766-3073 In Transit 06/10/18
KATHY WHITWORTH 1437 Brittany Way Rockwall, TX 75087	7017-2400-0000-5766-3080 5/7/18
CATHERINE RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3097 5/7/18

Marathon

Ender Wiggins Application

Mailed on 04/27/18

LUCY ANN RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3103 5/7/18
WILLIAM HARLAN RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3110 5/7/18
ANNE C. RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3127 5/7/18
ROBERT B. RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3134 5/7/18
JACQULYN R. JOHNSON 7009 Kingsbury Dr. Dallas, TX 75231	7017-2400-0000-5766-3141 5/15/18
CASCADE ENERGY, LP P.O. Box 7849 Dallas, TX 75209	7017-2400-0000-5766-3158 5/8/18
ASHLAND ASSEST HOLDING COMPANY 4330 W. Vickery Blvd., Suite 150 Fort Worth, TX 76107	7017-2400-0000-5766-3165 5/7/18
ROBERT ROY ALLEN 241 N Huachuca Street Benson, AZ 85602	7017-2400-0000-5766-3172 Returned to Sender 5/16/18
CAROLYN PRICE 1205 Country Club Dr Midland, TX 79701	7017-2400-0000-5766-3189 5/3/18
KATHY NOBLES 2503 Sinclair Ave Midland, TX 79705	7017-2400-0000-5766-3196 5/2/18
WILLIAM E HORVATH, Jr. 6296 S. Farm Road Ozark, MO 65721	7017-2400-0000-5766-3202 Returned to Sender 5/9/18
FERINEZ PHELPS ESTATE 1014 Quaker Knoll Road Spring, MD 20860	7017-2400-0000-5766-3219 5/8/18
D. MORGAN FIRESTONE 353 Iriquois Shore Road Oaksville, Ontario, Canada L6M1M3	7017-2400-0000-5766-3226 Returned to Sender 5/15/18
ESTATE of DANIEL M. GALBREATH 155 E. Broad Street Columbus, OH 43215	7017-2400-0000-5766-3233 Returned to Sender 5/22/18

Marathon

Ender Wiggins Application

Mailed on 04/27/18

JOAN G. PHILLIPS 155 E. Broad Street Columbus, OH 43215	7017-2400-0000-5766-3240 Returned to Sender 5/22/18
MRC PERMIAN COMPANY 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240	7017-2400-0000-5766-3400 5/11/18
BRAZOS LIMITED PARTNERSHIP P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3257 5/8/18
IBEX PARTNERSHIP, LTD P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3264 5/3/18
BBL LTD P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3271 5/3/18
AMEREDEV NEW MEXICO 5707 Southwest Parkway Building 1, Suite 275 Austin, TX 78735	7017-0190-0000-7530-9191 Duplicate 5/7/18
ONE ENERGY PARTNERS OPERATING, LLC 2929 Allen Parkway, Suite 200 Houston, TX 77019	7017-2400-0000-5766-3288 5/3/18
JOHN T. NEISLER 2012 TRUST JOHN T. NEISLER, TRUSTEE 6216 Riviera Dr. North Richland Hills, TX 76180	7017-2400-0000-5766-3295 5/3/18
SHANNON R. SPROWLS 2012 TRUST SHANNON R. SPROWLS. TR 6216 Riviera Dr. North Richland Hills, TX 76180	7017-2400-0000-5766-3301 5/3/18
LOIS ANN LINGO P.O. Box 212 Cromwell, OK 74837	7017-2400-0000-5766-3318 Returned to Sender 5/16/18
CHANCE C. BARTON 1919 N. Turner St. Hobbs, NM 88240-2712	7017-2400-0000-5766-3325 5/2/18
HAZEL WAREN FERQUAIN JONES 604 E. 52nd Place North Tulsa, OK 74126	7017-2400-0000-5766-3332 Returned to Sender 6/12/18
ESTATE OF DONNIE JOE WARREN Route 1, Box 85 Lewisville, AR 71845	7017-2400-0000-5766-3349 Returned to Sender 5/8/18

Marathon

Ender Wiggins Application

Mailed on 04/27/18

ESTATE OF RUBY EARL RHOADS 650 S. McLean St. Fallon, NV 89406	7017-2400-0000-5766-3356 Returned to Sender 5/9/18
ESTATE OF JESSIE PEARL SETTLES Route 4, Box 51 Midland, TX 79701	7017-2400-0000-5766-3363 Returned to Sender 5/30/18
ESTATE OF MICKIE MARIE WAREN 7804 Colton Dr. Ft. Worth, TX 76108	7017-2400-0000-5766-3370 Returned to Sender 5/30/18
BILL (WILLIAM) O. EVANS 12202 Advance Dr. Houston, TX 77065	7017-2400-0000-5766-3387 05/30/18
ESTATE OF ELRIDGE W. COPELIN Route 4 Tahoka, TX 79373	7017-2400-0000-5766-3394 Returned to Sender 5/8/18

ALERT: AS OF APRIL 30, USPS.COM NO LONGER SUPPORTS OUTDATED BROWSERS. TO CO...

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Tracking Number: 7017240000057663035

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Your item was picked up at a postal facility at 1:48 pm on May 1, 2018 in DALLAS, TX 75220.

✓ Delivered

May 1, 2018 at 1:48 pm

Delivered, Individual Picked Up at Postal Facility
DALLAS, TX 75220

Tracking History

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

Product Information

For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
<p>Certified Mail Fee \$ <input type="text"/> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="text"/> <input type="checkbox"/> Return Receipt (electronic) \$ <input type="text"/> <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="text"/> <input type="checkbox"/> Adult Signature Required \$ <input type="text"/> <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="text"/></p>	
<p>Postage \$ <input type="text"/> Total P. 74.11 ESTATE of HENRY D. LINDSLEY, III 5525 Stonegate Rd. Dallas, TX 75209 Ender Wiggins JLB / 81363-0124</p>	
<p>Sent To Street <input type="text"/> City, State <input type="text"/></p>	
<p>PS Form 3800, April 2015 PSN 7530-07-000-9047 See Reverse for Instructions</p>	

Can'

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The item is currently in transit to the next facility as of May 3, 2018.

In-Transit

May 3, 2018
In Transit to Next Facility

Tracking History



Product Information



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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>																					
For delivery information, visit our website at www.usps.com .																					
OFFICIAL USE																					
<p>Certified Mail Fee</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$</td> <td style="width: 90%;"></td> </tr> <tr> <td colspan="2">Extra Services & Fees (check box, add fee as appropriate)</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table> <p>Postage</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$</td> <td style="width: 90%;"></td> </tr> <tr> <td colspan="2">Total Postage</td> </tr> <tr> <td colspan="2"><i>7.41</i></td> </tr> </table> <p>Send To</p> <p>E.B. LARUE, JR. 25 Highland Park, VLG #100280 Dallas, TX 75205 Ender Wiggins JLB / 81363-0124</p> <p>Street Address: City, State:</p>		\$		Extra Services & Fees (check box, add fee as appropriate)		<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	<input type="checkbox"/> Return Receipt (electronic)	\$ _____	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	<input type="checkbox"/> Adult Signature Required	\$ _____	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	\$		Total Postage		<i>7.41</i>	
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Extra Services & Fees (check box, add fee as appropriate)																					
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<input type="checkbox"/> Return Receipt (electronic)	\$ _____																				
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____																				
<input type="checkbox"/> Adult Signature Required	\$ _____																				
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____																				
\$																					
Total Postage																					
<i>7.41</i>																					
PS Form 3800, April 2015 PSN 7530-02-009-0047 See Reverse for Instructions																					

[FAQs \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

ALERT: AS OF APRIL 30, USPS.COM NO LONGER SUPPORTS OUTDATED BROWSERS. TO CO...

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 70172400000057663073

Remove X

Your item departed our USPS facility in OKLAHOMA CITY OK DISTRIBUTION CENTER on June 10, 2018 at 8:52 pm. The item is currently in transit to the destination.

In-Transit

June 10, 2018 at 8:52 pm

Departed USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

Tracking History

Product Information

Can't

Go to our FAQs

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>											
For delivery information, visit our website at www.usps.com											
OFFICIAL USE											
<p>Certified Mail Fee \$ <input type="text"/> 7.41</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Return Receipt (hardcopy)</td> <td style="padding: 2px;">\$ <input type="text"/></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Return Receipt (electronic)</td> <td style="padding: 2px;">\$ <input type="text"/></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="padding: 2px;">\$ <input type="text"/></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Adult Signature Required</td> <td style="padding: 2px;">\$ <input type="text"/></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="padding: 2px;">\$ <input type="text"/></td> </tr> </table>		<input type="checkbox"/> Return Receipt (hardcopy)	\$ <input type="text"/>	<input type="checkbox"/> Return Receipt (electronic)	\$ <input type="text"/>	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ <input type="text"/>	<input type="checkbox"/> Adult Signature Required	\$ <input type="text"/>	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ <input type="text"/>
<input type="checkbox"/> Return Receipt (hardcopy)	\$ <input type="text"/>										
<input type="checkbox"/> Return Receipt (electronic)	\$ <input type="text"/>										
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ <input type="text"/>										
<input type="checkbox"/> Adult Signature Required	\$ <input type="text"/>										
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ <input type="text"/>										
<p>Postage \$ <input type="text"/> 7.41</p> <p>Total \$ <input type="text"/> 7.41</p> <p>Sent: <input type="text"/> 7/10/2018</p> <p>Street <input type="text"/> KEVIN FLYNN 216 Lone Mountain New Braunfels, TX 78132</p> <p>City, S <input type="text"/> Ender Wiggins JLB / 81363-0124</p> <p>Postmark <input type="text"/> 7/10/2018 Here</p>											
See Reverse for Instructions											

FAQs (<http://faq.usps.com/?articleId=220900>)

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:

AMEREDEV NEW MEXICO, LLC
5707 Southwest Parkway, Building 1, Suite 21
Austin, TX 78735
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1220 15

2 Article Number (Transfer from service label)

2017 0190 0000 7530 9191

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

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

Domestic Return Receipt

USPS TRACKING



First-Class Mail
Postage & Fees PAID
USPS
Permit No. G-10

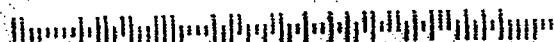
9590 9402 3705 7335 1220 15

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

APR 27 2018

Postmark

Here

7017 0190 0000 7530 9191

Total Postage
\$ 7.41
Sent To
Street and
City, State

AMEREDEV NEW MEXICO, LLC
5707 Southwest Parkway, Building 1, Suite 21
Austin, TX 78735
Ender Wiggins
JLB / 81363-0124

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.

4. *Austin Antiques and Art*

ANNE C. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 85

2. Article Number (*Transfer from service label*)

7017 2400 0000 5766 3127

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Anne Ray* Agent
 Addressee

B. Received by (Printed Name)

Anne Ray C. Date of Delivery
5-1-18

D. Is delivery address different from item 1?

Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

PS Form 3811, July 2015 PSN 7530-02-000-0053

Domestic Return Receipt

USPS TRACKING #

IN TEXAS



9590 9402 3705 7335 1212 85

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

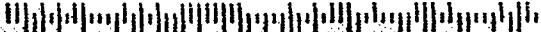
United States
Postal Service

MAILED
MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

3-215858



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For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (handcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Post

\$ 7.44

21
Postmark
Here

ANNE C. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

7017 2400 0000 5766 3127

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 Address

ASHLAND ASSEST HOLDING COM
4330 W. Vickery Blvd., Suite 150
Fort Worth, TX 76107
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 39

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3165

PS Form 3811, July 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Karen C. Koss*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
4-30-18

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
- Mail Retained Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1213 39

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

13-216868



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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage **7.41**

Sent To

ASHLAND ASSEST HOLDING COMPANY

4330 W. Vickery Blvd., Suite 150

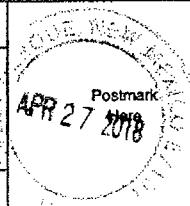
Fort Worth, TX 76107

Street and/or

Ender Wiggins

City, State, Zip

JLB / 81363-0124



PS Form 3

See Reversal 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:

BBL LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 52

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3271

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Paula Grissom

 Agent
 Addressee

B. Received by (Printed Name)

Paula Grissom 4-30-18

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
- 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 7530-02-000-8053

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1214 52

United States
Postal ServiceMAY - 3 2018
BY

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

- | | |
|--|----------|
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark
Here

Postage

\$

Total

\$

Sent

Street

City,

BBL LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124

PS Form 3800, April 2013, 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 envelope, or on the front if space permits.

1. Article Addressed to:

BRAZOS LIMITED PARTNERS
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 14

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3257

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Jennifer L. Bradbury*

Agent
 Addressee

B. Received by (Printed Name)

Paula Brissom

C. Date of Delivery

5-2-18

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

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

Domestic Return Receipt

USPS TRACKING #

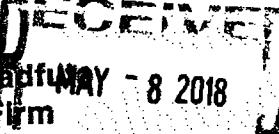
9590 9402 3705 7335 1214 14

United States
Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box*

JENNIFER L. BRADBURY MAY 8 2018
Modrall Law Firm
P.O. Box 2168 BY:
Albuquerque, NM 87103

**U.S. Postal Service™****CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Enclosed

\$ *7.41*

BRAZOS LIMITED PARTNERSHIP

P.O. Box 911

Breckenridge, TX 76424

Ender Wiggins

JLB / 81363-0124

Postmark

Here

W

7017 2400 0000 5766 3257

PS F

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.

COG Operating LLC
One Concho Center, 600 West Illinois
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 28

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2557

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

753018
D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes
 No

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING

MIDLAND, TX 79701

PO BOX 2168 NM 87103

9590 9402 3705 7335 1217 28

United States
Postal Service

MAY - 2 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

MAY 27 2018

Postage

\$

Total Post

\$ 741

Sent To

Street and

City, State

COG Operating LLC
One Concho Center, 600 West Illinois
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124

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:

CAROLYN PRICE
1205 Country Club Dr
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 46

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3189

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

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X Carolyn Price

- Agent
 Addressee

B. Received by (Printed Name)

Carolyn Price

C. Date of Delivery

DOWNTOWN

102517 2016

USPS

**D. Is delivery address different from item 1?
If YES, enter delivery address below:**

If YES, enter delivery address below:

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt**USPS TRACKING #**

9590 9402 3705 7335 1213 46

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal ServiceRECEIVED
MAY - 3 2018

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

8740832168 8024

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

For delivery information, visit our website at www.usps.com.**OFFICIAL USE****Certified Mail Fee**

\$	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/> Return Receipt (hardcopy) \$	_____
<input type="checkbox"/> Return Receipt (electronic) \$	_____
<input type="checkbox"/> Certified Mail Restricted Delivery \$	_____
<input type="checkbox"/> Adult Signature Required \$	_____
<input type="checkbox"/> Adult Signature Restricted Delivery \$	_____

Postmark
Here**Postage**

\$

Total Pd:
\$ 7.41

Sent To:

Street/ai:

City/State:

CAROLYN PRICE
1205 Country Club Dr
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124

PS Form

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:

CASCADE ENERGY, LP
P.O. Box 7849
Dallas, TX 75209
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 15

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3158

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

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

Agent
 Addressee

B. Received by (Printed Name)

Muller

C. Date of Delivery

5/8

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

Domestic Return Receipt

USPS TRACKING #

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3705 7335 1213 15

United States
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• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage
\$ 7.41

Sent To

CASCADE ENERGY, LP
P.O. Box 7849
Dallas, TX 75209
Ender Wiggins
JLB / 81363-0124

Street and A

City, State, Zip

Postmark
Apr 2 Hera

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:

CATHERINE RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 47

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3097

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Catherine Ray

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Anne Ray 5-1-18

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| Mail | |
| Mail Restricted Delivery | |
| DD | |

Domestic Return Receipt

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

USPS TRACKING #

9590 9402 3705 7335 1212 47

United States
Postal Service

MAY - 7 2018

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

Postage

\$

Total Pos.

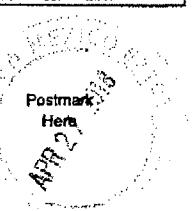
\$ 7.41

Sent To

Street/ln

City, State

CATHERINE RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



Postmark

Here

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 Address/cont'd:

CHANCE C. BARTON
1919 N. Turner St.
Hobbs, NM 88240-2712
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 43

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3325

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-20-18

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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1216 43



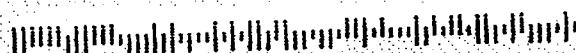
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 2 2018

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Albuquerque, NM 87103



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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage:
\$ 7.41

Sent To

Street and A

City, State, Z

CHANCE C. BARTON
1919 N. Turner St.
Hobbs, NM 88240-2712
Ender Wiggins
JLB / 81363-0124

APR 27 2018
Postmark
Here

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 Identification

Chevron Midcontinent, L.P.
6301 Deauville Blvd.
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 59

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2526

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

Restricted Delivery

Domestic Return Receipt

USPS TRACKING



First-Class Mail
Postage & Fees Paid
JLB'S
Permit No. G-10

9590 9402 3705 7335 1217 59

United States
Postal Service

1
2
3
4
5
MAY - 2 2015
BY

• Sender: Please print your name, address, and ZIP+4® in this box.

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Albuquerque, NM 87103

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total:

\$ 7.41

APR Postmark
Here

Chevron Midcontinent, L.P.
6301 Deauville Blvd.
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124

7017 2400 0000 5766 2526

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:

Cornerstone Family Trust
P.O. Box 17656
Golden, CO 80402
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 98

2. Article Number (Transfer from service label)

2017 2400 0000 5766 2588

D. Is delivery address different from item 1? Yes
 No

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

Jennifer L. Bradfute

C. Date of Delivery

5/2

D. Is delivery address different from item 1? Yes
 No

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

Restricted Delivery

Domestic Return Receipt

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

USPS TRACKING



9590 9402 3705 7335 1216 98

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

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Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

2017 2400 0000 5766 2588

Cornerstone Family Trust
P.O. Box 17656
Golden, CO 80402
Ender Wiggins
JLB / 81363-0124

Total Pcs

\$ 7.41

Sent To

Street Address

City, State

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:

CROWN OIL PARTNERS V. L.
4000 N. Big Spring, Suite 300
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 74

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2953

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Z. Nelson*

Agent
 Addressee

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

5/1/17

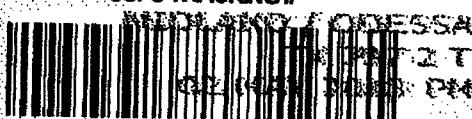
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

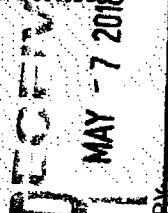
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #

9590 9402 3705 7335 1223 74

First-Class Mail
Postage & Fees Paid
USPS
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United States
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (handcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage

\$
Total Postage
\$ 7.41
Sent To

Street and Ap
City, State, Zi

CROWN OIL PARTNERS V, LP
4000 N. Big Spring, Suite 300
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124

7017 2400 0000 5766 2953

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:

Crownrock Minerals, L.P.
P.O. Box 51933
Midland, TX 79710
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 81

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2595

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jordan Shelby Date of Delivery
Jordan Shelby 5/2/18

B. Received by (Printed Name)

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

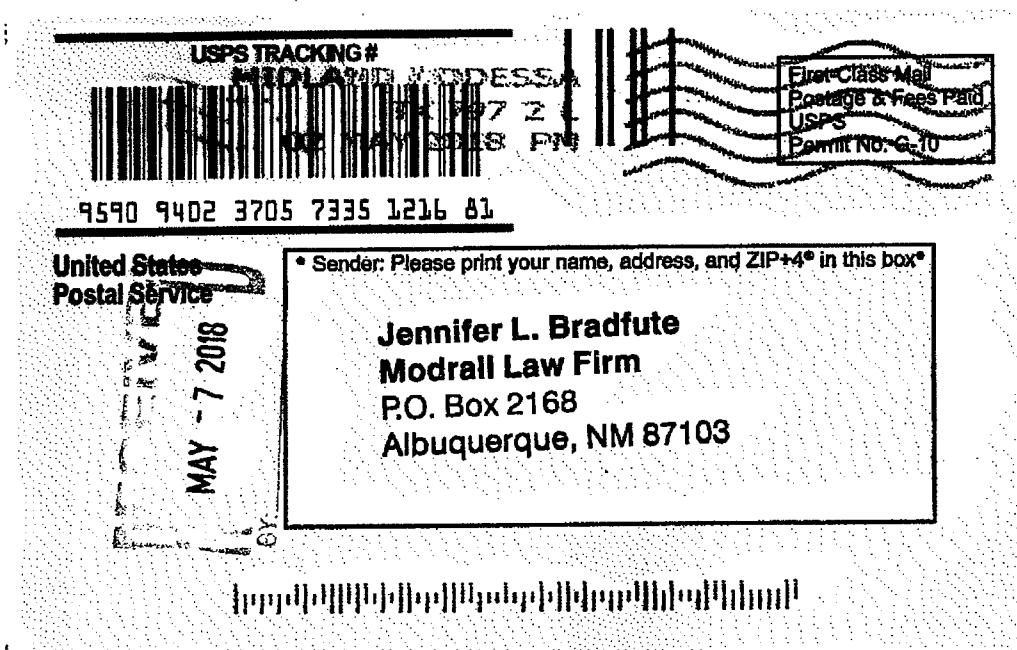
3. Service Type

- 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

Domestic Return Receipt

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



7017 2400 0000 5766 2595

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

 Postmark
Here

Postage

\$

Total Postage

7.41

Sent To

Street and

City, State

Crownrock Minerals, L.P.
P.O. Box 51933
Midland, TX 79710
Ender Wiggins
JLB / 81363-0124

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.

C CRUMP ENERGY PARTNERS II, LLC
4000 N. Big Spring, Suite 300
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 81

2. Article Number (Transfer from service label)

2017 2400 0000 5766 2960

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
5-1-18D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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USPS
Permit No. Q-10

United States
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Modrall Law Firm
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Albuquerque, NM 87103

2960 2400 0000 5766

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Apt.

City, State, Zip

Postmark
Here

CRUMP ENERGY PARTNERS II,
4000 N. Big Spring, Suite 300
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124

See Reverse for Instructions

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:

EOG Resources Inc.
5509 Champions Drive
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 35

2. Article Number (Transfer from service label)

2017 2400 0000 5766 2540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Force Agent Addressee

B. Received by (Printed Name)

R. Force

C. Date of Delivery

4-30-18

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

Domestic Return Receipt

PS Form 3831, July 2015 PSN 7530-02-000-9053

USPS TRACKING



9590 9402 3705 7335 1217 35

First-Class Mail
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USPS
Permit No. G-10

United States
Postal Service

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MAY - 8 2018

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Modrall Law Firm
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Albuquerque, NM 87103

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Post

\$ 7.41

Sent To

Street and

City, State,

EOG Resources Inc.
5509 Champions Drive
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124

APR 2 Here

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:

ENERGEN RESOURCES CORPORATION
605 Richard Arrington, Jr. Blvd.
North Birmingham, AL 35203
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 11

(Transfer from service label)

7017 2400 0000 5766 2991

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Julie Ann Wiggins*

Agent
 Addressee

B. Received by (Printed Name)

Julie Ann Wiggins

C. Date of Delivery

4-30-2015

D. Is delivery address different from Item 1? YesIf YES, enter delivery address below: No*605 21st St*

S. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Restricted Delivery | |

D. Is delivery address different from Item 1? YesIf YES, enter delivery address below: No*605 21st St*

Domestic Return Receipt

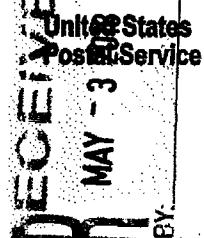
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

USPS TRACKING

EJ1MTRK4984



9590 9402 3705 7335 1224 11



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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and A

City, State, Z

APR 21 2015
Postmark
Here

ENERGEN RESOURCES CORPORATION

605 Richard Arrington, Jr. Blvd.

North Birmingham, AL 35203

Ender Wiggins

JLB / 81363-0124

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 DEVELOPMENT
CORPORATION
PO Box 429
Roswell, NM 88202
Ender Wiggins / JLB / 81363-01



9590 9402 3705 7335 1220 22

2. Article Number / Transfer from service label

7017 0190 0000 7530 9184

PS Form 3811, July 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Hernandez
M. Hernandez

Agent
 Addressee

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

Return Receipt

USPS TRACKING



9590 9402 3705 7335 1220 22

United States
Postal Service

MAY - 2 2018

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-76

88
1
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
9184
7530
0000
0190
2017U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

\$

Total Postage

\$

Sent To

\$ 7.41

FEATHERSTONE DEVELOPMENT
CORPORATION
PO Box 429
Roswell, NM 88202
Ender Wiggins / JLB / 81363-0124

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:

FERINEZ PHELPS ESTATE

1014 Quaker Knoll Road
Spring, MD 20860
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 77

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3219

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jennifer L. Bradfute*

Agent
 Addressee

B. Received by (Printed Name)

Loo Perkins

C. Date of Delivery
5-4-18

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

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| | <input type="checkbox"/> Restricted Delivery |

Domestic Return Receipt

USPS TRACKING# 9590 9402 3705 7335 1213 77



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

Sender: Please print your name, address, and ZIP+4® in this box.

8 2018 Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

MAY

3-216868

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OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$

Total F \$ *7.41*

Sent To: *Jennifer L. Bradfute*

Street: *1014 Quaker Knoll Road*

City, St: *Spring, MD 20860*

Ender Wiggins
JLB / 81363-0124

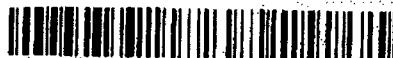
Postmark Here
APR 27 2018

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:

FRANK T. FLEET, INC.
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1220 08

2. Article Number:

7017 2400 0000 5766 9280

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

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
- Return Mail
- Return Mail Restricted Delivery (Over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt®

USPS TRACKING#
OKLAHOMA CITY

9590 9402 3705 7335 1220 08

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

MAY - 8 2018

7103-216668



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OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Pcs
s. 7.41

Sent To

Street #

City, Sta



FRANK T. FLEET, INC.
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124

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:

IBEX PARTNERSHIP, LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 21

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3264

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Paula Session

- Agent
 Addressee

B. Received by (Printed Name)

Paula Session

C. Date of Delivery

4/20/18

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
 Mail Restricted Delivery
500
- Priority Mail Express®
 Registered Mail®
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation (Restricted Delivery)

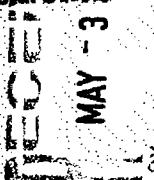
Domestic Return Receipt

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

USPS TRACKING



United States
Postal Service



• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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

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

OFFICIAL USE

Certified Mail Fee

\$	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____

Postage

\$

Total P.O. \$ 7.41

Sent To

Street air

City, Sta

IBEX PARTNERSHIP, LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



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:

JACQULYN R. JOHNSON
7009 Kingsbury Dr.
Dallas, TX 75231
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 08

Article Number (Transfer from service label)

2017 2400 0000 5766 3141

PS Form 3811, July 2015 PSN 7550-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *J.R. Johnson*
 Agent
 Addressee
 B. Received by (Printed Name) **J.R. JOHNSON**
 C. Date of Delivery **5/7/18**

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
 I Mail
 I Mail Restricted Delivery
 500

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 1213 08

United States
Postal ServiceRECEIVED
MAY 15 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

TUE 17 MAY 2018 3141 5766 0000 2400 2017

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Post: \$ **7.41**
 Sent To _____
 Street and _____
 City, State, _____

JACQULYN R. JOHNSON
7009 Kingsbury Dr.
Dallas, TX 75231
Ender Wiggins
JLB / 81363-0124

Postmark
Here

APR 27 2018

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:

N JOHN T. NEISLER 2012 TRUST JOHN T.
NEISLER, TRUSTEE
6216 Riviera Dr.
North Richland Hills, TX 76180
Ender Wiggins JLB / 81363-0124



9590 9402 3705 7335 1214 38

2. Article Number (Transfer from service label):

7017 2400 0000 5766 3295

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dari Neisler*
 Agent
 Addressee

B. Received by (Printed Name)

Dari Neisler

C. Date of Delivery

4-30-18

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No*6216 Riviera*

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <i>All</i> | |
| <i>All Restricted Delivery</i> | |
| <i>()</i> | |

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 1214 38

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

RECEIVED
MAY - 3 2018
BY

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Albuquerque, NM 87103

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OFFICIAL USE

Certified Mail Fee

\$

- | | |
|--|----|
| <input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate) | \$ |
| <input type="checkbox"/> Return Receipt (handcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark

Here

REG 21 MAY 2018

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and A

City, State, Z

JOHN T. NEISLER 2012 TRUST JO
NEISLER, TRUSTEE
6216 Riviera Dr.
North Richland Hills, TX 76180
Ender Wiggins JLB / 81363-01

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:

KATHY NOBLES
2503 Sinclair Ave
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 53

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3196

PS Form 3811, July 2015 PSN 7530-02-000-9059

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Nobles

 Agent
 Addressee

B. Received by (Printed Name)

Kathy Nobles

C. Date of Delivery

4/30/11

D. Is delivery address different from Item 1?

 Yes
 No

If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Registered Mail Restricted Delivery
- Certified Mail®
- Merchandise
- Certified Mail Restricted Delivery
- Uniform Receipt for Merchandise
- Collect on Delivery
- Signature Confirmation™
- Collect on Delivery Restricted Delivery
- Signature Confirmation
- Mail
- Restricted Delivery
- (0)
- Restricted Delivery

Domestic Return Receipt

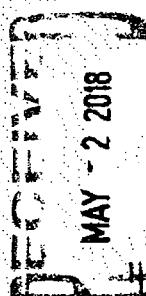
USPS TRACKING



9590 9402 3705 7335 1213 53

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service



• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Certified Mail Fee \$ 5.76	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage \$	
Total Postage \$ 7.41	Sent To _____
Street and P.O. Box	City, State, Zip
KATHY NOBLES 2503 Sinclair Ave Midland, TX 79705 Ender Wiggins JLB / 81363-0124	

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 Number (Transfer from service label)



9590 9402 3705 7335 1212 54

KATHY WHITWORTH
1437 Brittany Way
Rockwall, TX 75087
Ender Wiggins
JLB / 81363-0124

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

Kathy Whitworth

C. Date of Delivery
5-1-14D. 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

Domestic Return Receipt

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

USPS TRACKING



9590 9402 3705 7335 1212 54

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

MAY - 7 2008

Jennifer L. Bradfute
Modrall Law Firm
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Albuquerque, NM 87103

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Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

APR 27
Postmark
Here

Postage

\$

Total Postage

\$ 7.41

Sent To

Street Line

City, State

KATHY WHITWORTH
1437 Brittany Way
Rockwall, TX 75087
Ender Wiggins
JLB / 81363-0124

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:

LUCY ANN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 61

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3103

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Jane Ray*

Agent
 Addressee

B. Received by (Printed Name)

Jane Ray

C. Date of Delivery

APR 27 2018

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

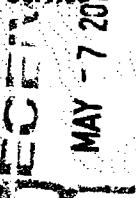
Domestic Return Receipt

USPS TRACKING #

9590 9402 3705 7335 1212 61

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service®



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Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | | |
|--|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and A.

City, State, Z.

LUCY ANN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



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:

Margaret Helen Kalmar Children's Trust
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1219 95

2. Article Number. (Transfer from service label)

7017 2400 0000 5766 9297

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/18

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

Revised P.O. 5152

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
- SOD
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery

 No Return ReceiptUSPS TRACKING®
OKLAHOMA CITY

9590 9402 3705 7335 1219 95

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

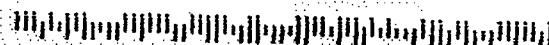
United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

103-216868



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9297

5766

0000

2400

7017

\$ 7.41

Total P.O.

Sent To

Street Address

City, State

Margaret Helen Kalmar Children's

P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124

Postage

\$

Extra Services & Fees (check box, add fee as appropriate)

 Return Receipt (hardcopy) \$ Return Receipt (electronic) \$ Certified Mail Restricted Delivery \$ Adult Signature Required \$ Adult Signature Restricted Delivery \$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.

MONTGOMERY PETROLEUM, I
4925 Greenville Ave., Suite 915
Dallas, TX 75206
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 73

(Article Number (Transfer from service label))

7017 2400 0000 5766 3059

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

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

B. Received by (Printed Name)

 Agent
 Addressee

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No**3. Service Type**

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | \$500 |
| <input type="checkbox"/> Mail Restricted Delivery | |

USPS TRACKING#

9590 9402 3705 7335 1224 73

United States
Postal Service

MAILED
MAY - 7 2018
BY

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total: **7.41** MONTGOMERY PETROLEUM, INC.

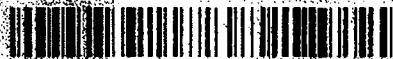
4925 Greenville Ave., Suite 915
Dallas, TX 75206
Ender Wiggins
JLB / 81363-0124

Postmark
Here

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 envelope, or on the front if space permits.

RE, NADEL AND GUSSMAN DELAWARE, L.L.C.
15 East Fifth St., Suite 3300
Tulsa, OK 74103
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 98

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2977

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *plskidmore*

Agent
 Addressee

B. Received by (Printed Name)

PL Skidmore

C. Date of Delivery

5-1-18

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

- | | |
|--|---|
| 3. Service Type | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |

PS Form 3800, July 2015 PSN 7530-02-000-9053

USPS TRACKING



9590 9402 3705 7335 1223 98



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United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

-216868



7017 2400 0000 5766 2977

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

APR 21 2018
Postmark
Here

Postage

\$

Total \$

7.41

NADEL AND GUSSMAN DELAWARE

15 East Fifth St., Suite 3300

Tulsa, OK 74103

Ender Wiggins

JLB / 81363-0124

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.

OKLAHOMA EXPLORATION COMPANY
5121 McKinney Ave.
Dallas, TX 75205
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 97

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3066

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

John R. Hudson 650118

C. Date of Delivery

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

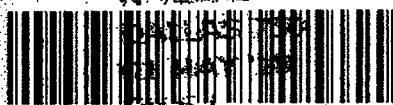
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Restricted Delivery
- 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

USPS TRACKING



9590 9402 3705 7335 1224 97

United States
Postal Service

MAY - 7 2018

- Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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OFFICIAL USE

Certified Mail Fee

\$

- | | |
|---|--|
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> | Return Receipt (handcopy) \$ _____ |
| <input type="checkbox"/> | Return Receipt (electronic) \$ _____ |
| <input type="checkbox"/> | Certified Mail Restricted Delivery \$ _____ |
| <input type="checkbox"/> | Adult Signature Required \$ _____ |
| <input type="checkbox"/> | Adult Signature Restricted Delivery \$ _____ |

Postage

\$

Total Postage and

\$

7.41 OKLAHOMA EXPLORATION COMPANY
5121 McKinney Ave.
Dallas, TX 75205
Ender Wiggins
JLB / 81363-0124

Postmark
Here

7017 2400 0000 5766 3066

PS Form 3800, 7-15

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.

ONE ENERGY PARTNERS OPERATING
2929 Allen Parkway, Suite 200
Houston, TX 77019
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 45

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3288

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

BART/TC

C. Date of Delivery

4/30/18

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1214 45



• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Postage & Fees Paid
USPS
Permit No. G-10

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

5.75

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

7.41

Total Postage

\$

7.41

Sent To

Street and Apt

City, State, Z

2017
2400
0000
5766
3288

Postmark
Here

ONE ENERGY PARTNERS OPERATING, L1
2929 Allen Parkway, Suite 200
Houston, TX 77019
Ender Wiggins
JLB / 81363-0124

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:

OXY Y-1
 5 Greenway Plaza, Suite 110
 Houston, TX 77046
 Ender Wiggins
 JLB / 81363-0124



9590 9402 3705 7335 1217 42

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2533

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

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

James E Beard
JAMES BEARD

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
- O

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

Domestic Return Receipt

United States
Postal Service

MAY - 7 2008

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

9590 9402 3705 7335 1217 42

7017 2400 0000 5766 2533

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For delivery information, visit our website at www.usps.com**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street/Line

City/State

OXY Y-1
 5 Greenway Plaza, Suite 110
 Houston, TX 77046
 Ender Wiggins
 JLB / 81363-0124

Postmark
Here
May 7 2008

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:

OZARK ROYALTY CO., LLC
111 S. Highland St., Suite 352
Memphis, TN 38111
Ender Wiggins
JLB / 81363-0124.



9590 9402 3705 7335 1224 04

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2984

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

Domestic Return Receipt

PS Form 3801, July 2015 PSN 7530-02-000-9053

USPS TRACKING



9590 9402 3705 7335 1224 04

RECEIVED
United States
Postal Service
MAY - 3 2018

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Permit No. G-10

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For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	
Postmark Here	
<p>Postage \$</p> <p>Total Pd \$ 7.41</p> <p>Sent To Street: _____ City, Stat: _____</p> <p>OZARK ROYALTY CO., LLC 111 S. Highland St., Suite 352 Memphis, TN 38111 Ender Wiggins JLB / 81363-0124</p>	

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:

P.A.W.N. ENTERPRISES, LP
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 67

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2946

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/18

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

Refusal to Sign

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| Call | |
| Call Restricted Delivery | |
| Fax | |

First-Class Mail

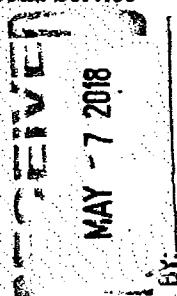
Postage & Fees Paid

USPS

Permit No. G-10

USPS TRACKING #
OKLAHOMA CITY

9590 9402 3705 7335 1223 67

United States
Postal Service

103-216866

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



First-Class Mail

Postage & Fees Paid

USPS

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OFFICIAL USE

7017 2400 0000 5766 2946

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Apt

City, State, Zip

Postmark
Here

P.A.W.N. ENTERPRISES, LP
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124

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.

Regeneration Energy Corp.
P.O. Box 210
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 74

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2601

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ray Miller* Agent
 Addressee

B. Received by (Printed Name)

Ray Miller

C. Date of Delivery

4/30/15

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| Restricted Delivery | |

USPS TRACKING



9590 9402 3705 7335 1216 74

United States
Postal Service

MAY - 2 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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7017 2400 0000 5766 2601

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage

\$

Total Post

\$ 7.41

Sent To

Street and

City, State

Regeneration Energy Corp.
P.O. Box 210
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124

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:

ROBERT B. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 92

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3134

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert Ray
 Agent
 Addressee

B. Received by (Printed Name)

HUNE RAY 5-1-18

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Yes
 No

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Tell Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1212 92

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018

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Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

G-216668



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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Pos

\$ 7.41

Sent To

Street Ad

City, State

ROBERT B. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

Postmark
Here

APR 27 2018



Actions

PS Form 3800, April 2015 PSN 7530-02-000-9053

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:

SANTO PETROLEUM LLC
P.O. Box 1020
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 28

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3004

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jennifer L. Bradfute* 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



- Artesia, NM 88211
May 2 2018
- Service Mail
 - Adult Signature Required
 - 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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1224 28

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service



• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark
Here

7017 2400 0000 5766 3004

SANTO PETROLEUM LLC

P.O. Box 1020

Artesia, NM 88211

Ender Wiggins

JLB / 81363-0124

City, State, Zip

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:

SEGERES DRILLING COMPANY
14140 Midway Rd., Suite 202
Dallas, TX 75244
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 35

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3011

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/30/16

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
- Restricted Delivery
- Priority Mail Express
- Registered Mail
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

USPS TRACKING



9590 9402 3705 7335 1224 35

United States
Postal Service- 3 20
MAY

- Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark

Date

4/30/16

7017 2400 0000 5766 3011

SEGERES DRILLING COMPANY
14140 Midway Rd., Suite 202
Dallas, TX 75244
Ender Wiggins
JLB / 81363-0124

PS Form 3804, April 2015 PSN 7530-02-000-9053

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.

Article Number

Shannon R. Sprowls 2012
 Trust Shannon R. Sprowls, Tr
 6216 Riviera Dr.
 North Richland Hills, TX 76181
 Ender Wiggins JLB / 81363-0124



9590 9402 3705 7335 1216 67

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3301

Restricted Delivery

- A. Signature Agent Addressee
- B. Received by (Printed Name) **Dari Neister** C. Date of Delivery **4/30/18**
- D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No
- 6216 Riviera*

PS Form 3811, July 2015 PSN 7590-02-000-9053

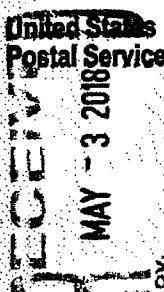
Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1216 67

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. 6



* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103

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Certified Mail Fee

\$

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

Postage

\$

Total Po:

\$ 7.41

Sent To

Street

City, State

PM 17 Postmark
 Here

Shannon R. Sprowls 2012
 Trust Shannon R. Sprowls, Tr
 6216 Riviera Dr.
 North Richland Hills, TX 76180
 Ender Wiggins JLB / 81363-0124

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 envelope, or on the front if space permits.

Sugarberry Oil & Gas Corporation
5950 Cedar Springs Road; Lock Box
Dallas, TX 75235
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 11

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2564

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**

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

RECEIVED
APR 30 2018
BY:

3. Service Type

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Restricted Delivery
- Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

USPS TRACKING #

9590 9402 3705 7335 1217 11

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018
BY:

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

7017 2400 0000 5766 2564

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

APR 27 2018

\$

Total

\$

7.41 Sugarberry Oil & Gas Corporation
5950 Cedar Springs Road; Lock Box 230
Dallas, TX 75235
Ender Wiggins
JLB / 81363-0124

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
P.O. Box 1567
Graham, TX 76450
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 04

2. Article Number/Transfer from service label:

7017 2400 0000 5766 2571

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Melanie Barrett*

Agent
 Addressee

B. Received by (Printed Name)

Melanie Barrett

C. Date of Delivery

9-30-18

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery 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

USPS TRACKING #

9590 9402 3705 7335 1217 04

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. C 1

7017 2400 0000 5766 2571

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$

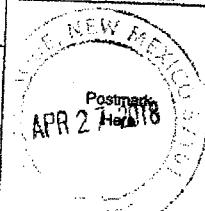
7.41

Sent To

Street Line

City, State

The Allar Company
P.O. Box 1567
Graham, TX 76450
Ender Wiggins
JLB / 81363-0124



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:

WILLIAM HARLAN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 78

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3110

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jane Ray*

Agent
 Addressee

B. Received by (Printed Name)

Jane Ray

C. Date of Delivery

5-1-18

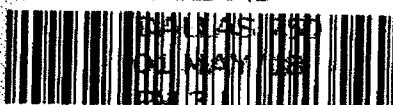
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1212 78

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Permit No. G-10

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Certified Mail Fee

\$

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

Postmark

May 7
Here

Postage

\$

Total Pd

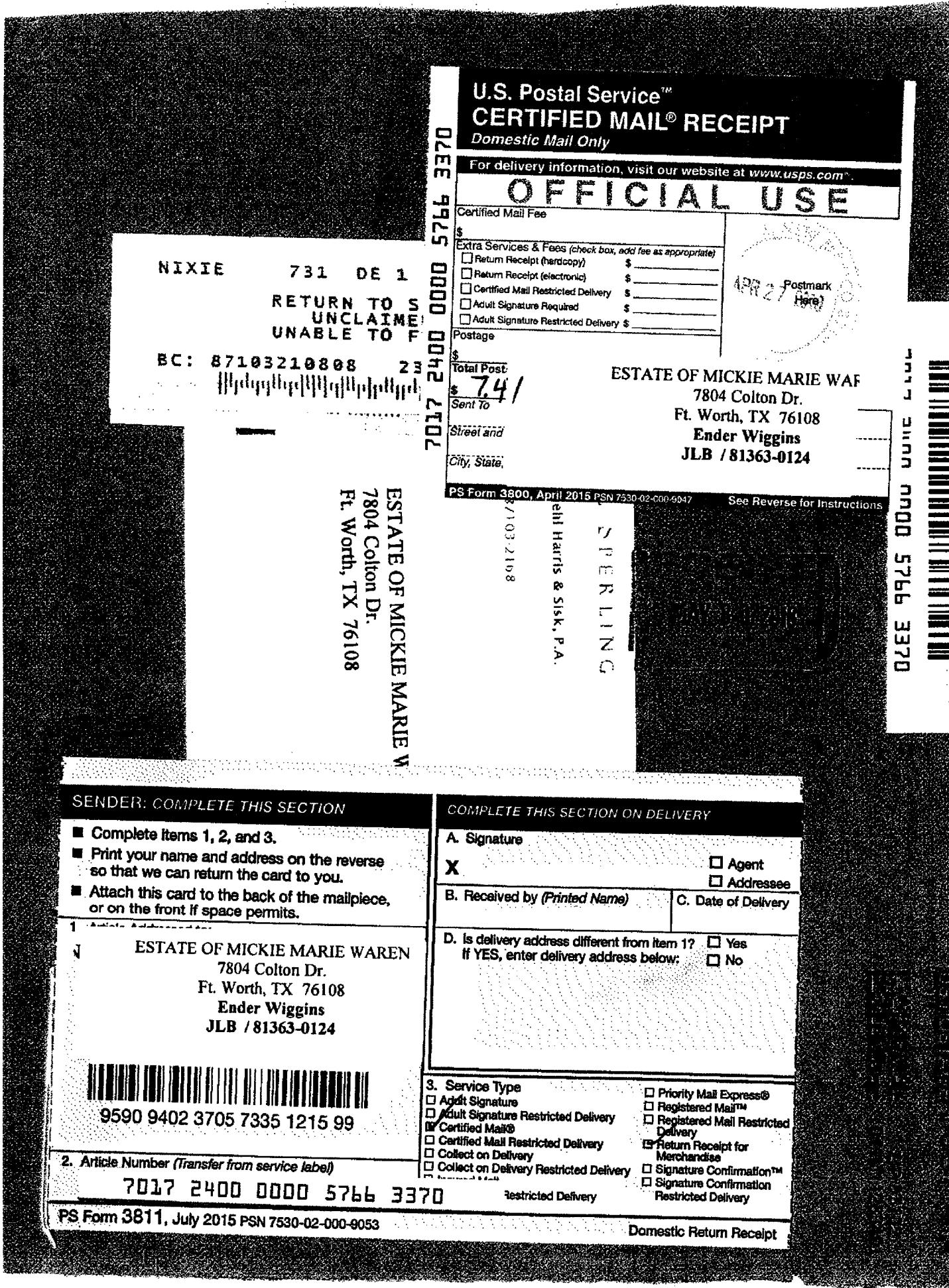
\$ 7.41

7017 2400 0000 5766 3110

WILLIAM HARLAN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

PS Form 6560, 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.

ESTATE OF MICKIE MARIE WAREN
7804 Colton Dr.
Ft. Worth, TX 76108
Ender Wiggins
JLB / 81363-0124

9590 9402 3705 7335 1215 99

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3370

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 Deliver

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

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

\$

Total P

\$ 7.41

Sent To:

JOAN G. PHILLIPS
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124

Street:

City, St:

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

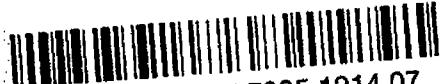
See Reverse for Instructions

5766 3240

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.

JOAN G. PHILLIPS
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 07

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3240

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

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

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage
\$ 7.41

Send To

Street and Apartment

City, State, Zip

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



D. MORGAN FIRESTONE
353 Iriquois Shore Road
Oaksville, Ontario, Canada L6M1M3
Ender Wiggins
JLB / 81363-0124

See Reverse for Instructions

NM 8/103-2168

ng Roehl Harris & Sisk, P.A.

ALL SPREADING

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:

D. MORGAN FIRESTONE
353 Iriquois Shore Road
Oaksville, Ontario, Canada L6M1M3
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 91

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3226

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ad
 Ar

B. Received by (Printed Name)

C. Date of

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 E

Registered Ma

Registered Me

Delivery

Return Recel

Merchandise

Signature Co

Signature Co

Restricted De

(over \$500)

Restricted Delivery

Domestic Return

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

9225 9925 0000 0002 7017

7017 2400 0000 5766 3226



NIXIE

432152060-1

RETURN TO S
INSUFFICIENT
UNABLE TO P
RETURN TO S

EE2E EEE2E

9925 0000 0042 7017



ESTATE of DANIEL M. C
155 E. Broad Street
Columbus, OH 43215

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:

ESTATE of DANIEL M. GALBREATH
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 84

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3233

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Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark
Here

Postage

\$ Total Posta

\$ 7.41

Sent To

ESTATE of DANIEL M. GALBREATH

155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124

Street and/or

City, State, Zip

PS Form 3

SISK, P.A.

By:
L. L. KING

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> In | |
| | Restricted Delivery |

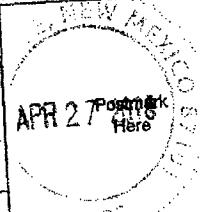
7017 2400 0000 5766 3233

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OFFICIAL USE



Certified Mail Fee

\$	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/>	Return Receipt (hardcopy) \$
<input type="checkbox"/>	Return Receipt (electronic) \$
<input type="checkbox"/>	Certified Mail Restricted Delivery \$
<input type="checkbox"/>	Adult Signature Required \$
<input type="checkbox"/>	Adult Signature Restricted Delivery \$

Postage

\$	Total Postage
\$	7.41
Sent To	
Street and Apt.	
City, State, Zip	

PS Form 3805

Modrall Sperling Roehl Harris & Sisk, P.A.

P.O. Box 2108

Albuquerque, NM 87103-2108

ESTATE OF DONNIE JOE WARREN

Route 1, Box 85
Lewisville, AR 71845
Ender Wiggins
JLB / 81363-0124

7 2400 0000 5766 3349



NIXIE 775 DZ 1

RETURN TO SENDER
ATTEMPTED - NOT K
UNABLE TO FORWARD

BC: 87103216868 2091N1



ESTATE OF DONNIE JOE
Route 1, Box 85
Lewisville, AR 71845

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.

ESTATE OF DONNIE JOE WARR
Route 1, Box 85
Lewisville, AR 71845
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 29

2. Account Number (Transfer from service label)

7017 2400 0000 5766 3349

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
- Forward Mail
- Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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:

ESTATE OF ELRIDGE W. COPELIN
Route 4
Tahoka, TX 79373
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1215 75

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3394

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

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

Domestic Return Receipt

ALL SPERLING

Ling Roehl Harris & Sisk, P.A.

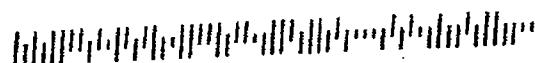
NM 8/10/2016

NIXIE

731 C2 1

0105/01/18

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD



U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL U.S.	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____
Postage	
\$	
Total Postage \$ 7.41	
Sent To _____	
Street and A _____	
City, State, Z _____	

ESTATE OF ELRIDGE V
Route 4
Tahoka, TX 79373
Ender Wiggins
JLB / 81363-0124

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$ 7.41

Sent To

ESTATE OF JESSIE PEARL SETTLES

Route 4, Box 51

Midland, TX 79701

Ender Wiggins

JLB / 81363-0124

Postmark
Here

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

See Reverse for Instructions

7017 2400 0000 5766 3363



NIXIE 731
RETURN
NOT DELIVERABLE
UNABLE

SC: 67103000202

ESTATE OF JESSIE PEARL SETTLES
Route 4, Box 51
Midland, TX 79701

L L S P E R L I N G

g Roehl Harris & Sisk, P.A.

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:

ESTATE OF JESSIE PEARL SETTLES
Route 4, Box 51
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



2. Article Number (Transfer from service label)

7017 2400 0000 5766 3363

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

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/> Return Receipt (hardcopy) \$
<input type="checkbox"/> Return Receipt (electronic) \$
<input type="checkbox"/> Certified Mail Restricted Delivery \$
<input type="checkbox"/> Adult Signature Required \$
<input type="checkbox"/> Adult Signature Restricted Delivery \$

Postage

\$

Total Postage \$

\$

7.41

Sent To

Street and Apt. #

City, State, ZIP

ESTATE OF PAUL PAGE & LUCY PAGE

1920 Crescent Place

Midland, TX 79705

Ender Wiggins

JLB / 81363-0124

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

See Reverse for Instructions



D R A L L S P E R L I N G

Sperling Roehl Harris & Sisk, P.A.

12168
Tucson, NM 85703-2168

NIXIE 731 FE 1
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESS
UNABLE TO FORWARD
BC: 87103210808 2326N1221

ESTATE OF PAUL
PAGE
1920 Crescent Place
Midland, TX 79705

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:

ESTATE OF PAUL PAGE & LUCY
1920 Crescent Place
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 59

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3028

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

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total P

\$

Sent To

Street:

City, St:

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

APR 27
Postmark
Here

ESTATE OF RUBY EARL RHOADS

650 S. McLean St.

Fallon, NV 89406

Ender Wiggins

JLB / 81363-0124

See Reverse for Instructions

0000 5766 3356

Attn: Roxie Roehl Harris & Sisk, P.A.
Box 2103
Albuquerque, NM 87103-2103

ESTATE OF RUBY EARL RHOADS
650 S. McLean St.

NOT DELIVERABLE AS 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 Address

ESTATE OF RUBY EARL RHOADS
650 S. McLean St.
Fallon, NV 89406
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 12

2. Article Number (transfer from service label)

2017 2400 0000 5766 3356

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

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage
\$ 7.41

Sent To

HAZEL WAREN FERQUAIN JONES
604 E. 52nd Place North
Tulsa, OK 74126
Ender Wiggins
JLB / 81363-0124

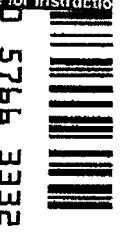
Street and Apt.

City, State, ZIP

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

See Reverse for Instructions

B 5766 3332



NIXIE 741265089-1N

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

HAZEL WAREN FERQ
604 E. 52nd Place North
Tulsa, OK 74126

Roehl Harris & Sisk, P.A.
800 N. May, Suite 1108
Oklahoma City, OK 73102

LAW FIRM
LAW FIRM

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 Number (Transfer from service label)

HAZEL WAREN FERQUAIN JON
604 E. 52nd Place North
Tulsa, OK 74126
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 36

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3332

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

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

Domestic Return Receipt

APR 27 2016
Postmark
Here

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:

LOIS ANN LINGO
P.O. Box 212
Cromwell, OK 74837
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 50

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3318

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

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

Domestic Return Receipt

NIXIE 731 FE 1

0005/02/18

 RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

BC: 87103000202 2326N12213

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Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

Total Post:

\$ 7.41

Sent To

Street and

City, State

 APR 27
 Postmark
 Here

 LOIS ANN LINGO
 P.O. Box 212
 Cromwell, OK 74837
 Ender Wiggins
 JLB / 81363-0124

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:

MRC Permian Company
5400 LBJ Freeway
Dallas, TX 75240
Ender Wiggins
81363-0124



9590 9402 3705 7335 1215 68

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3400

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
4/20/18

D. Is delivery address different from item 1? Yes

NIXIE 731 FE 1 0005/05/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87103216868 2326N125142-02203

- Certified Mail Restricted Delivery
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail
 Mail Restricted Delivery
 Registered Mail Restricted Delivery

- Registered Mail Restricted Delivery
 Request for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 2400 0000 5766 2755



LL SPERLING

Roehl Harris & Sisk, P.A.

87103-2168

5/1

Katherine Ross Madera Sharbutt
P.O. Box 50820
Midland, TX 79710

ONE

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OFFICIAL USE

Certified Mail Fee

\$

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



Postage

\$

Total Postage

\$

Sent To

Street and/or

City, State, Zip

MRC Permian Company
5400 LBJ Freeway
Dallas, TX 75240
Ender Wiggins
81363-0124

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:

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 22

7017 2400 0000 5766 3172

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

NIXIE

856025207-1N

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602

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

Domestic Return Receipt

L L SPERLING

Roehl Harris & Sisk, P.A.

1-87103-2105

7017 2400 0000 5766 3172



U.S. Postal Service™
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Certified Mail Fee

\$

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and AP

City, State, Zi

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602
Ender Wiggins
JLB / 81363-0124

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/>	Return Receipt (hardcopy) \$ <u>1.25</u>
<input type="checkbox"/>	Return Receipt (electronic) \$ <u>1.25</u>
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ <u>0.00</u>
<input type="checkbox"/>	Adult Signature Required \$ <u>0.00</u>
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ <u>0.00</u>

Postmark
Here

Postage

\$ 7.41
Total Postage
Sent To

Street and A

City, State, Z

WILLIAM E HORVATH, Jr.
6296 S. Farm Road
Ozark, MO 65721
Ender Wiggins
JLB / 81363-0124

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

HARRIS & SISK, P.A.

P.R.I.N.C.

2400 0000 5766 3202



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.

WILLIAM E HORVATH, Jr.
6296 S. Farm Road
Ozark, MO 65721
Ender Wiggins
JLB / 81363-0124



2. Article Number (Transfer from service label)

7017 2400 0000 5766 3202

Restricted Delivery

Domestic Return Receipt

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

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated

May 03, 2018

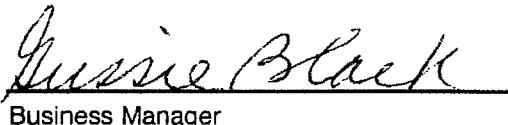
and ending with the issue dated

May 03, 2018.



Publisher

Sworn and subscribed to before me this
3rd day of May 2018.

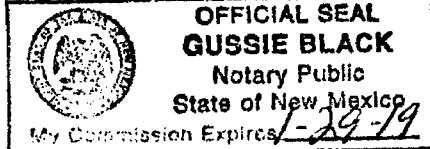


Business Manager

My commission expires

January 29, 2019

(Seal)



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL NOTICE May 3, 2018

CASE No. 16147: Notice to all affected parties, as well as the heirs and devisees of Chevron U.S.A. Inc.; Chevron Midcontinent, L.P.; OXY Y-1; EOG Resources Inc.; COG Operating LLC; Sugarberry Oil & Gas Corporation; The Allar Company; EOG A Resources, Inc.; EOG M. Resources, Inc.; Cornerstone Family Trust; Crownrock Minerals, L.P.; Allar Development LLC; Regeneration Energy Corp.; FEATHERSTONE DEVELOPMENT CORPORATION; AMEREDEV NEW MEXICO, LLC; FRANK T. FLEET, INC.; MARGARET HELEN KALMAR TRUST A, A/K/A the MARGARET HELEN KALMAR CHILDREN'S TRUST; P.A.W.N. ENTERPRISES, LP; CROWN OIL PARTNERS V, LP; CRUMP ENERGY PARTNERS II, LLC; NADEL AND GUSSMAN DELAWARE, LLC; OZARK ROYALTY CO., LLC; ENERGEN RESOURCES CORPORATION; OXY USA WTP LP; SANTO PETROLEUM LLC; SEEGERES DRILLING COMPANY; ESTATE OF PAUL PAGE & LUCY PAGE; ESTATE of HENRY D. LINDSLEY, III; E.B. LARUE, JR.; MONTGOMERY PETROLEUM, INC.; OKLAHOMA EXPLORATION COMPANY; KEVIN FLYNN; KATHY WHITWORTH; CATHERINE RAY; LUCY ANN RAY; WILLIAM HARLAN RAY; ANNE C. RAY; ROBERT B. RAY; JACQULYN R. JOHNSON; CASCADE ENERGY, LP; ASHLAND ASSEST HOLDING COMPANY; ROBERT ROY ALLEN; CAROLYN PRICE; KATHY NOBLES; WILLIAM E HORVATH, Jr.; FERINEZ PHELPS ESTATE; D. MORGAN FIRESTONE; ESTATE of DANIEL M. GALBREATH; JOAN G. PHILLIPS; MRC PERMIAN COMPANY; BRAZOS LIMITED PARTNERSHIP; IBEX PARTNERSHIP, LTD; BBL LTD; AMEREDEV NEW MEXICO; ONE ENERGY PARTNERS OPERATING, LLC; JOHN T. NEISLER 2012 TRUST JOHN T. NEISLER, TRUSTEE; SHANNON R. SPROWLS 2012 TRUST SHANNON R. SPROWLS, TR; LOIS ANN LINGO; CHANCE C. BARTON; HAZEL WAREN FERQUAIN JONES; ESTATE OF DONNIE JOE WARREN; ESTATE OF RUBY EARL RHOADS; ESTATE OF JESSIE PEARL SETTLES; ESTATE OF MICKIE MARIE WAREN; BILL (WILLIAM) O. EVANS; ESTATE of ELRIDGE W. COPELIN; ESTATE of NELL MARIE WAREN THOMAS PERRY; SALLY ANN COOPER; CHARLES LINGO, WIDOW OF PATSY LINGO; ESTATE of SHARRON WARREN; VIRGINIA WARREN; LOUIS CHARLES WEAVER; ESTATE of JAMES ALEXANDER WAREN; ESTATE of FAY RENE SETTLES MORELAND MCCALL; ESTATE of JESSIE MAUDE WAREN (WIDOW of JAMES ALEXANDER WAREN); ESTATE of JOSEPH ALEXANDER WAREN; ESTATE of PATSY WAREN LINGO; ESTATE of JOHN WALTER WARREN; ESTATE of VERNON FRANKLIN WAREN; ESTATE of DELVIA WAREN; ESTATE of BESSIE FAY WAREN SETTLES; ESTATE of LONZO ESTELL SETTLES, SR.; ESTATE of BETTY FRANCES SETTLES COKER (WIDOWER ELMER LLOYD COKER); ESTATE of NANCY NELL THOMAS COOK JENKINS; ESTATE of LEONA BAKER WAREN; ESTATE of FRANCES LANE CUNNINGHAM WARREN; ESTATE of GEORGE W. WAREN JR.; ESTATE of ANNIE WAREN COPELIN; ESTATE of TROY COPELIN (WIDOWER of ANNIE WAREN COPELIN); and ESTATE of PAULINE COPELIN WARREN of Marathon Oil Permian LLC's application for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. The State of New Mexico, through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on May 17, 2018, to consider this application. Applicant seeks an order (1) creating a non-standard 240-acre, more or less, spacing and proration unit in the Wolfcamp formation, comprised of the W/2 W/2 of Section 11 and the W/2 NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico; and, (2) pooling all mineral interests in the Wolfcamp formation underlying this proposed non-standard spacing and proration unit. This proposed non-standard spacing and proration unit will be the project area for the Ender Wiggins Federal 25-34-14 WA 1H well, to be horizontally drilled. The producing area for the well will be orthodox. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of DOLO Marathon as operator of the well, and a 200% charge for risk involved in drilling said well. Said area is located approximately 15 miles WNW of Jal, New Mexico. P. O. I #32776

ALBUQUERQUE, NM 87103-2168

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

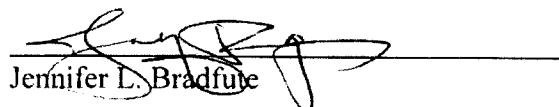
APPLICATION OF MARATHON OIL
PERMIAN LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT,
APPROVING NON-STANDARD LOCATIONS,
AND COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.

CASE NO. 16148

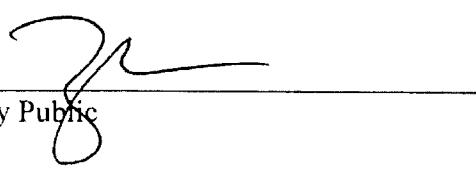
AFFIDAVIT

STATE OF NEW MEXICO)
)
) ss.
COUNTY OF BERNALILLO)

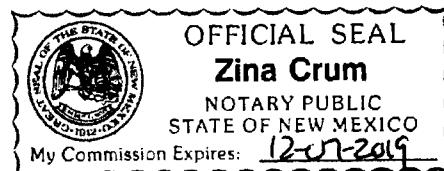
Jennifer L. Bradfute, attorney in fact and authorized representative of Marathon Oil Permian LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.


Jennifer L. Bradfute

SUBSCRIBED AND SWORN to before me this 13th day of June, 2018 by Jennifer L. Bradfute.


Notary Public

My commission expires: 12-07-2019



Marathon

Ender Wiggins Application

Mailed on 04/27/18

Pooled Parties	Certified No.
Chevron U.S.A. Inc. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
Chevron Midcontinent, L.P. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
OXY Y-1 5 Greenway Plaza, Suite 110 Houston, TX 77046	7017-2400-0000-5766-2533 5/7/18
EOG Resources Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
COG Operating LLC One Concho Center, 600 West Illinois Midland, TX 79701	7017-2400-0000-5766-2557 5/2/18
Sugarberry Oil & Gas Corporation 5950 Cedar Springs Road; Lock Box 230 Dallas, TX 75235	7017-2400-0000-5766-2564 5/7/18
Tha Allar Company P.O. Box 1567 Graham, TX 76450	7107-2400-0000-5766-2571 5/7/18
EOG A Resources, Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 Duplicate 5/8/18
EOG M. Resources, Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
Cornerstone Family Trust P.O. Box 17656 Golden, CO 80402	7017-2400-0000-5766-2588 5/8/18
Crownrock Minerals, L.P. P.O. Box 51933 Midland, TX 79710	7017-2400-0000-5766-2595 5/7/18
Allar Development LLC P.O. Box 1567 Graham, TX 76450	7017-2400-0000-5766-2571 5/7/18
Regeneration Energy Corp. P.O. Box 210 Artesia, NM 88211	7017-2400-0000-5766-2601 5/2/18
Offset Parties	Certified No.

Marathon

Ender Wiggins Application

Mailed on 04/27/18

EOG RESOURCES INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
CHEVRON U.S.A. INC. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
FEATHERSTONE DEVELOPMENT CORPORATION PO Box 429 Roswell, NM 88202-0429	7017-0190-0000-7530-9184 5/2/18
EOG M RESOURCES, INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
EOG A RESOURCES, INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
THE ALLAR CO. P.O. Box 1567 Graham, TX 76450	7107-2400-0000-5766-2571 5/7/18
SUGARBERRY OIL & GAS CORPORATION 5950 Cedar Springs Rd., Lock Box 230 Dallas, TX 75235	7017-2400-0000-5766-2564 5/7/18
AMEREDEV NEW MEXICO, LLC 5707 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735	7017-0190-0000-7530-9191 5/7/18
FRANK T. FLEET, INC. P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-9280 5/8/17
MARGARET HELEN KALMAR TRUST A, A/K/A the MARGARET HELEN KALMAR CHILDREN'S TRUST P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-9297 5/7/18
P.A.W.N. ENTERPRISES, LP P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-2946 5/7/18
CROWN OIL PARTNERS V, LP 4000 N. Big Spring, Suite 300 Midland, TX 79705	7017-2400-0000-5766-2953 5/7/18
CRUMP ENERGY PARTNERS II, LLC 4000 N. Big Spring, Suite 300 Midland, TX 79705	7017-2400-0000-5766-2960 5/7/18

Marathon

Ender Wiggins Application

Mailed on 04/27/18

NADEL AND GUSSMAN DELAWARE, LLC 15 East Fifth St., Suite 3300 Tulsa, OK 74103	7017-2400-0000-5766-2977 5/7/18
OZARK ROYALTY CO., LLC 111 S. Highland St., Suite 352 Memphis, TN 38111	7017-2400-0000-5766-2984 5/3/18
ENERGEN RESOURCES CORPORATION 605 Richard Arrington, Jr. Blvd. North Birmingham, AL 35203	7017-2400-0000-5766-2991 5/3/18
OXY USA WTP LP 5 Greenway Plaza, Suite 110 Houston, TX 77046	7017-2400-0000-5766-2533 5/7/18
SANTO PETROLEUM LLC P.O. Box 1020 Artesia, NM 88211	7017-2400-0000-5766-3004 5/2/18
SEAGERES DRILLING COMPANY 14140 Midway Rd., Suite 202 Dallas, TX 75244	7017-2400-0000-5766-3011 5/3/18
ESTATE OF PAUL PAGE & LUCY PAGE 1920 Crescent Place Midland, TX 79705	7017-2400-0000-5766-3028 Returned to Sender 5/9/18
ESTATE of HENRY D. LINDSLEY, III 5525 Stonegate Rd. Dallas, TX 75209	7017-2400-0000-5766-3035 05/01/18
E.B. LARUE, JR. 25 Highland Park, VLG #100280 Dallas, TX 75205	7017-2400-0000-5766-3042 In Transit 05/03/18
MONTGOMERY PETROLEUM, INC. 4925 Greenville Ave., Suite 915 Dallas, TX 75206	7017-2400-0000-5766-3059 5/7/18
OKLAHOMA EXPLORATION COMPANY 5121 McKinney Ave. Dallas, TX 75205	7017-2400-0000-5766-3066 5/7/18
KEVIN FLYNN 216 Lone Mountain New Braunfels, TX 78132	7017-2400-0000-5766-3073 In Transit 06/10/18
KATHY WHITWORTH 1437 Brittany Way Rockwall, TX 75087	7017-2400-0000-5766-3080 5/7/18
CATHERINE RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3097 5/7/18

Marathon

Ender Wiggins Application

Mailed on 04/27/18

LUCY ANN RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3103 5/7/18
WILLIAM HARLAN RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3110 5/7/18
ANNE C. RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3127 5/7/18
ROBERT B. RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3134 5/7/18
JACQULYN R. JOHNSON 7009 Kingsbury Dr. Dallas, TX 75231	7017-2400-0000-5766-3141 5/15/18
CASCADE ENERGY, LP P.O. Box 7849 Dallas, TX 75209	7017-2400-0000-5766-3158 5/8/18
ASHLAND ASSEST HOLDING COMPANY 4330 W. Vickery Blvd., Suite 150 Fort Worth, TX 76107	7017-2400-0000-5766-3165 5/7/18
ROBERT ROY ALLEN 241 N Huachuca Street Benson, AZ 85602	7017-2400-0000-5766-3172 Returned to Sender 5/16/18
CAROLYN PRICE 1205 Country Club Dr Midland, TX 79701	7017-2400-0000-5766-3189 5/3/18
KATHY NOBLES 2503 Sinclair Ave Midland, TX 79705	7017-2400-0000-5766-3196 5/2/18
WILLIAM E HORVATH, Jr. 6296 S. Farm Road Ozark, MO 65721	7017-2400-0000-5766-3202 Returned to Sender 5/9/18
FERINEZ PHELPS ESTATE 1014 Quaker Knoll Road Spring, MD 20860	7017-2400-0000-5766-3219 5/8/18
D. MORGAN FIRESTONE 353 Iriquois Shore Road Oaksville, Ontario, Canada L6M1M3	7017-2400-0000-5766-3226 Returned to Sender 5/15/18
ESTATE of DANIEL M. GALBREATH 155 E. Broad Street Columbus, OH 43215	7017-2400-0000-5766-3233 Returned to Sender 5/22/18

Marathon

Ender Wiggins Application

Mailed on 04/27/18

JOAN G. PHILLIPS 155 E. Broad Street Columbus, OH 43215	7017-2400-0000-5766-3240 Returned to Sender 5/22/18
MRC PERMIAN COMPANY 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240	7017-2400-0000-5766-3400 5/11/18
BRAZOS LIMITED PARTNERSHIP P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3257 5/8/18
IBEX PARTNERSHIP, LTD P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3264 5/3/18
BBL LTD P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3271 5/3/18
AMEREDEV NEW MEXICO 5707 Southwest Parkway Building 1, Suite 275 Austin, TX 78735	7017-0190-0000-7530-9191 Duplicate 5/7/18
ONE ENERGY PARTNERS OPERATING, LLC 2929 Allen Parkway, Suite 200 Houston, TX 77019	7017-2400-0000-5766-3288 5/3/18
JOHN T. NEISLER 2012 TRUST JOHN T. NEISLER, TRUSTEE 6216 Riviera Dr. North Richland Hills, TX 76180	7017-2400-0000-5766-3295 5/3/18
SHANNON R. SPROWLS 2012 TRUST SHANNON R. SPROWLS. TR 6216 Riviera Dr. North Richland Hills, TX 76180	7017-2400-0000-5766-3301 5/3/18
LOIS ANN LINGO P.O. Box 212 Cromwell, OK 74837	7017-2400-0000-5766-3318 Returned to Sender 5/16/18
CHANCE C. BARTON 1919 N. Turner St. Hobbs, NM 88240-2712	7017-2400-0000-5766-3325 5/2/18
HAZEL WAREN FERQUAIN JONES 604 E. 52nd Place North Tulsa, OK 74126	7017-2400-0000-5766-3332 Returned to Sender 6/12/18
ESTATE OF DONNIE JOE WARREN Route 1, Box 85 Lewisville, AR 71845	7017-2400-0000-5766-3349 Returned to Sender 5/8/18

Marathon

Ender Wiggins Application

Mailed on 04/27/18

ESTATE OF RUBY EARL RHOADS 650 S. McLean St. Fallon, NV 89406	7017-2400-0000-5766-3356 Returned to Sender 5/9/18
ESTATE OF JESSIE PEARL SETTLES Route 4, Box 51 Midland, TX 79701	7017-2400-0000-5766-3363 Returned to Sender 5/30/18
ESTATE OF MICKIE MARIE WAREN 7804 Colton Dr. Ft. Worth, TX 76108	7017-2400-0000-5766-3370 Returned to Sender 5/30/18
BILL (WILLIAM) O. EVANS 12202 Advance Dr. Houston, TX 77065	7017-2400-0000-5766-3387 05/30/18
ESTATE OF ELRIDGE W. COPELIN Route 4 Tahoka, TX 79373	7017-2400-0000-5766-3394 Returned to Sender 5/8/18

ALERT: AS OF APRIL 30, USPS.COM NO LONGER SUPPORTS OUTDATED BROWSERS. TO CO...

USPS Tracking®

[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

Track Another Package +

Tracking Number: 70172400000057663035

[Remove X](#)

Your item was picked up at a postal facility at 1:48 pm on May 1, 2018 in DALLAS, TX 75220.

✓ Delivered

May 1, 2018 at 1:48 pm
Delivered, Individual Picked Up at Postal Facility
DALLAS, TX 75220

Tracking History

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
OFFICIAL USE	
<p>For delivery information, visit our website at www.usps.com.</p> <p>Postage \$ 2.00</p> <p>Total Pd. \$ 7.41</p> <p>Send To Street address: City, State</p> <p>ESTATE of HENRY D. LINDSLEY, III 5525 Stonegate Rd. Dallas, TX 75209 Ender Wiggins JLB / 81363-0124</p> <p>PS Form 3800, April 2015 PSN 7530-07-00-9047 See Reverse for Instructions</p>	

Product Information

Can'

Go to our FA

[FAQs \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

ALERT: AS OF APRIL 30, USPS.COM NO LONGER SUPPORTS OUTDATED BROWSERS. TO CO...

USPS Tracking®

[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

Track Another Package +

Tracking Number: 70172400000057663042

[Remove X](#)

The item is currently in transit to the next facility as of May 3, 2018.

In-Transit

May 3, 2018
In Transit to Next Facility

Tracking History

Product Information

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ Total Postage 7.41 Sent To: E.B. LARUE, JR. Street and: 25 Highland Park, VLG #100280 City, State: Dallas, TX 75205 	
PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions	

Can't find what you're looking for?
Go to our FAQs.

[FAQs \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

ALERT: AS OF APRIL 30, USPS.COM NO LONGER SUPPORTS OUTDATED BROWSERS. TO CO...

USPS Tracking®

FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 70172400000057663073

Remove X

Your item departed our USPS facility in OKLAHOMA CITY OK DISTRIBUTION CENTER on June 10, 2018 at 8:52 pm. The item is currently in transit to the destination.

In-Transit

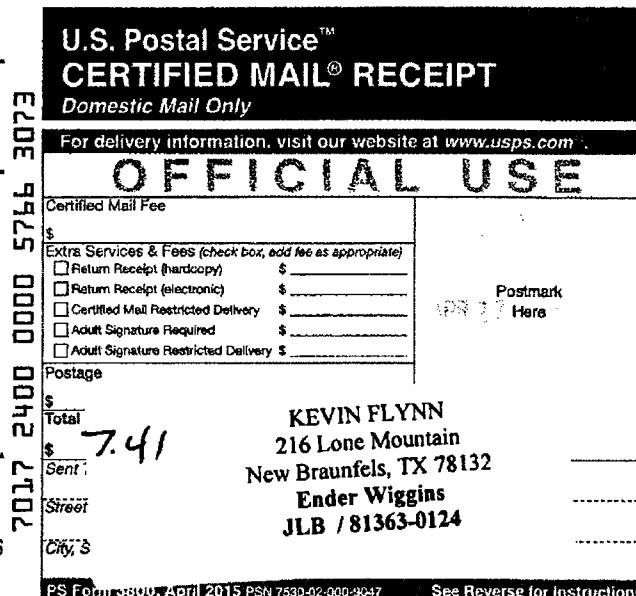
June 10, 2018 at 8:52 pm
 Departed USPS Regional Facility
 OKLAHOMA CITY OK DISTRIBUTION CENTER

Tracking History

Product Information

Can't

Go to our FAQs



FAQs (<http://faq.usps.com/?articleId=220900>)

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 Number

AMEREDEV NEW MEXICO, LLC
 5707 Southwest Parkway, Building 1, Suite 2
 Austin, TX 78735
 Ender Wiggins
 JLB / 81363-0124



9590 9402 3705 7335 1220 15

2 Article Number (Transfer from service label)

7017 0190 0000 7530 9191

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kain Ce*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

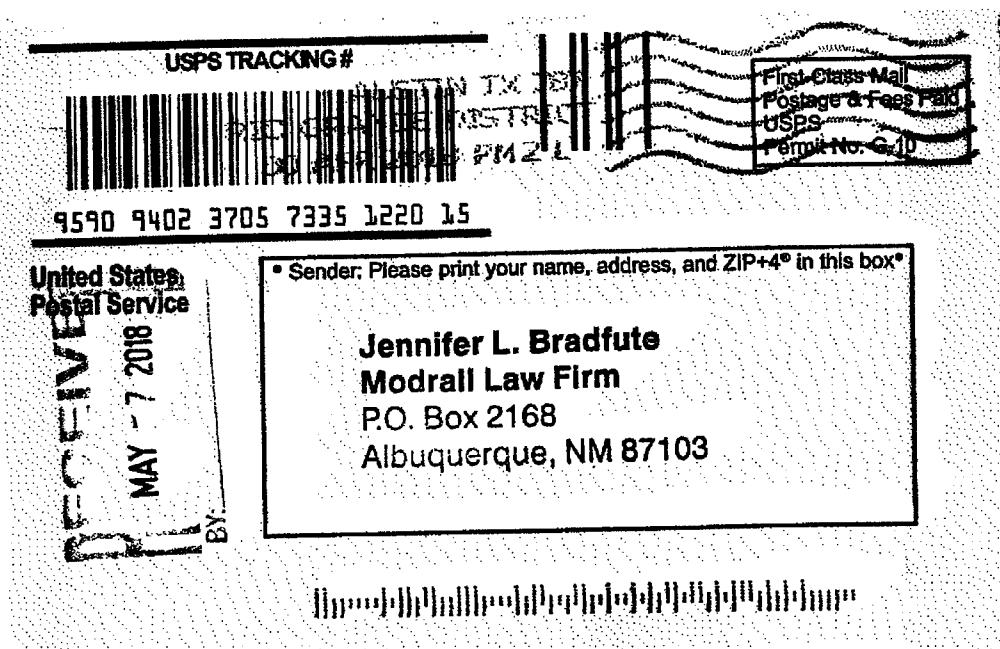
- D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Domestic 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 7590-02-000-9063

Domestic Return Receipt



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

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

OFFICIAL USE

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

Postage \$
 Total Postage \$
 Sent To AMEREDEV NEW MEXICO, LLC
 5707 Southwest Parkway, Building 1, Suite 2
 Austin, TX 78735
 Street and _____
 City, State, _____

APR 27 2016
 Postmark Here

PS Form 3800, April 2015 PSN 7590-02-000-9047 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. *Address and name to:*

ANNE C. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 85

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3127

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Anne Ray

 Agent Addressee**B. Received by (Printed Name)**

Anne Ray 5-1-18

C. Date of Delivery**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

Domestic Return Receipt

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

USPS TRACKING #

9590 9402 3705 7335 1212 85

United States
Postal Service

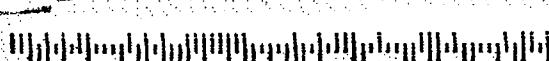
• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

MAY - 7 2018

3-216868



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

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Post

\$ 7.44

Postmark
Here

Sent To

ANNE C. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

Street and

City, State

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 Number

ASHLAND ASSEST HOLDING COM
4330 W. Vickery Blvd., Suite 150
Fort Worth, TX 76107
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 39

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3165

PS Form 3811, July 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Keri C. Koff

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-30-18

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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1213 39

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

03-216868



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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage

\$ 7.41

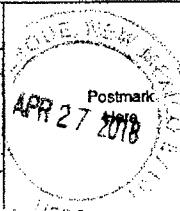
ASHLAND ASSEST HOLDING COMPANY

4330 W. Vickery Blvd., Suite 150

Fort Worth, TX 76107

Ender Wiggins

JLB / 81363-0124



7017 2400 0000 5766 3165

PS Form 3

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:

BBL LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 52

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3271

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Paula Grissom

Agent
 Addressee

B. Received by (Printed Name)

X Paula Grissom 4-30-78

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
- Priority Mail Express®
- Adult Signature Restricted Delivery
- Registered Mail™
- Certified Mail®
- Registered Mail Restricted Delivery
- Collect on Delivery
- Return Receipt for Merchandise
- Collect on Delivery Restricted Delivery
- Signature Confirmation™
- Restricted Delivery
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-8053

USPS TRACKING#

9590 9402 3705 7335 1214 52

United States
Postal Service

MAY - 3 2016

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

7017 2400 0000 5766 3271

BBL LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124

PS Form 3811, July 2015 PSN 7530-02-000-8047

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:

BRAZOS LIMITED PARTNERS!
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 14

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3257

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jennifer L. Bradbury

- Agent
 Addressee

B. Received by (Printed Name)

Jennifer L. Bradbury

C. Date of Delivery

5-2-18

D. Is delivery address different from Item 1? YesIf 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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1214 14

United States
Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box

JENNIFER L. BRADBURY - 8 2018

RECEIVED

Jennifer L. Bradbury
Modrall Law Firm
P.O. Box 2168 BY:
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Due

\$

7.41

BRAZOS LIMITED PARTNERSHIP
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124

Postmark
Here

7017 2400 0000 5766 3257

PS F

See 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.

COG Operating LLC
One Concho Center, 600 West Illinois
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 28

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2557

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

EBS/BS

C. Date of Delivery

05/08

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Home Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



MIDLAND, TX 79701

500 A PINE ST STE 100

9590 9402 3705 7335 1217 28

First-Class Mail
Postage & Fees Paid
USPS
Permit No. 3-40

9590 9402 3705 7335 1217 28

United States
Postal Service
MAY - 2 2018

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
<p>Certified Mail Fee \$ <input type="text"/></p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="text"/></p> <p><input type="checkbox"/> Return Receipt (electronic) \$ <input type="text"/></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="text"/></p> <p><input type="checkbox"/> Adult Signature Required \$ <input type="text"/></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="text"/></p>	
<p>Postage \$ <input type="text"/></p> <p>Total Post \$ <input type="text"/> <i>741</i></p> <p>Postmark Here <i>MAY 27 2018</i></p>	
<p>COG Operating LLC One Concho Center, 600 West Illinois Midland, TX 79701 Ender Wiggins JLB / 81363-0124</p>	

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:

CAROLYN PRICE
1205 Country Club Dr
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 46

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3189

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

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X Carolyn Price

- Agent
 Addressee

B. Received by (Printed Name)

Carolyn Price

C. Date of Delivery**D. Is delivery address different from item 1?**

If YES, enter delivery address below:

3. Service Type

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt**USPS TRACKING #**

9590 9402 3705 7335 1213 46

First-Class Mail
Postage & Fees Paid
USPS
Permit No. C-10

United States
Postal ServiceRECEIVED
MAY - 3 2010

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

67408268024

U.S. Postal Service™
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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$

Total Postage

\$ 7.41

Sent To

Street or

City, State

CAROLYN PRICE
1205 Country Club Dr
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124

PS Form

REVERSE SIDE 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:

CASCADE ENERGY, LP
P.O. Box 7849
Dallas, TX 75209
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 15

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3158

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by Printed Name

Mike

5/8

C. Date of Delivery

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

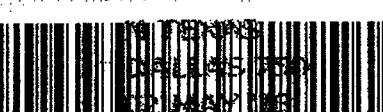
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Restricted Delivery
- 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

USPS TRACKING



9590 9402 3705 7335 1213 15

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
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MAY - 8 2018



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Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postage

\$

Total Postag

\$ 7.41

Sent To

Street and A

City, State, Zip

CASCADE ENERGY, LP
P.O. Box 7849
Dallas, TX 75209
Ender Wiggins
JLB / 81363-0124

Postmark
Help

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:

CATHERINE RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 47

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3097

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Catherine Ray

 Agent
 Addressee

B. Received by (Printed Name)

Catherine Ray 5-1-18

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes
 No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| Mail | |
| Mail Restricted Delivery | |
| 30 | |

PS Form 3811, July 2015 PSN 7530-02-000-0053

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1212 47

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018

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Modrall Law Firm
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Albuquerque, NM 87103



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Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Pos

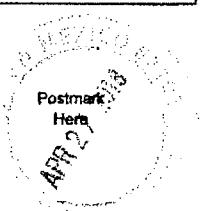
\$ 7.41

Sent To

Street Line

City, State

CATHERINE RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



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 Addresser/Label:

CHANCE C. BARTON
1919 N. Turner St.
Hobbs, NM 88240-2712
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 43

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3325

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

Debraz Brandy

C. Date of Delivery
4-30-18D. Is delivery address different from item 1? YesIf 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 \$500
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

USPS TRACKING



9590 9402 3705 7335 1216 43



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Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 2 2018

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Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Certified Mail Fee

\$

- | | |
|--|----------|
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (handcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

APR 27 2018

Postmark

Here

Postage

\$

Total Postage
\$ 7.41
Sent To

Street and A

City, State, Z

CHANCE C. BARTON
1919 N. Turner St.
Hobbs, NM 88240-2712
Ender Wiggins
JLB / 81363-0124

See Reverse for Instructions

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 Identification:

Chevron Midcontinent, L.P.
6301 Deauville Blvd.
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 59

2. Article Number (Transfer from service label)

2017 2400 0000 5766 2526

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/16/2015

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 Domestic Mail
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Standard Delivery

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

Domestic Return Receipt

USPS TRACKING #

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

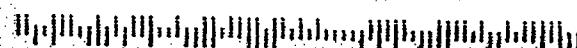
9590 9402 3705 7335 1217 59

United States
Postal Service

2017
MAY
BY:
2017

• Sender: Please print your name, address, and ZIP+4® in this box.

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Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____

Postage

\$

Total

\$

741

Sent:

Street

City, S

Chevron Midcontinent, L.P.
6301 Deauville Blvd.
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124

AFH Postmark
Here

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.

3. Article Addressed To:

Cornerstone Family Trust
P.O. Box 17656
Golden, CO 80402
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 98

2. Article Number (Transfer from service label)

2017 2400 0000 5766 2588

Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

 Agent
 Addressee
B. Received by (Printed Name)

Susan Thorne

C. Date of Delivery

5/2

D. Is delivery address different from item 1?

If YES, enter delivery address below:

**3. Service Type**

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

USPS TRACKING #9590 9402 3705 7335 1216 98
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MAY - 8 2018

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Modrall Law Firm
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Albuquerque, NM 87103

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Postage & Fees Paid
USPS
Permit No. G-10

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Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark

Here

2017 2400 0000 5766 2588

Cornerstone Family Trust
P.O. Box 17656
Golden, CO 80402
Ender Wiggins
JLB / 81363-0124

City, State

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:

CROWN OIL PARTNERS V, LP
4000 N. Big Spring, Suite 300
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 74

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2953

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *[Signature]*
Nelson

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

5/1/17

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No
3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

USPS TRACKING #

9590 9402 3705 7335 1223 74

 First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10


Sender: Please print your name, address, and ZIP+4® in this box*

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 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103

7017 2400 0000 5766 2953

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Certified Mail Fee

\$

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

 Postmark
 Here

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Ap

City, State, Zi

CROWN OIL PARTNERS V, LP
 4000 N. Big Spring, Suite 300
 Midland, TX 79705
 Ender Wiggins
 JLB / 81363-0124

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:

Crownrock Minerals, L.P.
P.O. Box 51933
Midland, TX 79710
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 81

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2595

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jordan Shelby Agent
 Addressee

B. Received by (Printed Name)

Jordan Shelby Date of Delivery
5/2/18

C. Is delivery address different from item 1? YesIf 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

Domestic Return Receipt

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

USPS TRACKING #	
RECIPIENT ADDRESS	
9590 9402 3705 7335 1216 81	
United States Postal Service May 7 2008 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> • Sender: Please print your name, address, and ZIP+4® in this box* Jennifer L. Bradfute Modrall Law Firm P.O. Box 2168 Albuquerque, NM 87103 </div>	

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For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage Total Pos. \$ 7.41 Sent To _____ Street and _____ City, State _____	
Crownrock Minerals, L.P. P.O. Box 51933 Midland, TX 79710 Ender Wiggins JLB / 81363-0124	

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.
C CRUMP ENERGY PARTNERS II, LLC
 4000 N. Big Spring, Suite 300
 Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 81

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2960

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X
[Signature]

 Agent
 Addressee
B. Received by (Printed Name)
C. Date of Delivery
5-1-18
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

USPS TRACKING#

9590 9402 3705 7335 1223 81

United States Postal Service

Sender: Please print your name, address, and ZIP+4® in this box*

MAY - 7 2018

Jennifer L. Bradfute
Modrall Law Firm
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Albuquerque, NM 87103

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7017 2400 0000 5766 2960

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Certified Mail Fee

\$

- | | |
|--|----------|
| <input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (Handcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Apt

City, State, Zip

Postmark
Here

CRUMP ENERGY PARTNERS II,
 4000 N. Big Spring, Suite 300
 Midland, TX 79705
Ender Wiggins
JLB / 81363-0124

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.
5509 Champions Drive
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 35

2. Article Number (Transfer from envelope label)

7017 2400 0000 5766 2540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Force

Agent
 Addressee

B. Received by (Printed Name)

R. Force

C. Date of Delivery

4-30-18

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

USPS TRACKING#



9590 9402 3705 7335 1217 35

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 8
2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

\$

- | | |
|--|----------|
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Post

7.41

Sent To

Street and

City, State,

EOG Resources Inc.
5509 Champions Drive
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124

Postmark
APR 2 Here

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:

ENERGEN RESOURCES CORPORATION
605 Richard Arrington, Jr. Blvd.
North Birmingham, AL 35203
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 11

Customer Number (Transfer from service label)

7017 2400 0000 5766 2991

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Juliee Bradfute*

Agent
 Addressee

B. Received by (Printed Name)

Juliee Bradfute

C. Date of Delivery

4-30-1013

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

605 213 N

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Restricted Delivery | |

Domestic Return Receipt

USPS TRACKING

ET11M11CH344



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

RECEIVED
MAY - 3
BY:
UNITED STATES POSTAL SERVICE

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and A

City, State, Z

4321
Postmark
Here

ENERGEN RESOURCES CORPORATION

605 Richard Arrington, Jr. Blvd.

North Birmingham, AL 35203

Ender Wiggins

JLB / 81363-0124

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 DEVELOPMENT
CORPORATION
PO Box 429
Roswell, NM 88202
Ender Wiggins / JLB / 81363-0124



9590 9402 3705 7335 1220 22

2. Article Number (Transfer from service label)

2017 0190 0000 7530 9184

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X M. Hernández

Agent
 Addressee

B. Received by (Printed Name)

M. Hernández

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
- 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

USPS TRACKING #

9590 9402 3705 7335 1220 22

First Class Mail
Postage & Fees Paid
USPS
Permit No. C-18

United States
Postal Service

MAY - 2 2018

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark
Here

68
2017 0190 0000 7530 9184

FEATHERSTONE DEVELOPMENT
CORPORATION
PO Box 429
Roswell, NM 88202
Ender Wiggins / JLB / 81363-0124

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:

FERINEZ PHELPS ESTATE

1014 Quaker Knoll Road

Spring, MD 20860

Ender Wiggins

JLB / 81363-0124



9590 9402 3705 7335 1213 77

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3219

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Loe Perkins* Agent
 Addressee

B. Received by (Printed Name)

Loe Perkins C. Date of Delivery
 3-4-18

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

S. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| | <input type="checkbox"/> Restricted Delivery |

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

Domestic Return Receipt

USPS TRACKING™



9590 9402 3705 7335 1213 77

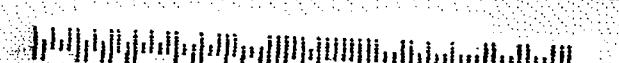
United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

MAY - 8 2018 Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

3-216868



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

For delivery information, visit our website at www.usps.com**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (handcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total F

\$ 7.41

Sent To:

Street:

City, ST

FERINEZ PHELPS ESTATE
 1014 Quaker Knoll Road
 Spring, MD 20860
 Ender Wiggins
 JLB / 81363-0124



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:

FRANK T. FLEET, INC.
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1220 08

2. Article Number (if applicable)

7017 2400 0000 5766 9280

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Arlene R Fleet
 Agent
 Addressee

B. Received by (Printed Name)

Arlene R Fleet

C. Date of Delivery

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

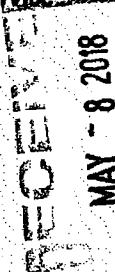
3. Service Type

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery
 Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 (over \$500)

USPS TRACKING#
OKLAHOMA CITY

9590 9402 3705 7335 1220 08

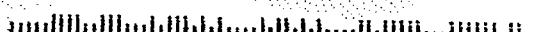
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

7103-216868



U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Pcs
\$ 7.41

7017 2400 0000 5766 9280



FRANK T. FLEET, INC.
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124

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:

IBEX PARTNERSHIP, LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 21

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3264

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Paula Gossom

Agent
 Addressee

B. Received by (Printed Name)

Paula Gossom

C. Date of Delivery

4/30/18

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
- Insured Mail
- 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

USPS TRACKING



9590 9402 3705 7335 1214 21

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

\$

Total Po:
\$ 7.41
Sent To

Street Address

City, State

IBEX PARTNERSHIP, LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



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:

JACQUELYNN R. JOHNSON
7009 Kingsbury Dr.
Dallas, TX 75231
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 08

(Autob Number. Transfer from service label)

7017 2400 0000 5766 3141

PS Form 3811, July 2015 PSN 7530-02-000-9059

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *J.R. Johnson* Agent
 Addressee

B. Received by (Printed Name)

J.R. JOHNSON 5/1/18

C. Date of DeliveryD. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No**3. Service Type**

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> International Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| 1 Mail | |
| 1 Mail Restricted Delivery | |
| 500 | |

USPS TRACKING #

9590 9402 3705 7335 1213 08

Domestic Return Receipt

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

**United States
Postal Service**

RECEIVED
MAY 15 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

*Domestic Mail Only*For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and

City, State,

Postmark

Here

JACQUELYNN R. JOHNSON
7009 Kingsbury Dr.
Dallas, TX 75231
Ender Wiggins
JLB / 81363-0124

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:

N JOHN T. NEISLER 2012 TRUST JOHN T.
NEISLER, TRUSTEE
6216 Riviera Dr.
North Richland Hills, TX 76180
Ender Wiggins JLB /81363-0124



9590 9402 3705 7335 1214 38

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3295

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Dari Neisler*

Agent
 Addressee

B. Received by (Printed Name)
Dari Neisler

C. Date of Delivery
Y 30 18

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

6216 Riviera

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| All | |
| All Restricted Delivery | |
| 0 | |

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

Domestic Return Receipt

USPS TRACKING #

9590 9402 3705 7335 1214 38

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

RECEIVED
MAY - 3 2018
By:

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and A

City, State, Z

JOHN T. NEISLER 2012 TRUST JO
NEISLER, TRUSTEE

6216 Riviera Dr.
North Richland Hills, TX 76180
Ender Wiggins JLB /81363-01

Postmark
Here

05/21/2018

3295

7017 2400 0000 5766 3295

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:

KATHY NOBLES
2503 Sinclair Ave
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 53

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3196

COMPLETE THIS SECTION ON DELIVERY**A. Signature***K. Nobles*
 Agent
 Addressee
B. Received by (Printed Name)*DNMPS***C. Date of Delivery**

17/5/2015

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**3. Service Type**

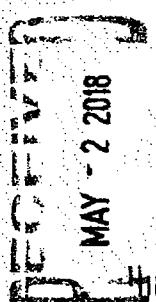
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
- Mail
Mail Restricted Delivery
(0)

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

Domestic Return Receipt

USPS TRACKING#

9590 9402 3705 7335 1213 53

**United States
Postal Service**


• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

FirstClass Mail
Postage & Fees Paid
USPS
Permit No. G-10

**U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark
Here

Postage

Total Postage
\$ 7.41
Sent To

Street and/or

City, State, Zip

KATHY NOBLES
2503 Sinclair Ave
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124

See Reverse for Instructions

7017 2400 0000 5766 3196

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 Number

KATHY WHITWORTH
1437 Brittany Way
Rockwall, TX 75087
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 54

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3080

Restricted Delivery

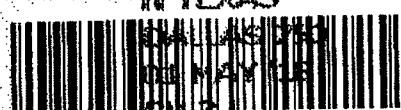
Priority Mail Express®

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- 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

USPS TRACKING #



9590 9402 3705 7335 1212 54

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

MAY - 7 2018

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

APR 27
Postmark
Here

Postage

\$

Total Postage

\$ 7.41

Sent To

Street Address

City, State

KATHY WHITWORTH
1437 Brittany Way
Rockwall, TX 75087
Ender Wiggins
JLB / 81363-0124

PS Form 3806, April 2013 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:

LUCY ANN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 61

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3103

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Jane Ray*

Agent
 Addressee

B. Received by (Printed Name)

Jane Ray 5-18

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

USPS TRACKING #

9590 9402 3705 7335 1212 61

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

1
2 - 7 2018
3
4 MAY
5
6

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

7017 2400 0000 5766 3103

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

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and A

City, State, 2

LUCY ANN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



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:

Margaret Helen Kalmar Children's Trust
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1219 95

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9297

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *[Signature]*

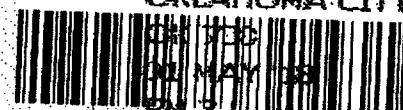
<input type="checkbox"/> Agent
<input type="checkbox"/> Addressee

B. Received by (Printed Name)C. Date of Delivery
5/18D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No*Revised to 5/18***3. Service Type**

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| I Mail | |
| I Mail Restricted Delivery (500) | |

*ic Return Receipt

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

USPS TRACKING#
OKLAHOMA CITY

9590 9402 3705 7335 1219 95

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

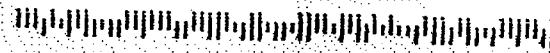
United States
Postal Service

MAY - 7 2016

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

103-216666



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

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

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

Postmark
Here

Postage

\$

Total Pd:

\$ 7.41

Sent To

Street

City, State

Margaret Helen Kalmar Children's I
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124

7017 2400 0000 5766 9297

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.

MONTGOMERY PETROLEUM, I
4925 Greenville Ave., Suite 915
Dallas, TX 75206
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 73

Article Number (Transfer from service label)

7017 2400 0000 5766 3059

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/7

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

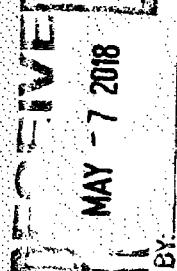
Domestic Return Address

USPS TRACKING



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3705 7335 1224 73

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____

Postage

\$

Total **17.41**
17.41 MONTGOMERY PETROLEUM, INC.
 4925 Greenville Ave., Suite 915
 Dallas, TX 75206
 Ender Wiggins
 JLB / 81363-0124

Street

City, S

5/7/2018
Postmark
Here

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.

RE, NADEL AND GUSSMAN DELAWARE, LLC
15 East Fifth St., Suite 3300
Tulsa, OK 74103
Ender Wiggins
JLB /81363-0124

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Al Skidmore*

Agent
 Addressee

B. Received by (Printed Name)

PL Skidmore

C. Date of Delivery

5-1-18

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



9590 9402 3705 7335 1223 98

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2977

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 3800, July 2015 PSN 7530-02-000-9053

USPS TRACKING



9590 9402 3705 7335 1223 98

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

7017
2400
0000
5766
2977

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

-216868



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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

4/12/18

Postmark

Here

Postage

\$

Total

7.41

NADEL AND GUSSMAN DELAWARE

15 East Fifth St., Suite 3300

Tulsa, OK 74103

Ender Wiggins

JLB /81363-0124

Street

City, ST

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.

OKLAHOMA EXPLORATION CO.
5121 McKinney Ave.
Dallas, TX 75205
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 97

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3066

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

John R Hudson 650118

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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1224 97

United States
Postal Service

MAY - 7 2018 BY

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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OFFICIAL USE

Certified Mail Fee

\$

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

Postmark
Here

Postage

Total Postage at

\$

Sent to

Street and Apt. N

City, State, ZIP+

7.41 OKLAHOMA EXPLORATION COMPANY

5121 McKinney Ave.

Dallas, TX 75205

Ender Wiggins

JLB / 81363-0124

PS Form 3800

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:

ONE ENERGY PARTNERS OPERATING
2929 Allen Parkway, Suite 200
Houston, TX 77019
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 45

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3288

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *RJ*

Agent
 Addressee

B. Received by (Printed Name)

Bart/TC

4/30/18

4/30/18

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes
 No

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
- Mail
- Mail Restricted Delivery
- (over \$500)

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1214 45



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Apartment

City, State, Zip

ONE ENERGY PARTNERS OPERATING, L1
2929 Allen Parkway, Suite 200
Houston, TX 77019
Ender Wiggins
JLB / 81363-0124

RECEIVED
MAY - 3 2018
BY:

Postmark
Here

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:

OXY Y-1
 5 Greenway Plaza, Suite 110
 Houston, TX 77046
 Ender Wiggins
 JLB / 81363-0124



9590 9402 3705 7335 1217 42

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2533

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

James Edward
JAMES BOARD

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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1217 42



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
Postal Service

MAY - 7 2018

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103



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Domestic Mail Only

For delivery information, visit our website at www.usps.com**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark

Here

May 27 2018

Postage

\$

Total Postage

\$ 7.41

Sent To

Street line

City, State

OXY Y-1
 5 Greenway Plaza, Suite 110
 Houston, TX 77046
 Ender Wiggins
 JLB / 81363-0124

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:

OZARK ROYALTY CO., LLC
111 S. Highland St., Suite 352
Memphis, TN 38111
Ender Wiggins
JLB / 81363-0124.



9590 9402 3705 7335 1224 04

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2984

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
 All Restricted Delivery

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

Domestic Return Receipt

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

USPS TRACKING



9590 9402 3705 7335 1224 04

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

RECEIVED
MAY - 3 2018
BY

* Sender: Please print your name, address, and ZIP+4® in this box.
**Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103**



**U.S. Postal Service™
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Domestic Mail Only**

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Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark
Here \$

Postage

\$

Total Po
\$ 7.41

OZARK ROYALTY CO., LLC
111 S. Highland St., Suite 352
Memphis, TN 38111
Ender Wiggins
JLB / 81363-0124

7017 2400 0000 5766 2984

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:

P.A.W.N. ENTERPRISES, LP
 P.O. Box 729
 Ada, OK 74820
 Ender Wiggins
 JLB / 81363-0124



9590 9402 3705 7335 1223 67

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2946

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/18

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

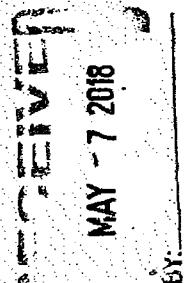
3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
|
<small>mail</small> |
<small>mail Restricted Delivery</small> |
|
<small>PN 3</small> |
<small>PN 3</small> |

Domestic Return Receipt

USPS TRACKING #
OKLAHOMA CITY

9590 9402 3705 7335 1223 67

 First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10
United States
Postal Service

103-216668

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103


**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

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

 Postmark
 Here

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Apt

City, State, Zip

P.A.W.N. ENTERPRISES, LP
 P.O. Box 729
 Ada, OK 74820
 Ender Wiggins
 JLB / 81363-0124

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.

Regeneration Energy Corp.
P.O. Box 210
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 74

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2601

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ray Miller

- Agent
 Addressee

B. Received by (Printed Name)

Ray Miller

C. Date of Delivery

4/30/15

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

Restricted Delivery

USPS TRACKING



9590 9402 3705 7335 1216 74

United States
Postal Service

MAY - 2 2018

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

2017 2400 0000 5766 2601

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage

\$

Total Post

\$ 7.41

Sent To

Street and

City, State

Regeneration Energy Corp.
P.O. Box 210
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124

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:

ROBERT B. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 92

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3134

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Ray

- Agent
 Addressee

B. Received by (Printed Name)

JUNE ROY 5-1-18

C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail Restricted Delivery

- Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1212 92

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

3-216888



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

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OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Pos

\$ 7.41

Sent To

ROBERT B. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

Postmark

APR 27 2018

Here

Street

City, State

PS Form 3800, April 2015 PSN 7530-02-000-8053

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:

SANTO PETROLEUM LLC
P.O. Box 1020
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 28

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3004

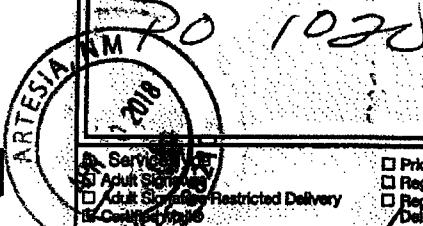
PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Jennifer L. Bradfute* 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

**E. Services Selected**

- 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
- Restricted Delivery

Domestic Return Receipt**USPS TRACKING #**

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3705 7335 1224 28

United States
Postal Service

RECEIVED
MAY - 2 2018

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark
Here

Postage

\$

Total Postage \$

\$ 7.41

Sent To

Street and Apt.:

City, State, ZIP+

SANTO PETROLEUM LLC
P.O. Box 1020
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124

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:

SEGERES DRILLING COMPANY
14140 Midway Rd., Suite 202
Dallas, TX 75244
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 35

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3011

3. Service Type
- Priority Mail®
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Commercial Mail
 - Domestic Return Receipt
 - International Mail
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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

USPS TRACKING #



9590 9402 3705 7335 1224 35

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

3 20
MAY

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

7017 2400 0000 5766 3011

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark

Date

21

Postage

Total Postage
\$ 7.41
Sent To

SEGERES DRILLING COMPANY
14140 Midway Rd., Suite 202
Dallas, TX 75244
Ender Wiggins
JLB / 81363-0124

Street and Apt.
City, State, Z.

PS Form 3800, April 2014 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:

Shannon R. Sprowls 2012
 Trust Shannon R. Sprowls. Tr.
 6216 Riviera Dr.
 North Richland Hills, TX 76180
 Ender Wiggins JLB / 81363-012



9590 9402 3705 7335 1216 67

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dari Neister* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Dari Neister 4/30/18D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No*6216 Riviera*

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Restricted Delivery | <input type="checkbox"/> Restricted Delivery |

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7590-02-000-9053

USPS TRACKING #



9590 9402 3705 7335 1216 67

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. 6

RECEIVED
 MAY - 3 2018
 BY

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark

Here

3301 5766 0000 2400 7017

Postage

\$

Total P.O.

\$ 7.41

Sent To

Shannon R. Sprowls 2012
 Trust Shannon R. Sprowls. Tr.
 6216 Riviera Dr.
 North Richland Hills, TX 76180
 Ender Wiggins JLB / 81363-0124

Street an

City, State

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.

Sugarberry Oil & Gas Corporation
5950 Cedar Springs Road; Lock Box
Dallas, TX 75235
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 11

2. Article Number. (Transfer from service label)

7017 2400 0000 5766 2564

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**

D. Is delivery address different from Item 1? Yes
If YES, send delivery address to PSN 7530-02-000-9053 No

RECEIVED
APR 30 2018
BY:

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

USPS TRACKING #

9590 9402 3705 7335 1217 11

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY
7 2018

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

7017 2400 0000 5766 2564

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (handcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total

\$ 7.41

Sugarberry Oil & Gas Corporation
5950 Cedar Springs Road; Lock Box 230
Dallas, TX 75235
Ender Wiggins
JLB / 81363-0124

Postmark
Here

APR 27 2018

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:

Tha Allar Company
P.O. Box 1567
Graham, TX 76450
Ender Wiggins
JLB / 81363-0124



0590 9402 3705 7335 1217 04

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2571

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melanie Barrett*

Agent
 Addressee

B. Received by (Printed Name)

Melanie Barrett

C. Date of Delivery

9/30/18

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery 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

USPS TRACKING



9590 9402 3705 7335 1217 04

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Postage & Fees Paid
USPS
Permit No. C-1

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Pmt:

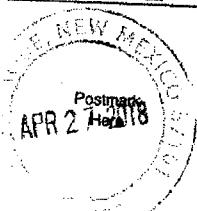
\$ 7.41

Sent To

Street Address

City, State

Tha Allar Company
P.O. Box 1567
Graham, TX 76450
Ender Wiggins
JLB / 81363-0124



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:

WILLIAM HARLAN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 78

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3110

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *W.H. Ray*

Agent
 Addressee

B. Received by (Printed Name)

Anne Ray

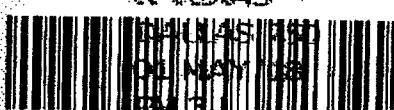
C. Date of Delivery
5-7-18D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

Domestic Return Receipt

USPS TRACKING #



9590 9402 3705 7335 1212 78

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Postage & Fees Paid
USPS
Permit No. G-10

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OFFICIAL USE

Certified Mail Fee

\$

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

Postmark
May 7 Here

3110

5766

0000

2400

7017

2400

0000

7.41

WILLIAM HARLAN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

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Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Post:

\$ 7.41

Sent To:

Street and

City, State,

ESTATE OF MICKIE MARIE WAF
7804 Colton Dr.
Ft. Worth, TX 76108
Ender Wiggins
JLB / 81363-0124

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

See Reverse for Instructions

S P E R L I N G

Reh Harris & Sisk, P.A.

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 Number:
ESTATE OF MICKIE MARIE WAREN
7804 Colton Dr.
Ft. Worth, TX 76108
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1215 99

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3370

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

- Add Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Domestic Return Receipt for Merchandise
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

\$

Total P

\$

Sent Tc

\$

Street

\$

City, St

JOAN G. PHILLIPS
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124

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

5766 3240

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.

JOAN G. PHILLIPS
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 07

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3240

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

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
- Mail Restricted Delivery (\$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

\$

Total Postage
7.41

Sent To
Street and Apt
City, State, Zip

D. MORGAN FIRESTONE
353 Iriquois Shore Road
Oaksville, Ontario, Canada L6M1M3
Ender Wiggins
JLB / 81363-0124

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

ALL SPREADING
ing Roehl Harris & Sisk, P.A.

NM
8/103-2168

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:

D. MORGAN FIRESTONE
353 Iriquois Shore Road
Oaksville, Ontario, Canada L6M1M3
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 91

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3226

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ad
 Ar

B. Received by (Printed Name)

C. Date of

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

3. Service Type

- Priority Mail®
- Registered Mail®
- Registered Mail® Delivery
- Certified Mail®
- Certified Mail® Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Signature Confirmation
- Signature Confirmation Restricted Delivery

Domestic Return

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

NIXIE

432152060-1

RETURN TO S
INSUFFICIENT
UNABLE TO R
RETURN TO S



ESTATE of DANIEL M. C.
155 E. Broad Street
Columbus, OH 43215

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:

ESTATE of DANIEL M. GALBREATH
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 84

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3233

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	

Postmark
Here

Postage

\$ Total Posta
\$ 7.41

Sent To
Street and
City, State.

PS Form 3

ESTATE of DANIEL M. GALBREATH
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> In | |

7017 2400 0000 5766 3233



**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

Postage

\$ Total Postage
\$ 7.41

Sent To

Street and Apt.

City, State, Zip



ESTATE OF DONNIE JOE WARREN

Route 1, Box 85
Lewisville, AR 71845
Ender Wiggins
JLB / 81363-0124

17 2400 0000 5766 3349

PS Form 3800

MOD RAILERS BY: Modrall Sperling Roehl Harris & Sisk, P.A. P.O. Box 2108 Albuquerque, NM 87103-2108	PER LINING
--	------------

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.

ESTATE OF DONNIE JOE WARR
Route 1, Box 85
Lewisville, AR 71845
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 29

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3349

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
- Forward Mail
- II Restricted Delivery

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

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:

ESTATE OF ELRIDGE W. COPELIN
Route 4
Tahoka, TX 79373
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1215 75

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3394

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

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

Domestic Return Receipt

ALL SPERLING

Ling Roehl Harris & Sisk, P.A.

N.Y. X-103-2162

0105/01/18

NIXIE 731 C2 1
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com

OFFICIAL U.S.

Certified Mail Fee

\$

- | | |
|--|----------|
| Extra Services & Fees (check box, add fee as appropriate) | \$ |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$

7.41

Sent To

Street and A

City, State, Z

ESTATE OF ELRIDGE V
Route 4
Tahoka, TX 79373
Ender Wiggins
JLB / 81363-0124

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

\$

Total Postage

\$ **7.41**

Sent To

Street and Apt

City, State, Zip

Postmark
Here

ESTATE OF JESSIE PEARL SETTLES

Route 4, Box 51

Midland, TX 79701

Ender Wiggins

JLB / 81363-0124

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

7017 2400 0000 5766 3363



NIXIE 731 O
RETURN
NOT DELIVERABLE
UNABLE

SC: 67105000202

ESTATE OF JESSIE PEARL SETTLES
Route 4, Box 51
Midland, TX 79701

L L S P E R L I N G

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:

ESTATE OF JESSIE PEARL SETTLES
Route 4, Box 51
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 05

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3363

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

\$

Total Postage \$ **7.41**

Sent To

Street and Apt. #

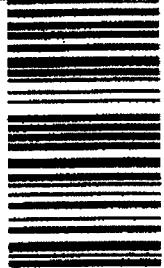
City, State, ZIP

ESTATE OF PAUL PAGE & LUCY PAGE
1920 Crescent Place
Midland, TX 79705
Ender Wiggins
JLB /81363-0124

Postmark
At Here

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

See Reverse for Instructions



NIXIE 731 FE 1
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESS
UNABLE TO FORWARD
BC: 87103210808 2326N1221

DR. RALL SPERLING
Sperling Roehl Harris & Sisk, P.A.
1408, NM 87103-2168

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:

ESTATE OF PAUL PAGE & LUCY
1920 Crescent Place
Midland, TX 79705
Ender Wiggins
JLB /81363-0124



8590 9402 3705 7335 1224 59

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3028

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <small>(all)</small> | |
| <small>(all)</small> | |

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage

\$

Total P

\$ 7.41

Sent To:

Street:

City, St:

ESTATE OF RUBY EARL RHOADS

650 S. McLean St.

Fallon, NV 89406

Ender Wiggins

JLB / 81363-0124

PS Form 3800, April 2015 PSN 7530-02-003-9047

See Reverse for Instructions

0000 5766 3356



L. L. SISK, P.A.
Roehl Harris & Sisk, P.A.

ESTATE OF RUBY EARL RHOADS
650 S. McLean St.

NOT DELIVERABLE AS ADDRESS
INABLE TO

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:

ESTATE OF RUBY EARL RHOADS
650 S. McLean St.
Fallon, NV 89406
Ender Wiggins
JLB / 81363-0124

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

1. Restricted Delivery

Domestic Return Receipt

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3356

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

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage
\$ 7.41

Sent To

Street and Apt.

City, State, ZIP

HAZEL WAREN FERQUAIN JONES
604 E. 52nd Place North
Tulsa, OK 74126
Ender Wiggins
JLB / 81363-0124

PS Form 3800, April 2015 PSN 7530-02-000-SU47

See Reverse for Instructions



NIXIE 741265089-1N

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

HAZEL WAREN FERQ.
604 E. 52nd Place North
Tulsa, OK 74126

Roehl Harris & Sisk, P.A.
801 N. 21st Street
Oklahoma City, OK 73108

L. SUPER, L.L.C.

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 Number (Transfer from service label)

HAZEL WAREN FERQUAIN JON.
604 E. 52nd Place North
Tulsa, OK 74126
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 36

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3332

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| | <input type="checkbox"/> II 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:

LOIS ANN LINGO
P.O. Box 212
Cromwell, OK 74837
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 50

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3318

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

LOIS ANN LINGO
P.O. Box 212
Cromwell, OK 74837

NIXIE

731 FE 1

0005/02/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87103600202 2326N12213

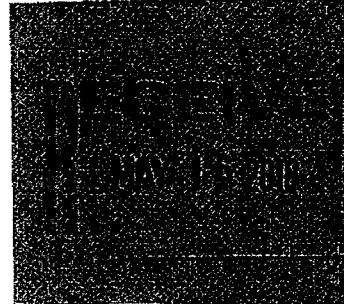
7017 2400 0000 5766 3318

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

Domestic Return ReceiptS. P. E. R. L. I. N. G.
Harris & Sisk, P.A.
103-2108
**U.S. Postal Service™
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For delivery information, visit our website at www.usps.com**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$
<input type="checkbox"/>	Return Receipt (electronic) \$
<input type="checkbox"/>	Certified Mail Restricted Delivery \$
<input type="checkbox"/>	Adult Signature Required \$
<input type="checkbox"/>	Adult Signature Restricted Delivery \$

Postage

\$

Total Post:

\$ 7.41

Sent To

Street and

City, State

7017 2400 0000 5766 3318
Postmark Here

LOIS ANN LINGO
P.O. Box 212
Cromwell, OK 74837
Ender Wiggins
JLB / 81363-0124

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:

MRC Permian Company
5400 LBJ Freeway
Dallas, TX 75240
Ender Wiggins
81363-0124



9590 9402 3705 7335 1215 68

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3400

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

Katherine Ross Madera Sharbutt
P.O. Box 50820
Midland, TX 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

Agent
 Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

4/30/18

D. Is delivery address different from item 1? Yes

NIXIE 731 FE 1 0005/05/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87103215868 2326N125142-02203

Certified Mail
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail
 Mail Restricted Delivery
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation
 Restricted Delivery

Domestic Return Receipt

7017 2400 0000 5766 2755



LL SPERLING



U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and/or

City, State, Zip

APR 27 2018
Postmark
Here
USPS

MRC Permian Company
5400 LBJ Freeway
Dallas, TX 75240
Ender Wiggins
81363-0124

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:

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 22

2017 2400 0000 5766 3172

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

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602

NIXIE

856025207-1N

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mailed Mail | |
| <input type="checkbox"/> Mailed Mail Restricted Delivery (or \$500) | |

2017 2400 0000 5766 3172



Domestic Return Receipt

LUCAS P. LING

I Roche Harris & Sisk, P.A.
18103 2108

**U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Ap

City, State, Zi

Postmark
Here

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602
Ender Wiggins
JLB / 81363-0124

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <input type="text"/>
<input type="checkbox"/> Return Receipt (electronic)	\$ <input type="text"/>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ <input type="text"/>
<input type="checkbox"/> Adult Signature Required	\$ <input type="text"/>
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ <input type="text"/>

Postmark
Here

Postage

\$

Total Postage

\$

Sent To

Street and A.

City, State, Z.

WILLIAM E HORVATH, Jr.
6296 S. Farm Road
Ozark, MO 65721
Ender Wiggins
JLB / 81363-0124

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

See Reverse for Instructions

2400 0000 5766 3202



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.

WILLIAM E HORVATH, Jr.
6296 S. Farm Road
Ozark, MO 65721
Ender Wiggins
JLB / 81363-0124



2. Article Number (Transfer from service label)

7017 2400 0000 5766 3202

Restricted Delivery

Domestic Return Receipt

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

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated

May 03, 2018

and ending with the issue dated

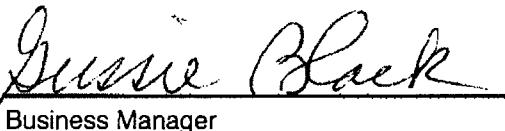
May 03, 2018.

LEGAL NOTICE May 3, 2018

CASE No. 16148; Notice to all affected parties, as well as the heirs and devisees of Chevron U.S.A. Inc.; Chevron Midcontinent, L.P.; OXY Y-1; EOG Resources Inc.; COG Operating LLC; Sugarberry Oil & Gas Corporation; The Allar Company; EOG A Resources, Inc.; EOG M. Resources, Inc.; Cornerstone Family Trust; Crownrock Minerals, L.P.; Allar Development LLC; Regeneration Energy Corp.; FEATHERSTONE DEVELOPMENT CORPORATION; AMEREDEV NEW MEXICO, LLC; FRANK T. FLEET, INC.; MARGARET HELEN KALMAR TRUST A, A/K/A the MARGARET HELEN KALMAR CHILDREN'S TRUST; P.A.W.N. ENTERPRISES, LP; CROWN OIL PARTNERS V, LP; CRUMP ENERGY PARTNERS II, LLC; NADEL AND GUSSMAN DELAWARE, LLC; OZARK ROYALTY CO., LLC; ENERGEN RESOURCES CORPORATION; OXY USA WTP LP; SANTO PETROLEUM LLC; SEEGERES DRILLING COMPANY; ESTATE OF PAUL PAGE & LUCY PAGE; ESTATE OF HENRY D. LINDSLEY, III; E.B. LARUE, JR.; MONTGOMERY PETROLEUM, INC.; OKLAHOMA EXPLORATION COMPANY; KEVIN FLYNN; KATHY WHITWORTH; CATHERINE RAY; LUCY ANN RAY; WILLIAM HARLAN RAY; ANNE C. RAY; ROBERT B. RAY; JACQULYN R. JOHNSON; CASCADE ENERGY, LP; ASHLAND ASSESS HOLDING COMPANY; ROBERT ROY ALLEN; CAROLYN PRICE; KATHY NOBLES; WILLIAM E HORVATH, Jr.; FERNIEZ PHELPS ESTATE; D. MORGAN FIRESTONE; ESTATE of DANIEL M. GALBREATH; JOAN G. PHILLIPS; MRC PERMIAN COMPANY; BRAZOS LIMITED PARTNERSHIP; IBEX PARTNERSHIP, LTD; BBL LTD; AMEREDEV NEW MEXICO; ONE ENERGY PARTNERS OPERATING, LLC; JOHN T. NEISLER 2012 TRUST; JOHN T. NEISLER, TRUSTEE; SHANNON R. SPROWLS 2012 TRUST; SHANNON R. SPROWLS, TR; LOIS ANN LINGO; CHANCE C. BARTON; HAZEL WAREN FERQUAIN JONES; ESTATE OF DONNIE JOE WAREN; ESTATE OF RUBY EARL RHOADS; ESTATE OF JESSIE PEARL SETTLES; ESTATE OF MICKIE MARIE WAREN; BILL (WILLIAM) O. EVANS; ESTATE OF ELRIDGE W. COPELIN; ESTATE OF NELL MARIE WAREN THOMAS PERRY; SALLY ANN COOPER; CHARLES LINGO, WIDOW OF PATSY LINGO; ESTATE OF SHARRON WAREN; VIRGINIA WAREN; LOUIS CHARLES WEAVER; ESTATE OF JAMES ALEXANDER WAREN; ESTATE OF FAY RENE SETTLES MORELAND MCCALL; ESTATE OF JESSIE MAUDE WAREN (WIDOW OF JAMES ALEXANDER WAREN); ESTATE OF JOSEPH ALEXANDER WAREN; ESTATE OF PATSY WAREN LINGO; ESTATE OF JOHN WALTER WAREN; ESTATE OF VERNON FRANKLIN WAREN; ESTATE OF DELYIA WAREN; ESTATE OF BESSIE FAY WAREN SETTLES; ESTATE OF LONZO ESTELL SETTLES, SR.; ESTATE OF BETTY FRANCES SETTLES COKER (WIDOWER ELMER LLOYD COKER); ESTATE OF NANCY NELL THOMAS COOK JENKINS; ESTATE OF LEONA BAKER WAREN; ESTATE OF FRANCES LANE CUNNINGHAM WAREN; ESTATE OF GEORGE W. WAREN JR.; ESTATE OF ANNIE WAREN COPELIN; ESTATE OF TROY COPELIN (WIDOWER OF ANNIE WAREN COPELIN); and ESTATE OF PAULINE COPELIN WAREN of Marathon Oil Permian LLC's application for a non-standard spacing and proration unit, non-standard locations, and compulsory pooling, Lea County, New Mexico. The State of New Mexico, through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on May 17, 2018, to consider this application. Applicant seeks an order: (1) creating a non-standard 480-acre, more or less, spacing and proration unit in the Wolfcamp formation, comprised of the W/2 Section 11 and the NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico; (2) approving non-standard locations and (3) pooling all mineral interests in the Wolfcamp formation underlying the proposed non-standard spacing and proration unit. This proposed non-standard spacing and proration unit will be the project area for the Ender Wiggins 0 Federal 25-34-14 WD 2H well, to be horizontally drilled. The 26 producing area for the well will have unorthodox locations. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision and designation of Marathon as operator of the well, and a 200% charge for risk involved in drilling said well. Said area P is located approximately 15 miles WNW of Jal, New Mexico. #32777


Publisher

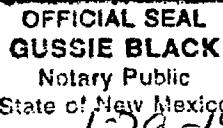
Sworn and subscribed to before me this
3rd day of May 2018.


Business Manager

My commission expires

January 29, 2019

(Seal)



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

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

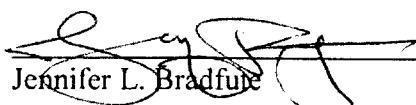
APPLICATION OF MARATHON OIL
PERMIAN LLC FOR A NON-STANDARD
SPACING AND PRORATION UNIT AND
COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.

CASE NO. 16149

AFFIDAVIT

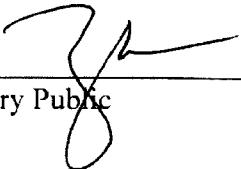
STATE OF NEW MEXICO)
)
) ss.
COUNTY OF BERNALILLO)

Jennifer L. Bradfute, attorney in fact and authorized representative of Marathon Oil Permian LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.



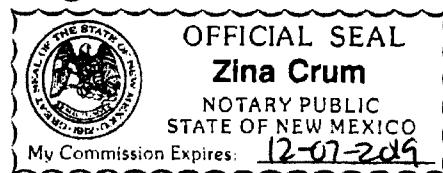
Jennifer L. Bradfute

SUBSCRIBED AND SWORN to before me this 13th day of June, 2018 by Jennifer L. Bradfute.



Notary Public

My commission expires: 12-07-2019



Marathon

Ender Wiggins Application

Mailed on 04/27/18

Pooled Parties	Certified No.
Chevron U.S.A. Inc. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
Chevron Midcontinent, L.P. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
OXY Y-1 5 Greenway Plaza, Suite 110 Houston, TX 77046	7017-2400-0000-5766-2533 5/7/18
EOG Resources Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
COG Operating LLC One Concho Center, 600 West Illinois Midland, TX 79701	7017-2400-0000-5766-2557 5/2/18
Sugarberry Oil & Gas Corporation 5950 Cedar Springs Road; Lock Box 230 Dallas, TX 75235	7017-2400-0000-5766-2564 5/7/18
Tha Allar Company P.O. Box 1567 Graham, TX 76450	7107-2400-0000-5766-2571 5/7/18
EOG A Resources, Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 Duplicate 5/8/18
EOG M. Resources, Inc. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
Cornerstone Family Trust P.O. Box 17656 Golden, CO 80402	7017-2400-0000-5766-2588 5/8/18
Crownrock Minerals, L.P. P.O. Box 51933 Midland, TX 79710	7017-2400-0000-5766-2595 5/7/18
Allar Development LLC P.O. Box 1567 Graham, TX 76450	7017-2400-0000-5766-2571 5/7/18
Regeneration Energy Corp. P.O. Box 210 Artesia, NM 88211	7017-2400-0000-5766-2601 5/2/18
Offset Parties	Certified No.

Marathon

Ender Wiggins Application

Mailed on 04/27/18

EOG RESOURCES INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
CHEVRON U.S.A. INC. 6301 Deauville Blvd. Midland, TX 79706	7017-2400-0000-5766-2526 5/2/18
FEATHERSTONE DEVELOPMENT CORPORATION PO Box 429 Roswell, NM 88202-0429	7017-0190-0000-7530-9184 5/2/18
EOG M RESOURCES, INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
EOG A RESOURCES, INC. 5509 Champions Drive Midland, TX 79706	7017-2400-0000-5766-2540 5/8/18
THE ALLAR CO. P.O. Box 1567 Graham, TX 76450	7107-2400-0000-5766-2571 5/7/18
SUGARBERRY OIL & GAS CORPORATION 5950 Cedar Springs Rd., Lock Box 230 Dallas, TX 75235	7017-2400-0000-5766-2564 5/7/18
AMEREDEV NEW MEXICO, LLC 5707 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735	7017-0190-0000-7530-9191 5/7/18
FRANK T. FLEET, INC. P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-9280 5/8/17
MARGARET HELEN KALMAR TRUST A, A/K/A the MARGARET HELEN KALMAR CHILDREN'S TRUST P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-9297 5/7/18
P.A.W.N. ENTERPRISES, LP P.O. Box 729 Ada, OK 74820	7017-2400-0000-5766-2946 5/7/18
CROWN OIL PARTNERS V, LP 4000 N. Big Spring, Suite 300 Midland, TX 79705	7017-2400-0000-5766-2953 5/7/18
CRUMP ENERGY PARTNERS II, LLC 4000 N. Big Spring, Suite 300 Midland, TX 79705	7017-2400-0000-5766-2960 5/7/18

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Ender Wiggins Application

Mailed on 04/27/18

NADEL AND GUSSMAN DELAWARE, LLC 15 East Fifth St., Suite 3300 Tulsa, OK 74103	7017-2400-0000-5766-2977 5/7/18
OZARK ROYALTY CO., LLC 111 S. Highland St., Suite 352 Memphis, TN 38111	7017-2400-0000-5766-2984 5/3/18
ENERGEN RESOURCES CORPORATION 605 Richard Arrington, Jr. Blvd. North Birmingham, AL 35203	7017-2400-0000-5766-2991 5/3/18
OXY USA WTP LP 5 Greenway Plaza, Suite 110 Houston, TX 77046	7017-2400-0000-5766-2533 5/7/18
SANTO PETROLEUM LLC P.O. Box 1020 Artesia, NM 88211	7017-2400-0000-5766-3004 5/2/18
SEGERES DRILLING COMPANY 14140 Midway Rd., Suite 202 Dallas, TX 75244	7017-2400-0000-5766-3011 5/3/18
ESTATE OF PAUL PAGE & LUCY PAGE 1920 Crescent Place Midland, TX 79705	7017-2400-0000-5766-3028 Returned to Sender 5/9/18
ESTATE of HENRY D. LINDSLEY, III 5525 Stonegate Rd. Dallas, TX 75209	7017-2400-0000-5766-3035 05/01/18
E.B. LARUE, JR. 25 Highland Park, VLG #100280 Dallas, TX 75205	7017-2400-0000-5766-3042 In Transit 05/03/18
MONTGOMERY PETROLEUM, INC. 4925 Greenville Ave., Suite 915 Dallas, TX 75206	7017-2400-0000-5766-3059 5/7/18
OKLAHOMA EXPLORATION COMPANY 5121 McKinney Ave. Dallas, TX 75205	7017-2400-0000-5766-3066 5/7/18
KEVIN FLYNN 216 Lone Mountain New Braunfels, TX 78132	7017-2400-0000-5766-3073 In Transit 06/10/18
KATHY WHITWORTH 1437 Brittany Way Rockwall, TX 75087	7017-2400-0000-5766-3080 5/7/18
CATHERINE RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3097 5/7/18

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LUCY ANN RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3103 5/7/18
WILLIAM HARLAN RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3110 5/7/18
ANNE C. RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3127 5/7/18
ROBERT B. RAY 5223 Beckington LN Dallas, TX 75287	7017-2400-0000-5766-3134 5/7/18
JACQULYN R. JOHNSON 7009 Kingsbury Dr. Dallas, TX 75231	7017-2400-0000-5766-3141 5/15/18
CASCADE ENERGY, LP P.O. Box 7849 Dallas, TX 75209	7017-2400-0000-5766-3158 5/8/18
ASHLAND ASSEST HOLDING COMPANY 4330 W. Vickery Blvd., Suite 150 Fort Worth, TX 76107	7017-2400-0000-5766-3165 5/7/18
ROBERT ROY ALLEN 241 N Huachuca Street Benson, AZ 85602	7017-2400-0000-5766-3172 Returned to Sender 5/16/18
CAROLYN PRICE 1205 Country Club Dr Midland, TX 79701	7017-2400-0000-5766-3189 5/3/18
KATHY NOBLES 2503 Sinclair Ave Midland, TX 79705	7017-2400-0000-5766-3196 5/2/18
WILLIAM E HORVATH, Jr. 6296 S. Farm Road Ozark, MO 65721	7017-2400-0000-5766-3202 Returned to Sender 5/9/18
FERINEZ PHELPS ESTATE 1014 Quaker Knoll Road Spring, MD 20860	7017-2400-0000-5766-3219 5/8/18
D. MORGAN FIRESTONE 353 Iriquois Shore Road Oaksville, Ontario, Canada L6M1M3	7017-2400-0000-5766-3226 Returned to Sender 5/15/18
ESTATE of DANIEL M. GALBREATH 155 E. Broad Street Columbus, OH 43215	7017-2400-0000-5766-3233 Returned to Sender 5/22/18

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Ender Wiggins Application

Mailed on 04/27/18

JOAN G. PHILLIPS 155 E. Broad Street Columbus, OH 43215	7017-2400-0000-5766-3240 Returned to Sender 5/22/18
MRC PERMIAN COMPANY 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240	7017-2400-0000-5766-3400 5/11/18
BRAZOS LIMITED PARTNERSHIP P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3257 5/8/18
IBEX PARTNERSHIP, LTD P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3264 5/3/18
BBL LTD P.O. Box 911 Breckenridge, TX 76424	7017-2400-0000-5766-3271 5/3/18
AMEREDEV NEW MEXICO 5707 Southwest Parkway Building 1, Suite 275 Austin, TX 78735	7017-0190-0000-7530-9191 Duplicate 5/7/18
ONE ENERGY PARTNERS OPERATING, LLC 2929 Allen Parkway, Suite 200 Houston, TX 77019	7017-2400-0000-5766-3288 5/3/18
JOHN T. NEISLER 2012 TRUST JOHN T. NEISLER, TRUSTEE 6216 Riviera Dr. North Richland Hills, TX 76180	7017-2400-0000-5766-3295 5/3/18
SHANNON R. SPROWLS 2012 TRUST SHANNON R. SPROWLS. TR 6216 Riviera Dr. North Richland Hills, TX 76180	7017-2400-0000-5766-3301 5/3/18
LOIS ANN LINGO P.O. Box 212 Cromwell, OK 74837	7017-2400-0000-5766-3318 Returned to Sender 5/16/18
CHANCE C. BARTON 1919 N. Turner St. Hobbs, NM 88240-2712	7017-2400-0000-5766-3325 5/2/18
HAZEL WAREN FERQUAIN JONES 604 E. 52nd Place North Tulsa, OK 74126	7017-2400-0000-5766-3332 Returned to Sender 6/12/18
ESTATE OF DONNIE JOE WARREN Route 1, Box 85 Lewisville, AR 71845	7017-2400-0000-5766-3349 Returned to Sender 5/8/18

Marathon

Ender Wiggins Application

Mailed on 04/27/18

ESTATE OF RUBY EARL RHOADS 650 S. McLean St. Fallon, NV 89406	7017-2400-0000-5766-3356 Returned to Sender 5/9/18
ESTATE OF JESSIE PEARL SETTLES Route 4, Box 51 Midland, TX 79701	7017-2400-0000-5766-3363 Returned to Sender 5/30/18
ESTATE OF MICKIE MARIE WAREN 7804 Colton Dr. Ft. Worth, TX 76108	7017-2400-0000-5766-3370 Returned to Sender 5/30/18
BILL (WILLIAM) O. EVANS 12202 Advance Dr. Houston, TX 77065	7017-2400-0000-5766-3387 05/30/18
ESTATE OF ELRIDGE W. COPELIN Route 4 Tahoka, TX 79373	7017-2400-0000-5766-3394 Returned to Sender 5/8/18

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For delivery information, visit our website at www.usps.com . OFFICIAL USE	
<p>Certified Mail Fee \$ [Redacted]</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ [Redacted] <input type="checkbox"/> Return Receipt (electronic) \$ [Redacted] <input type="checkbox"/> Certified Mail Restricted Delivery \$ [Redacted] <input type="checkbox"/> Adult Signature Required \$ [Redacted] <input type="checkbox"/> Adult Signature Restricted Delivery \$ [Redacted]</p> <p>Postage \$ [Redacted]</p> <p>Total Pd. \$ 7.41 [Redacted]</p> <p>Sent To Street air [Redacted] City, State [Redacted]</p> <p>ESTATE of HENRY D. LINDSLEY, III 5525 Stonegate Rd. Dallas, TX 75209 Ender Wiggins JLB / 81363-0124</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions.</p>	

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Postage \$ Total Postage \$ 7.41 Sent To Street and City, State	
E.B. LARUE, JR. 25 Highland Park, VLG #100280 Dallas, TX 75205 Ender Wiggins JLB / 81363-0124	
<small>PS Form 3800, April 2015 PGN 7530-02-000-0047 See Reverse for Instructions</small>	

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<p>Postage \$ _____</p> <p>Total <i>7.41</i></p> <p>Sent: _____</p> <p>Street _____</p> <p>City/State _____</p> <p>Postmark Here</p>	
<p>KEVIN FLYNN 216 Lone Mountain New Braunfels, TX 78132</p> <p>Ender Wiggins JLB / 81363-0124</p> <p>ns.</p>	
<small>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</small>	

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5707 Southwest Parkway, Building 1, Suite 21
Austin, TX 78735
Ender Wiggins
JLB / 81363-0124



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2 Article Number (Transfer from service label)

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PS Form 3811, July 2015 PSN 7530-02-000-9063

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A. Signature

X *Karen Lee*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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- Return Receipt (electronic) \$ _____
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- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

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Total Postage

\$ 7.41

AMEREDEV NEW MEXICO, LLC
5707 Southwest Parkway, Building 1, Suite 21
Austin, TX 78735
Ender Wiggins
JLB / 81363-0124

Sent To

Street and

City, State

APR 27 2018
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- Print your name and address on the reverse so that we can return the card to you.
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ANNE C. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 85

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3127

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Anne Ray*

Agent
 Addressee

B. Received by (Printed Name)

Anne Ray 5-1-18

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes
 No

3. Service Type

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- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Restricted Delivery

- Adult Signature
- Adult Signature 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

USPS TRACKING



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Modrall Law Firm
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Albuquerque, NM 87103

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\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

27
Postmark
Here

Postage

\$

Total Post

\$ 7.41

Sent To

ANNE C. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

Street/Unit

City/State

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 Number

ASHLAND ASSEST HOLDING COM
4330 W. Vickery Blvd., Suite 150
Fort Worth, TX 76107
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 39

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3165

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jen C. Koff*
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-30-18

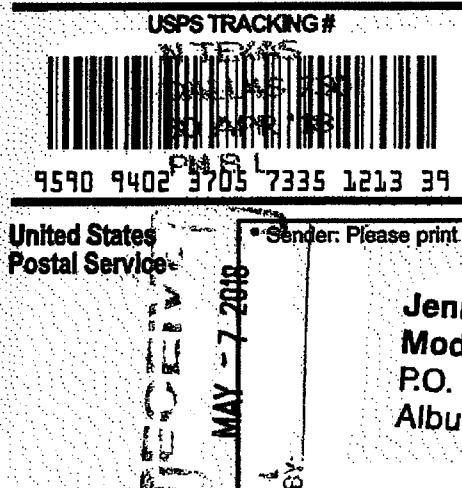
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |

2017-04-30

Domestic Return Receipt



13-216868

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

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$

Total Postage \$ **7.41**

Sent To ASHLAND ASSEST HOLDING COMPANY
4330 W. Vickery Blvd., Suite 150
Fort Worth, TX 76107
Ender Wiggins
JLB / 81363-0124

Street and/or
City, State, Zip

APR 27 2018

Postmark

PS Form 3

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:

BBL LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 52

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3271

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Paula Grissom

- Agent
 Addressee

B. Received by (Printed Name)

Paula Grissom

C. Date of Delivery

4-30-18

D. Is delivery address different from item 1? YesIf 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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 1214 52

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 3 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$

Total

7.41

BBL LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124

2017 2400 0000 5766 3271

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 envelope, or on the front if space permits.

1. Article Addressed to:

BRAZOS LIMITED PARTNERS
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 14

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3257

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Paula Brissom

Agent
 Addressee

B. Received by (Printed Name)

Paula Brissom

C. Date of Delivery
5-2-18

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery | |

Domestic Return Receipt

USPS TRACKING



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3705 7335 1214 14

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

RECEIVED

Jennifer L. Bradford
Modrall Law Firm
P.O. Box 2168 BY:
Albuquerque, NM 87103

7017 2400 0000 5766 3257

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Due

7.41

BRAZOS LIMITED PARTNERSHIP
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124

Postmark
Here

See instructions

PSF

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.

COG Operating LLC
One Concho Center, 600 West Illinois
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 28

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2557

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

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

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Delivery

- Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



MIDLAND / Odessa
TX 79711
3014 P.O. Box 2168 F.M. 1

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

9590 9402 3705 7335 1217 28

United States
Postal Service

MAY - 2 2018

- Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

\$

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

Postmark
Here

APR 27 2018

Postage

\$

Total Post
\$ 7.41

Sent To

Street Line

City, State

COG Operating LLC
One Concho Center, 600 West Illinois
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124

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:

CAROLYN PRICE
1205 Country Club Dr
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 46

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3189

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

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X Carolyn Price

- Agent
 Addressee

B. Received by (Printed Name)

Carolyn Price

C. Date of Delivery

1 MAY 2016

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:

**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

Domestic Return Receipt**USPS TRACKING #**

9590 9402 3705 7335 1213 46

**United States
Postal Service**

MAY - 3 2016
S: 8440831688024

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE****Certified Mail Fee**

\$

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

Postmark
Here

Postage

\$

Total P.O.
\$ 7.41

Sent To

Street or

City, State

CAROLYN PRICE
1205 Country Club Dr
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124

PS Form

5010-0275 REV 10-03 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:

CASCADE ENERGY, LP
P.O. Box 7849
Dallas, TX 75209
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 15

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3158

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/8

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

3. Service Type

- Priority Mail Express®
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Domestic Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1213 15

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

MAY - 8 2018



U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and A

City, State, .

CASCADE ENERGY, LP

P.O. Box 7849

Dallas, TX 75209

Ender Wiggins

JLB / 81363-0124

See Reverse for Instructions

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:

CATHERINE RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 47

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3097

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *Jane Ray*

- Agent
 Addressee

B. Received by (Printed Name)

Jane Ray 5-1-18

C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail
 Mail Restricted Delivery
 Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1212 47

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

18
MAY
7
2018

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Pos
\$ 7.41

Sent To

Street and

City, State

CATHERINE RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



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:

CHANCE C. BARTON
1919 N. Turner St.
Hobbs, NM 88240-2712
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 43

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3325

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-20-18

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
 ID Mail
 Mail Restricted Delivery \$500
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1216 43



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 2 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (handcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and A

City, State, 2

CHANCE C. BARTON
1919 N. Turner St.
Hobbs, NM 88240-2712
Ender Wiggins
JLB / 81363-0124

APR 27 2018
Postmark
Here

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 Number

Chevron Midcontinent, L.P.
6301 Deauville Blvd.
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 59

2 Article Number (Transfer from service label)

7017 2400 0000 5766 2526

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 Correspondence
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

 Domestic Return Receipt
 International Return Receipt

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

Domestic Return Receipt

USPS TRACKING


 First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

9590 9402 3705 7335 1217 59

 United States
 Postal Service

 MAY - 2010
 BY:

• Sender: Please print your name, address, and ZIP+4® in this box.

 Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total

\$ 7.41

Sent:

Street

City, S

 Chevron Midcontinent, L.P.
 6301 Deauville Blvd.
 Midland, TX 79706
 Ender Wiggins
 JLB / 81363-0124

 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.

3. Article Addressed To:

Cornerstone Family Trust
P.O. Box 17656
Golden, CO 80402
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 98

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2588

COMPLETE THIS SECTION ON DELIVERY

A. Signature

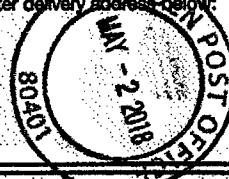
 Agent
 Addressee

B. Received by (Printed Name)

Suzan Thomas

C. Date of Delivery

5/2

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

USPS TRACKING



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 8 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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

For delivery information, visit our website at www.usps.com**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total P/c

s 7.41

Sent To

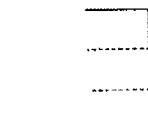
Street/Line

City, State

Cornerstone Family Trust
P.O. Box 17656
Golden, CO 80402
Ender Wiggins
JLB / 81363-0124

Postmark

Here



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:

CROWN OIL PARTNERS V.1
4000 N. Big Spring, Suite 300
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 74

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2953

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

Jennifer

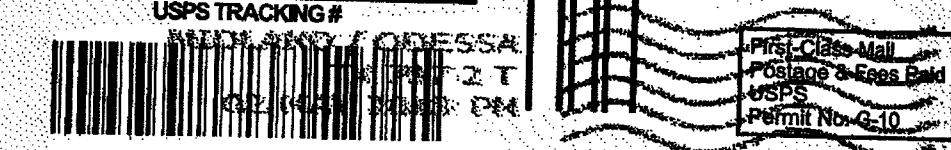
C. Date of Delivery

5/1/17

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

3. Service Type

- Priority Mail Express®
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Restricted Delivery
- Registered Mail®
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery



9590 9402 3705 7335 1223 74

United States
Postal Service

2010

MAY - 7

Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

Postmark
Here

Postage

Total Postage

\$ 7.41

Sent To

Street and Ap

City, State, Zi

CROWN OIL PARTNERS V, LP
4000 N. Big Spring, Suite 300
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124

7017 2400 0000 5766 2953

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:

Crownrock Minerals, L.P.
P.O. Box 51933
Midland, TX 79710
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 81

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2595

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jordan Shelby* Agent
 Addressee

B. Received by (Printed Name)

Jordan Shelby Date of Delivery
P5/2/18

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- 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

USPS TRACKING

9590 9402 3705 7335 1216 81



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and

City, State

Crownrock Minerals, L.P.
P.O. Box 51933
Midland, TX 79710
Ender Wiggins
JLB / 81363-0124

See Reverse for Instructions

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.
C CRUMP ENERGY PARTNERS II, LLC
4000 N. Big Spring, Suite 300
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 81

2. Article Number / Transfer from service label:

7017 2400 0000 5766 2960

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
*5/1/18*D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3705 7335 1223 81

 First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

 United States
 Postal Service

 MAY - 7 2018
 BY

Sender: Please print your name, address, and ZIP+4® in this box*

 Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103

2960 0000 5766 2400 7017

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Apt

City, State, Zip

 CRUMP ENERGY PARTNERS II,
 4000 N. Big Spring, Suite 300
 Midland, TX 79705
 Ender Wiggins
 JLB / 81363-0124

 Postmark
 Here

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.
5509 Champions Drive
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 35

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Force

Agent
 Addressee

B. Received by (Printed Name)

R. Force

C. Date of Delivery

4-30-18

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- 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

USPS TRACKING#



9590 9402 3705 7335 1217 35

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 8 2018
10
10
10

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$

- | | |
|---|----------|
| Extra Services & Fees (check box, add fee as appropriate) | \$ |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input checked="" type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark
4/30/18 Here

Postage \$

Total Postage \$

Sent To

Street and

City, State,

EOG Resources Inc.
5509 Champions Drive
Midland, TX 79706
Ender Wiggins
JLB / 81363-0124

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:

ENERGEN RESOURCES CORPORATION
605 Richard Arrington, Jr. Blvd.
North Birmingham, AL 35203
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 11

7017 2400 0000 5766 2991

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Juliee Bradfute*

Agent
 Addressee

B. Received by (Printed Name)

Juliee Bradfute

C. Date of Delivery

4-30-2016

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

605 21st St

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

Domestic Return Receipt

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

USPS TRACKING

ESTM 14 MAY 2016



FRI 13

9590 9402 3705 7335 1224 11

United States
Postal Service

RECEIVED
MAY 3
BY

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

\$

Total Postage
\$ 7.41

Send To

Street and A

City, State, Zip

ENERGEN RESOURCES CORPORATION
605 Richard Arrington, Jr. Blvd.
North Birmingham, AL 35203
Ender Wiggins
JLB / 81363-0124

4-30-2016
Postmark
Here

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 DEVELOPMENT
CORPORATION
PO Box 429
Roswell, NM 88202
Ender Wiggins / JLB / 81363-0124



9590 9402 3705 7335 1220 22

2. Article Number / Transfer from service label

2017 0190 0000 7530 9184

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Hernández

 Agent
 Addressee

B. Received by (Printed Name)

M. Hernández

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
- 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

USPS TRACKING



9590 9402 3705 7335 1220 22

First-Class Mail
Postage & Fees Paid
USPS
Permit No. C-10

United States
Postal Service

MAY - 2 2018

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

\$

Total Postage

7.41

Sent To

Street and

City/State

Postmark
Here

FEATHERSTONE DEVELOPMENT
CORPORATION
PO Box 429
Roswell, NM 88202
Ender Wiggins / JLB / 81363-0124

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:

FERINEZ PHELPS ESTATE
1014 Quaker Knoll Road
Spring, MD 20860
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 77

2 Article Number (Transfer from service label)

7017 2400 0000 5766 3219

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lee Perkins* Agent
 Addressee

B. Received by (Printed Name)

Lee Perkins C. Date of Delivery
5-4-18

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

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| | <input type="checkbox"/> Restricted Delivery |

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

Domestic Return Receipt

USPS TRACKING™



9590 9402 3705 7335 1213 77

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

MAY 8 2018 Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

3-21668

7017 2400 0000 5766 3219

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
*Domestic Mail Only*For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (handcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total F

\$ 7.41

Sent To:

Street:

City, St

FERINEZ PHELPS ESTATE
1014 Quaker Knoll Road
Spring, MD 20860
Ender Wiggins
JLB / 81363-0124



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:

FRANK T. FLEET, INC.
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1220 08

2. Article Number:

2017 2400 0000 5766 9280

PS Form 3811, July 2015 P&N 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Arlene R Fleet*

Agent
 Addressee

B. Received by (Printed Name)

Arlene R Fleet

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | (over \$500) |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

Domestic Return Receipt

USPS TRACKING®
OKLAHOMA CITY

9590 9402 3705 7335 1220 08

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

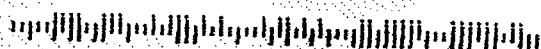
United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

MAY - 8 2018

7103-216868



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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Pd

\$ 7.41

Sent To

Street #

City, Sta



FRANK T. FLEET, INC.
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124

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:

IBEX PARTNERSHIP, LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 21

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3264

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Paula Gissom

C. Date of Delivery

4-30-18

D. Is delivery address different from Item 1?

If YES, enter delivery address below:

Yes
 No

3. Service Type

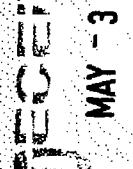
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Mail Restricted Delivery 500 | |

D. Domestic Return Receipt

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

USPS TRACKING #

9590 9402 3705 7335 1214 21

United States
Postal Service

MAY

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

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

Postage

\$ _____

Total P.O. \$ 7.41

Sent To _____

Street or _____

City, Sta. _____

IBEX PARTNERSHIP, LTD
P.O. Box 911
Breckenridge, TX 76424
Ender Wiggins
JLB / 81363-0124



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:

JACQULYN R. JOHNSON
7009 Kingsbury Dr.
Dallas, TX 75231
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 08

Auto Number. Transfer from service label

7017 2400 0000 5766 3141

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J.R. Johnson

B. Received by <u>Printed Name</u>	C. Date of Delivery
J.R. JOHNSON	5/7/18

Agent
 Addressee

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

3. Service Type
- Priority Mail Express®
 - Adult Signature
 - Registered Mail™
 - Standard Mail Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

1 Mail
1 Mail Restricted Delivery
500

- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7630-02-000-9053

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1213 08

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

RECEIVED
MAY 15 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage

\$ 7.41

Postmark
APR 27 2018
Here

JACQULYN R. JOHNSON
7009 Kingsbury Dr.
Dallas, TX 75231
Ender Wiggins
JLB / 81363-0124

7017 2400 0000 5766 3141

PS Form 3803-2, July 2015 PSN 7630-02-000-9053

See Reverse Side 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:

N JOHN T. NEISLER 2012 TRUST JOHN T.
NEISLER, TRUSTEE
6216 Riviera Dr.
North Richland Hills, TX 76180
Ender Wiggins JLB / 81363-0124



9590 9402 3705 7335 1214 38

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3295

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dari Neisler*
Dari Neisler

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Y 30 18

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

6216 Riviera

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
- All
- All Restricted Delivery
- 0

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1214 38

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

RECEIVED
MAY - 3 2018
BY:

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (handcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark

Here

2018

Postage

\$

Total Posta

\$ 7.41

Sent To

Street and A

City, State, Z

JOHN T. NEISLER 2012 TRUST JO
NEISLER, TRUSTEE
6216 Riviera Dr.
North Richland Hills, TX 76180
Ender Wiggins JLB / 81363-01

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:

KATHY NOBLES
2503 Sinclair Ave
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 53

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3196

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *K Nobles*

Agent
 Addressee

B. Received by (Printed Name)

K Nobles

C. Date of Delivery

4/30/11

D. Is delivery address different from Item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

- Priority Mail Express®
- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Return Receipt for Merchandise
- Collect on Delivery
- Signature Confirmation™
- Collect on Delivery Restricted Delivery
- Signature Confirmation Restricted Delivery
- Mail
- Mail Restricted Delivery
- D.O.

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

Domestic Return Receipt

USPS TRACKING#

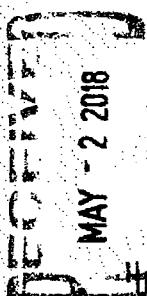
JUDI LAND ADDRESS



First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3705 7335 1213 53

United States
Postal Service



• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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OFFICIAL USE

Certified Mail Fee

\$	
<input type="checkbox"/>	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/>	Return Receipt (hardcopy) \$
<input type="checkbox"/>	Return Receipt (electronic) \$
<input type="checkbox"/>	Certified Mail Restricted Delivery \$
<input type="checkbox"/>	Adult Signature Required \$
<input type="checkbox"/>	Adult Signature Restricted Delivery \$

Postmark
Here

Postage

Total Postage

\$ 7.41

Sent To

Street and #

City, State, Zip

KATHY NOBLES
2503 Sinclair Ave
Midland, TX 79705
Ender Wiggins
JLB / 81363-0124

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

KATHY WHITWORTH
1437 Brittany Way
Rockwall, TX 75087
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 54

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3080

Restricted Delivery

Domestic Return Receipt

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by Printed Name

C. Date of Delivery

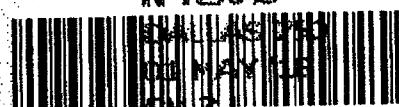
5-1-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

USPS TRACKING #



9590 9402 3705 7335 1212 54

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

MAY - 7 2018

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Post

\$ 7.41

Sent To

Street Line

City, State

AM 27
Postmark
Here

KATHY WHITWORTH
1437 Brittany Way
Rockwall, TX 75087
Ender Wiggins
JLB / 81363-0124

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:

LUCY ANN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 61

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3103

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jane Ray*

Agent
 Addressee

B. Received by (Printed Name)

Jane Ray APR 5 2018

C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Total Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

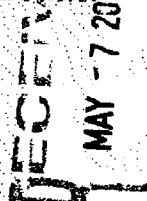
USPS TRACKING



9590 9402 3705 7335 1212 61

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service®



• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage
\$ 7.41

Sent To

LUCY ANN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

Street and A.

City, State, Z



7017 2400 0000 5766 3103

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:

Margaret Helen Kalmar Children's Trust
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1219 95

2. Article Number (Transfer from service label)

7017 2400 0000 5766 9297

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received By (Printed Name)

C. Date of Delivery

5/18

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

Revised to 5/18

3. Service Type

- Priority Mail Express®
- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- I Mail
- I Mail Restricted Delivery
- (500)

Priority Mail Express®

Adult Signature

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

I Mail

I Mail Restricted Delivery

(500)

Return Receipt for Merchandise

Signature Confirmation

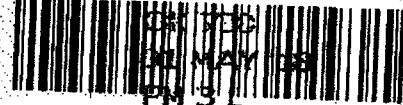
Signature Confirmation Restricted Delivery

Return Receipt

Signature Confirmation

Signature Confirmation Restricted Delivery

Return Receipt

USPS TRACKING#
OKLAHOMA CITY

9590 9402 3705 7335 1219 95

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

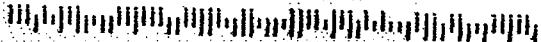
United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

103-216866



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Certified Mail Fee

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark
Here

Postage

Total Prc

\$ 7.41

Sent To

Street an

City, Stat

Margaret Helen Kalmar Children's
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124

7017 2400 0000 5766 9297

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.

MONTGOMERY PETROLEUM,
4925 Greenville Ave., Suite 915
Dallas, TX 75206
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 73

0 Article Number (Transfer from service label)

7017 2400 0000 5766 3059

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

 Agent
 Addressee
C. Date of Delivery
*5/7/18*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
- Mail Restricted Delivery \$500
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING#

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3705 7335 1224 73

United States
Postal Service

MAILED
MAY - 7 2018
BY

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy) \$
<input type="checkbox"/> Return Receipt (electronic) \$
<input type="checkbox"/> Certified Mail Restricted Delivery \$
<input type="checkbox"/> Adult Signature Required \$
<input type="checkbox"/> Adult Signature Restricted Delivery \$

Postage

\$

Total

7.41

MONTGOMERY PETROLEUM, INC.
4925 Greenville Ave., Suite 915
Dallas, TX 75206
Ender Wiggins
JLB / 81363-0124

2017
Postmark
Here

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.

RE, NADEL AND GUSSMAN DELAWARE, LLC
15 East Fifth St., Suite 3300
Tulsa, OK 74103
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 98

2. Article Number (Transfer from service label)

2017 2400 0000 5766 2977

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. J. Skidmore

Agent
 Addressee

B. Received by (Printed Name)

J. Skidmore

C. Date of Delivery

5-1-18

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

restricted Delivery

- | | |
|---|---|
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Insured Mail |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

PS Form 3811, July 2015 PSN 7590-02-000-9053

USPS TRACKING



9590 9402 3705 7335 1223 98

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

-216888



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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

APR 23 2018

Postmark
Here

Postage

\$

Total

7.41

NADEL AND GUSSMAN DELAWA

15 East Fifth St., Suite 3300

Tulsa, OK 74103

Ender Wiggins

JLB / 81363-0124

2017 2400 0000 5766 2977

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.

OKLAHOMA EXPLORATION CON
5121 McKinney Ave.
Dallas, TX 75205
Ender Wiggins
JLB / 81363-0124

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

John R. Hudson 65010

C. Date of Delivery

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

9590 9402 3705 7335 1224 97

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3066

Restricted Delivery

Domestic Return Receipt

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

USPS TRACKING



9590 9402 3705 7335 1224 97

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
<p>Certified Mail Fee <input type="checkbox"/> \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	
<p>Postage <input type="checkbox"/> \$ Total Postage and 7.41 OKLAHOMA EXPLORATION COMPANY Sent to 5121 McKinney Ave. Street and Apt. N Dallas, TX 75205 City, State, Zip JLB / 81363-0124</p>	

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.

ONE ENERGY PARTNERS OPERATING
2929 Allen Parkway, Suite 200
Houston, TX 77019
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 45

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3288

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Barry J. C.

C. Date of Delivery

4/30/18

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes
 No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect-on-Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| (over \$500) | |

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-8053

USPS TRACKING



9590 9402 3705 7335 1214 45

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

RECEIVED
MAY - 3 2018
BY:

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Ap.

City, State, Z

ONE ENERGY PARTNERS OPERATING, L1
2929 Allen Parkway, Suite 200
Houston, TX 77019
Ender Wiggins
JLB / 81363-0124

4/30/18
Postmark
Here

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:

OXY Y-1
 5 Greenway Plaza, Suite 110
 Houston, TX 77046
 Ender Wiggins
 JLB / 81363-0124



9590 9402 3705 7335 1217 42

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2533

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:

James Beard
JAMES BEARD

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
 - NCO
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

USPS TRACKING



9590 9402 3705 7335 1217 42



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
 Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
 Modrall Law Firm
 P.O. Box 2168
 Albuquerque, NM 87103



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

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage

\$ 7.41

Sent To

Street or

City, State

OXY Y-1
 5 Greenway Plaza, Suite 110
 Houston, TX 77046
 Ender Wiggins
 JLB / 81363-0124

Postmark
APR 27 2018

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:

OZARK ROYALTY CO., LLC
111 S. Highland St., Suite 352
Memphis, TN 38111
Ender Wiggins
JLB / 81363-0124.



9590 9402 3705 7335 1224 04

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2984

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

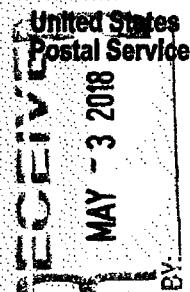
Domestic Return Receipt

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

USPS TRACKING #

9590 9402 3705 7335 1224 04

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



• Sender: Please print your name, address, and ZIP+4® in this box.

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$

Total Pd. \$ 7.41

Sent To _____

Street Address _____

City, State _____

OZARK ROYALTY CO., LLC
111 S. Highland St., Suite 352
Memphis, TN 38111
Ender Wiggins
JLB / 81363-0124

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:

P.A.W.N. ENTERPRISES, LP
P.O. Box 729
Ada, OK 74820
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1223 67

2. Article Number (Transfer from service label)

2017 2400 0000 5766 2946

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/18

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

Refusal to Sign

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING

OKLAHOMA CITY



9590 9402 3705 7335 1223 67

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018
BY:
103-216868

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and Apt

City, State, Zip

P.A.W.N. ENTERPRISES, LP

P.O. Box 729

Ada, OK 74820

Ender Wiggins

JLB / 81363-0124

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.

Regeneration Energy Corp.
P.O. Box 210
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 74

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2601

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rox Miller* Agent
 Addressee

B. Received by (Printed Name)

Rox Miller C. Date of Delivery
4/30/15

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| Restricted Delivery | |

USPS TRACKING



9590 9402 3705 7335 1216 74

United States
Postal Service

MAY - 2 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Post

\$ 7.41

Sent To

Street and

City, State

27 MAY
Postmark
Here

Regeneration Energy Corp.
P.O. Box 210
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124

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:

ROBERT B. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 92

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3134

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert Ray

Agent
 Addressee

B. Received by (Printed Name)

func Ray 5-1-18

C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Self Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1212 92

United States
Postal Service

MAY 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

G-216868



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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Pos

\$ 7.41

Sent To

Street an

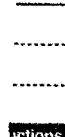
City, Stat

ROBERT B. RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

Postmark

Here

APR 27 2018



Actions

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:

SANTO PETROLEUM LLC
P.O. Box 1020
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 28

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3004

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jill A. Wiggins* 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



D. Services Selected

- Adult Signature
- Adult Signature Restricted Delivery
- 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

Domestic Return Receipt

USPS TRACKING #

9590 9402 3705 7335 1224 28



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

RECEIVED
MAY - 2 2018
BY

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage

\$

Total Postage:

\$ 7.41

Sent To

Street and Apt.:

City, State, ZIP:

SANTO PETROLEUM LLC
P.O. Box 1020
Artesia, NM 88211
Ender Wiggins
JLB / 81363-0124

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:

SEGERES DRILLING COMPANY
14140 Midway Rd., Suite 202
Dallas, TX 75244
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1224 35

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3011

3.

Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Extended Delivery |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

C. Date of Delivery

4/30/15

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

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

Domestic Return Receipt

USPS TRACKING



9590 9402 3705 7335 1224 35

United States
Postal Service

MAY - 3 2011

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

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Postage & Fees Paid
USPS
Permit No. G-10

7017 2400 0000 5766 3011

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark

Here

Postage

\$

Total Postage

\$ 7.41

Sent To

SEGERES DRILLING COMPANY
14140 Midway Rd., Suite 202
Dallas, TX 75244
Ender Wiggins
JLB / 81363-0124

Street and Apt

City, State, Z

PS Form 3811, 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 Here

Shannon R. Sprowls 2012
 Trust Shannon R. Sprowls. Tr.
 6216 Riviera Dr.
 North Richland Hills, TX 76181
 Ender Wiggins JLB / 81363-0124



9590 9402 3705 7335 1216 67

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3301

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

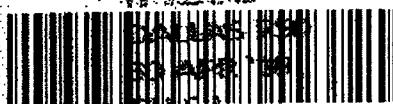
X *Dari Neister* Agent
 Addressee

B. Received by (Printed Name)Dari Neister *4/30/18***C. Date of Delivery**D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No*6216 Riviera***3. Service Type**

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| Restricted Delivery: | |

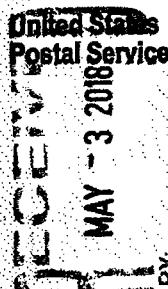
Domestic Return Receipt

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

USPS TRACKING #

9590 9402 3705 7335 1216 67

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. C



• Sender: Please print your name, address, and ZIP+4® in this box*	
Jennifer L. Bradfute Modrall Law Firm P.O. Box 2168 Albuquerque, NM 87103	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate). <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ Total P.O.: \$ 7.41 Sent To: Shannon R. Sprowls 2012 Trust Shannon R. Sprowls. Tr. 6216 Riviera Dr. North Richland Hills, TX 76180 Ender Wiggins JLB / 81363-0124	
Street and City, State	
PS Form 3811 <small>7530-02-000-9053</small>	
<small>See reverse for instructions</small>	

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.

Sugarberry Oil & Gas Corporation
5950 Cedar Springs Road; Lock Box
Dallas, TX 75235
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1217 11

2. Article Number (Transfer from service label)

7017 2400 0000 5766 2564

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**

D. Is delivery address different from Item 1? Yes
If YES enter delivery address: 7017 2400 0000 5766 2564 No

RECEIVED
APR 30 2018
BY:

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Restricted Delivery | <input type="checkbox"/> Restricted Delivery |

USPS TRACKING#

9590 9402 3705 7335 1217 11

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USPS
Permit No. G-10

United States
Postal Service

MAY - 7 2018
BY:

* Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103

7017 2400 0000 5766 2564

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OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$

Total \$ 7.41

Sent to: Sugarberry Oil & Gas Corporation
5950 Cedar Springs Road; Lock Box 230
Dallas, TX 75235
Street: Ender Wiggins
City: JLB / 81363-0124

Postmark Here: APR 27 2018

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
P.O. Box 1567
Graham, TX 76450
Ender Wiggins
JLB / 81363-0124



0590 9402 3705 7335 1217 04

2. Article Number (Transfer from service label)

2017 2400 0000 5766 2571

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jennifer Bradfute* Agent
 Addressee

B. Received by (Printed Name)

Melanie Barrett 930-18

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
- 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

USPS TRACKING



0590 9402 3705 7335 1217 04



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Postage & Fees Paid
USPS
Permit No. C 11

United States
Postal Service

MAY - 7 2018

• Sender: Please print your name, address, and ZIP+4® in this box*

Jennifer L. Bradfute
Modrall Law Firm
P.O. Box 2168
Albuquerque, NM 87103



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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

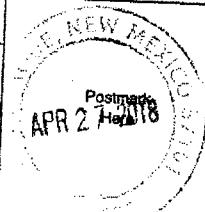
\$ 7.41

Sent To

The Allar Company
P.O. Box 1567
Graham, TX 76450
Ender Wiggins
JLB / 81363-0124

Street

City, State



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:

WILLIAM HARLAN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1212 78

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3110

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jane Ray*
 Agent
 Addressee

B. Received by (Printed Name)

Jane Ray 5-1-18

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

USPS TRACKING



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3705 7335 1212 78

United States
Postal Service

MAY - 7 2018

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P.O. Box 2168
Albuquerque, NM 87103

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Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Pd

7.41

WILLIAM HARLAN RAY
5223 Beckington LN
Dallas, TX 75287
Ender Wiggins
JLB / 81363-0124

Postmark

Here

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

OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Post
\$ 7.41

Sent To

ESTATE OF MICKIE MARIE WAF
7804 Colton Dr.
Ft. Worth, TX 76108
Ender Wiggins
JLB / 81363-0124

Street and

City, State,

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

See Reverse for Instructions

4/10/2015
Postmark
Here

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הוותה

5766 3370

NIXIE 731 DE 1

RETURN TO S
UNCLAIMED
UNABLE TO F

BC: 87103219808 23

ESTATE OF MICKIE MARIE WAF
7804 Colton Dr.
Ft. Worth, TX 76108

SUPERLING

John Harris & Sisk, P.A.

2015-03-21 b8

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. Address
ESTATE OF MICKIE MARIE WAREN
7804 Colton Dr.
Ft. Worth, TX 76108
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1215 99

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3370

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

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

OFFICIAL USE

092E 9925 0000 0042 7102

NIXIE 432154012-1N

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

JOAN G. PHILLIPS
155 E. Broad Street
Columbus, OH 43215

Postmark
Here

Certified Mail Fee

\$ /

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total \$

Sent 7/

Street:

City, St:

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

See Reverse for Instructions

5766 3240

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.

JOAN G. PHILLIPS
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1214 07

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3240

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

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (\$500) | |

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

\$

Total Postage

\$ 7.41

Sent To

D. MORGAN FIRESTONE
353 Iriquois Shore Road
Oaksville, Ontario, Canada L6M1M3

Ender Wiggins
JLB / 81363-0124

Street and Apt

City, State, Z

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

See Reverse for Instructions

NM

8/103 2168

ng Roehl Harris & Sisk, P.A.

ALL SPERRLING

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 Address:

D. MORGAN FIRESTONE
353 Iriquois Shore Road
Oaksville, Ontario, Canada L6M1M3
Ender Wiggins
JLB / 81363-0124



2. Article Number (Transfer from service label)

7017 2400 0000 5766 3226

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ad

Ar

B. Received by (Printed Name)

C. Date of

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 E

Registered M

Registered M

Delivery

Return Recel

Merchandise

Signature Co.

Signature Co.

Restricted De

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

Domestic Return

922E 9945 0000 0042 702

7017 2400 0000 5766 3226



NIXIE

432152050-1

RETURN TO S
INSUFFICIENT
UNABLE TO F
RETURN TO S

KFC

ESTATE of DANIEL M.
155 E. Broad Street
Columbus, OH 43215

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage

\$

Total Postage

* 7.41

Sent To

Street and/or

City, State:

PS Form 3

ESTATE of DANIEL M. GALBREATH
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124

BY:
SISK, P.A.
LAW FIRM

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:

ESTATE of DANIEL M. GALBREATH
155 E. Broad Street
Columbus, OH 43215
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 84

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3233

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

7017 2400 0000 5766 3233

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Certified Mail Fee

\$	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/>	Return Receipt (hardcopy) \$
<input type="checkbox"/>	Return Receipt (electronic) \$
<input type="checkbox"/>	Certified Mail Restricted Delivery \$
<input type="checkbox"/>	Adult Signature Required \$
<input type="checkbox"/>	Adult Signature Restricted Delivery \$



NIKIE 775 DZ 1

RETURN TO SENDER
ATTEMPTED - NOT K
UNABLE TO FORWARD

BC: 87103216868 2091M1



ESTATE OF DONNIE JOE
Route 1, Box 85
Lewisville, AR 71845

ESTATE OF DONNIE JOE WARREN
Route 1, Box 85
Lewisville, AR 71845
Ender Wiggins
JLB / 81363-0124

PS Form 3800

Mod
Modrall Sperling Roehl Harris & Sisk, P.A.
P.O. Box 2168
Albuquerque, NM 87103-2168

TO:
RECORDED BY:
PER LING

7 2400 0000 5766 3349

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.

ESTATE OF DONNIE JOE WARR
Route 1, Box 85
Lewisville, AR 71845
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 29

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3349

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
- Forward Mail
- Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation

Restricted Delivery

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:

ESTATE OF ELRIDGE W. COPELIN
Route 4
Tahoka, TX 79373
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1215 75

2. Article Number (Transfer from service label)

2017 2400 0000 5766 3394

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

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

Domestic Return Receipt

ALL SPERLING

King Roehl Harris & Sisk, P.A.

NM 87032-162

0105/01/18

NIXIE

731 C2 1

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD



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Domestic Mail Only**

For delivery information, visit our website at www.usps.com**OFFICIAL U.S.****Certified Mail Fee**

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total Postage

\$ 7.41

Sent To**Street and A****City, State, Z**

ESTATE OF ELRIDGE V
Route 4
Tahoka, TX 79373
Ender Wiggins
JLB / 81363-0124

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage

\$ **7.41**

Sent To

ESTATE OF JESSIE PEARL SETTLES

Route 4, Box 51

Midland, TX 79701

Ender Wiggins

JLB / 81363-0124

Postmark
Here

Street and Apt

City, State, Zip

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

See Reverse for Instructions

NIXIE 731 0

RETURN
NOT DELIVERABLE
UNABLE

SC: 67103000202

4925 0000 00h2 LTO

ESTATE OF JESSIE PEARL SETTLES
Route 4, Box 51
Midland, TX 79701

L.L. SPERLING

9 Roehl Harris & Sisk, P.A.

42-012158

7017 2400 0000 5766 3363



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:

ESTATE OF JESSIE PEARL SETTLES
Route 4, Box 51
Midland, TX 79701
Ender Wiggins
JLB / 81363-0124



2. Article Number (Transfer from service label)

7017 2400 0000 5766 3363

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

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage \$

7.41

Sent To

ESTATE OF PAUL PAGE & LUCY PAGE

1920 Crescent Place

Midland, TX 79705

Ender Wiggins

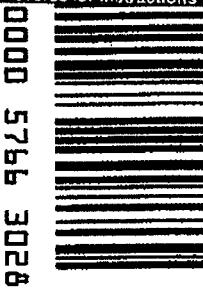
JLB /81363-0124

Street and Apt./

City, State, Zip

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

See Reverse for Instructions



D R A L L S P E R L I N G

I Sperling Roehl Harris & Sisk, P.A.

12108
Tigue, NM 87103-2168

NIXIE 731 FE 1
NOT DELIVERABLE AS ADDRESS
UNABLE TO FORWARD
BC: 87103210808 2326N1221
LTOZ

ESTATE OF PAUL
PAGE
1920 Crescent Place
Midland, TX 79705

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:

ESTATE OF PAUL PAGE & LUCY
1920 Crescent Place
Midland, TX 79705
Ender Wiggins
JLB /81363-0124



2. Article Number (Transfer from service label)

7017 2400 0000 5766 3026

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
- Full
Mail
Restricted Delivery
- Mail
Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$

Total P

741

Semi T

Street

City, St

APR 27
Postmark
Here

ESTATE OF RUBY EARL RHOADS

650 S. McLean St.

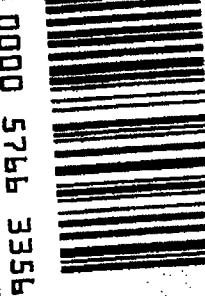
Fallon, NV 89406

Ender Wiggins

JLB / 81363-0124

See Reverse for Instructions

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



ALBUQUERQUE, NM 87103-2108

19 Roehl Harris & Sisk, P.A.

L.L. SISK, JR., N.C.

NOT DEL
AS ADDRE
SSABLE TO

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 Address:

ESTATE OF RUBY EARL RHOADS
650 S. McLean St.
Fallon, NV 89406
Ender Wiggins
JLB / 81363-0124

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3356

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$

Total Postage

\$ **7.41**

Sent To

HAZEL WAREN FERQUAIN JONES
604 E. 52nd Place North

Tulsa, OK 74126

Ender Wiggins

JLB / 81363-0124

Street and Apt.

City, State, ZIP

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

See Reverse for Instructions



NIXIE 741265089-1N

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

HAZEL WAREN FERQ
604 E. 52nd Place North
Tulsa, OK 74126

Roehl Harris & Sisk, P.A.
800 N. Broadway
Tulsa, OK 74103

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 Number (Transfer from service label)

HAZEL WAREN FERQUAIN JON
604 E. 52nd Place North
Tulsa, OK 74126
Ender Wiggins
JLB / 81363-0124



2. Article Number (Transfer from service label)

7017 2400 0000 5766 3332

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

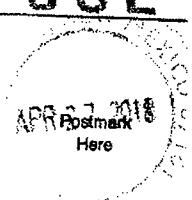
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- II 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



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:

LOIS ANN LINGO
P.O. Box 212
Cromwell, OK 74837
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1216 50

2 Article Number (Transfer from service label)

2017 2400 0000 5766 3318

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

LOIS ANN LINGO
P.O. Box 212
Cromwell, OK 74837

NIXIE

731 FE 1

0005/02/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BCI: 87103000202 2326N12213

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage \$	
Total Postage \$ 7.41	
Sent To Street and City, State	
LOIS ANN LINGO P.O. Box 212 Cromwell, OK 74837 Ender Wiggins JLB / 81363-0124	

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:

MRC Permian Company
5400 LBJ Freeway
Dallas, TX 75240
Ender Wiggins
81363-0124



9590 9402 3705 7335 1215 68

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3400

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

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

John

Agent
 Addressee

B. Received by (Printed Name)

John

C. Date of Delivery
4/30/18

D. Is delivery address different from Item 1? Yes

NIXIE 731 FE 1 0005/05/18

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87103216868 2326N125142-02203

Registered Mail Restricted

Certified Mail®

Registered Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

(checkmark)

Registered Mail Restricted Delivery

Domestic Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation

Restricted Delivery

Domestic Return Receipt

7017 2400 0000 5766 2755



LL SPERLING

Roehl Harris & Sisk, P.A.

8/103-2168

5/1
RE

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$ 7.41

Sent To

Street and/or

City, State,

APR 27 2018
Postmark
Here
USPS

MRC Permian Company
5400 LBJ Freeway
Dallas, TX 75240
Ender Wiggins
81363-0124

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:

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 22

7017 2400 0000 5766 3172

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

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602

NIXIE 856025207-1N 05

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

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
 Mailed Mail
 Mailed Mail Restricted Delivery
(over \$500)
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

L.L. SPERLING

Roehl Harris & Sisk, P.A.

1-87103-2105

7017 2400 0000 5766 3172



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

For delivery information, visit our website at www.usps.com**OFFICIAL USE****Certified Mail Fee**

\$

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

Postmark
Here**Postage**

\$

Total Postage

\$ 7.41

Sent To

Street and Ap

City, State, Zi

ROBERT ROY ALLEN
241 N Huachuca Street
Benson, AZ 85602
Ender Wiggins
JLB / 81363-0124

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>1.25</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ <u>1.25</u>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ <u>1.25</u>
<input type="checkbox"/> Adult Signature Required	\$ <u>1.25</u>
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ <u>1.25</u>

Postmark
Here

Postage

\$

Total Postage
\$ 7.41

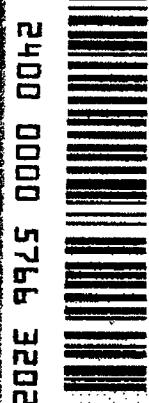
Sent To

Street and A.

City, State, Z.

WILLIAM E HORVATH, Jr.
6296 S. Farm Road
Ozark, MO 65721
Ender Wiggins
JLB / 81363-0124

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



HARRIS & SISK, P.A.
P.R.I.N.C.

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.

WILLIAM E HORVATH, Jr.
6296 S. Farm Road
Ozark, MO 65721
Ender Wiggins
JLB / 81363-0124



9590 9402 3705 7335 1213 60

2. Article Number (Transfer from service label)

7017 2400 0000 5766 3202

Restricted Delivery

Domestic Return Receipt

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

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
May 03, 2018

and ending with the issue dated
May 03, 2018.



Publisher

Sworn and subscribed to before me this
3rd day of May 2018.



Business Manager

My commission expires

January 29, 2019

(Seal)

OFFICIAL SEAL
GUSSIE BLACK
Notary Public
State of New Mexico

My Commission Expires 1-29-19

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL NOTICE May 3, 2018

CASE No. 16149: Notice to all affected parties, as well as the heirs and devisees of Chevron U.S.A. Inc.; Chevron Midcontinent, L.P.; OXY Y-1; EOG Resources Inc.; COG Operating LLC; Sugaberry Oil & Gas Corporation; The Allar Company; EOG A Resources, Inc.; EOG M. Resources, Inc.; Cornerstone Family Trust; Crownrock Minerals, L.P.; Allar Development LLC; Regeneration Energy Corp.; FEATHERSTONE DEVELOPMENT CORPORATION; AMEREDEV NEW MEXICO, LLC; FRANK T. FLEET, INC.; MARGARET HELEN KALMAR TRUST A, A/K/A the MARGARET HELEN KALMAR CHILDREN'S TRUST; P.A.W.N. ENTERPRISES, LP; CROWN OIL PARTNERS V, LP; CRUMP ENERGY PARTNERS II, LLC; NADEL AND GUSSMAN DELAWARE, LLC; OZARK ROYALTY CO., LLC; ENERGEN RESOURCES CORPORATION; OXY USA WTP LP; SANTO PETROLEUM LLC; SEAGERES DRILLING COMPANY; ESTATE OF PAUL PAGE & LUCY PAGE; ESTATE of HENRY D. LINDSLEY, III; E.B. LARUE, JR.; MONTGOMERY PETROLEUM, INC.; OKLAHOMA EXPLORATION COMPANY; KEVIN FLYNN; KATHY WHITWORTH; CATHERINE RAY; LUCY ANN RAY; WILLIAM HARLAN RAY; ANNE C. RAY; ROBERT B. RAY; JACQULYN R. JOHNSON; CASCADE ENERGY, LP; ASHLAND ASSEST HOLDING COMPANY; ROBERT ROY ALLEN; CAROLYN PRICE; KATHY NOBLES; WILLIAM E HORVATH, Jr.; FERINEZ PHELPS ESTATE; D. MORGAN FIRESTONE; ESTATE of DANIEL M. GALBREATH; JOAN G. PHILLIPS; MRC PERMIAN COMPANY; BRAZOS LIMITED PARTNERSHIP; IBEX PARTNERSHIP, LTD; BBL LTD; AMEREDEV NEW MEXICO; ONE ENERGY PARTNERS OPERATING, LLC; JOHN T. NEISLER 2012 TRUST JOHN T. NEISLER, TRUSTEE; SHANNON R. SPROWLS 2012 TRUST SHANNON R. SPROWLS. TR; LOIS ANN LINGO; CHANCE C. BARTON; HAZEL WAREN FERQUAIN JONES; ESTATE OF DONNIE JOE WARREN; ESTATE OF RUBY EARL RHOADS; ESTATE of JESSIE PEARL SETTLES; ESTATE of MICKIE MARIE WAREN; BILL (WILLIAM) O. EVANS; ESTATE of ELRIDGE W. COPELIN; ESTATE of NELL MARIE WAREN THOMAS PERRY; SALLY ANN COOPER; CHARLES LINGO, WIDOW OF PATSY LINGO; ESTATE of SHARRON WARREN; VIRGINIA WARREN; LOUIS CHARLES WEAVER; ESTATE of JAMES ALEXANDER WAREN; ESTATE of FAY RENE SETTLES MORELAND MCCALL; ESTATE of JESSIE MAUDE WAREN (WIDOW of JAMES ALEXANDER WAREN); ESTATE of JOSEPH ALEXANDER WAREN; ESTATE of PATSY WAREN LINGO; ESTATE of JOHN WALTER WARREN; ESTATE of VERNON FRANKLIN WAREN; ESTATE of DELYIA WAREN; ESTATE of BESSIE FAY WAREN SETTLES; ESTATE of LONZO ESTELL SETTLES, SR.; ESTATE of BETTY FRANCES SETTLES COKER (WIDOWER ELMER LLOYD COKER); ESTATE of NANCY NELL THOMAS COOK JENKINS; ESTATE of LEONA BAKER WAREN; ESTATE of FRANCES LANE CUNNINGHAM WARREN; ESTATE of GEORGE W. WAREN JR.; ESTATE of ANNIE WAREN COPELIN; ESTATE of TROY COPELIN (WIDOWER of ANNIE WAREN COPELIN); and ESTATE of PAULINE COPELIN WARREN of Marathon Oil Permian LLC's application for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico. The State of New Mexico, through its Oil Conservation Division, hereby gives notice that the Division will conduct a public hearing at 8:15 a.m. on May 17, 2018, to consider this application. Applicant seeks an order: (1) creating a non-standard 240-acre, more or less, spacing and proration unit in the Bone Spring formation, comprised of the W2 W/2 of Section 11 and the W2 NW/4 of Section 14, Township 25 South, Range 34 East, NMPM, Lea County, New Mexico; and, (2) pooling all mineral interests in the Bone Spring formation underlying this proposed non-standard spacing and proration unit. This proposed non-standard spacing and proration unit will be the project area for the Ender Wiggins Federal 25-34-14 TB 3H well, to be horizontally drilled. The MODR producing area for the well will be orthodox. Also to be considered will be the cost of drilling and completing said well, the allocation of these costs as well as the actual operating costs and charges for supervision, designation of Marathon as operator of the well, and a 200% charge for risk involved in drilling said well. Said area is located approximately 15 miles WNW of Jal, New Mexico.

#32778

Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

Structure Map – Top of Wolfcamp (SSTVD)

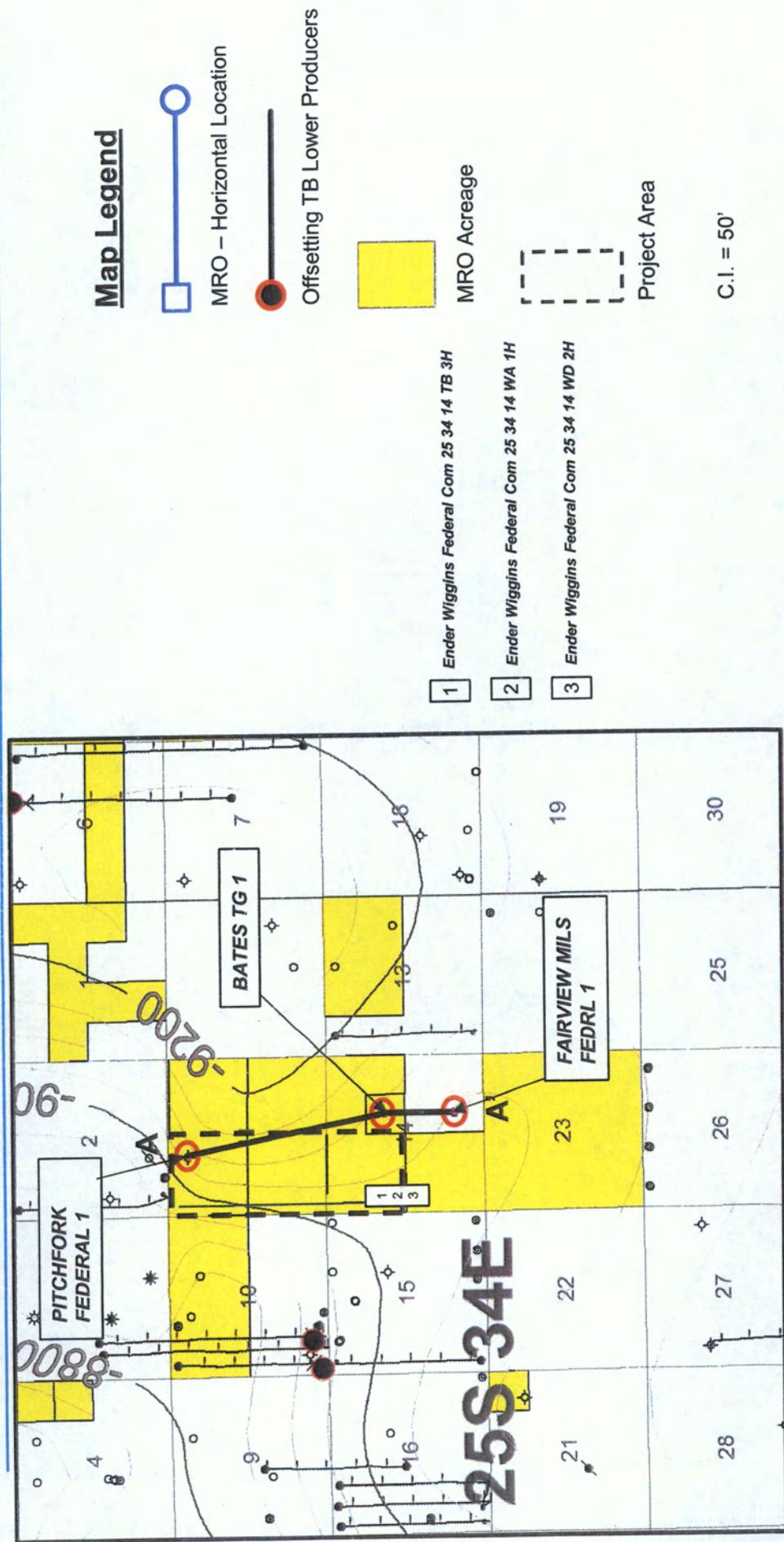
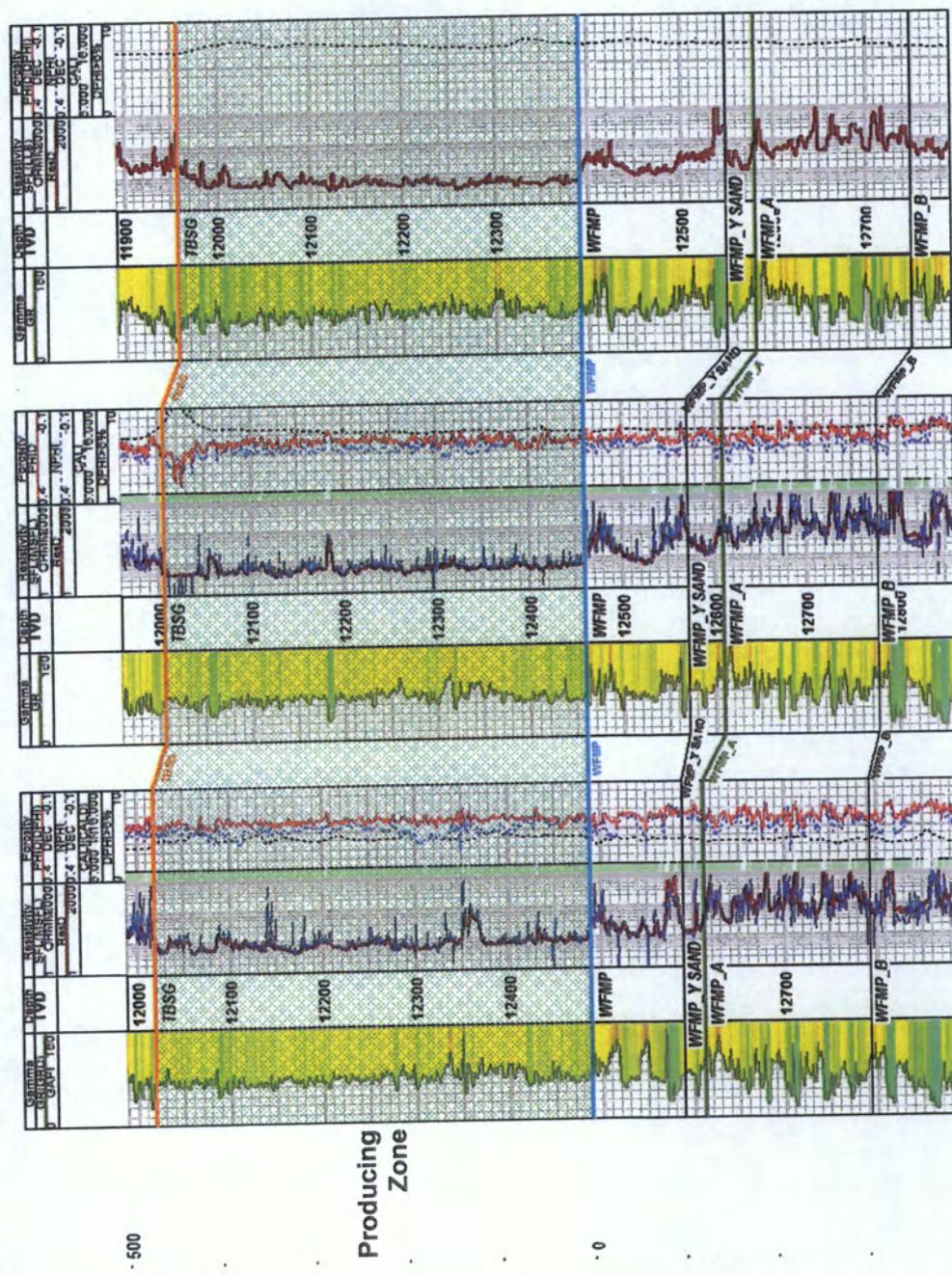


EXHIBIT
8

Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

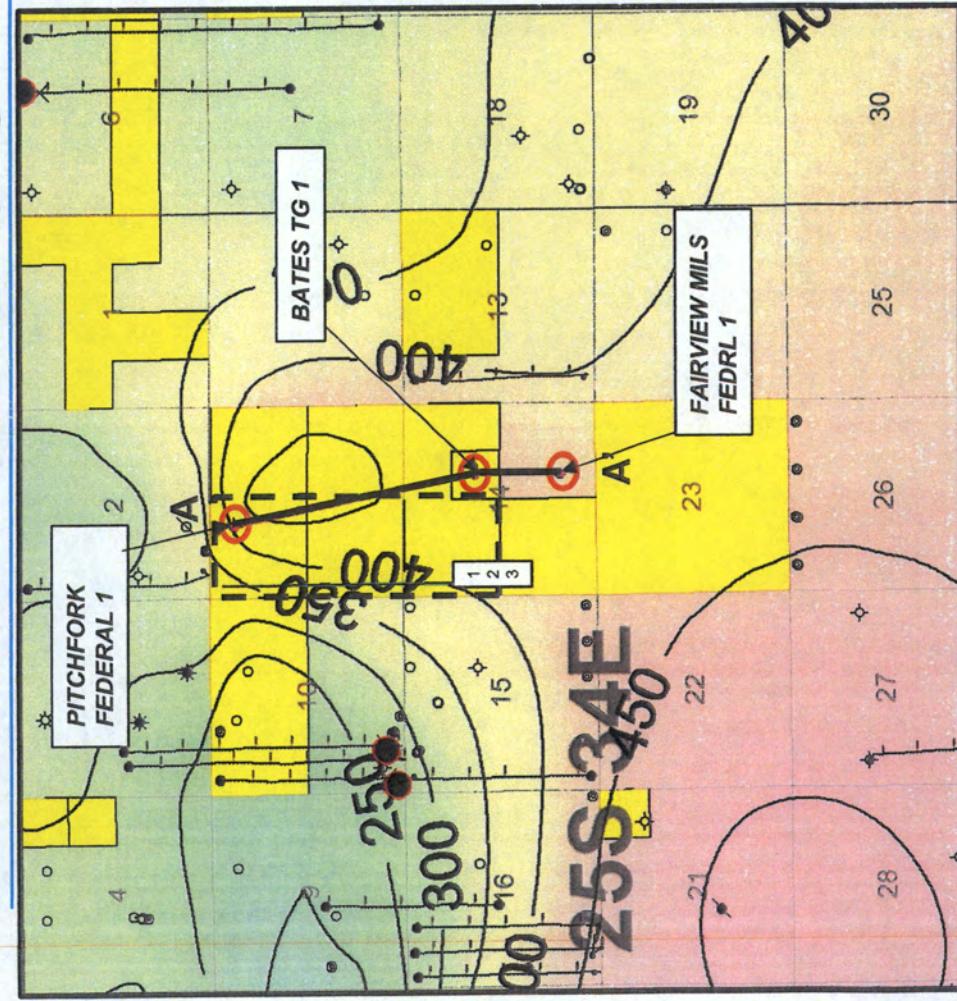
Stratigraphic Cross Section (Top Wolfcamp Datum)

A PITCHFORK FEDERAL 1 TWP: 26 S - Range: 34 E - Sec. 11
 TWP: 25 S - Range: 34 E - Sec. 11
 30025298850000 6733 ft 30025270830000 2314 ft
 30025246830000 0 ft
 BATES T G 1 TWP: 25 S - Range: 34 E - Sec. 14
 TWP: 25 S - Range: 34 E - Sec. 14
 30025246830000 2314 ft



Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

Net Sand Isochore – Third Bone Spring

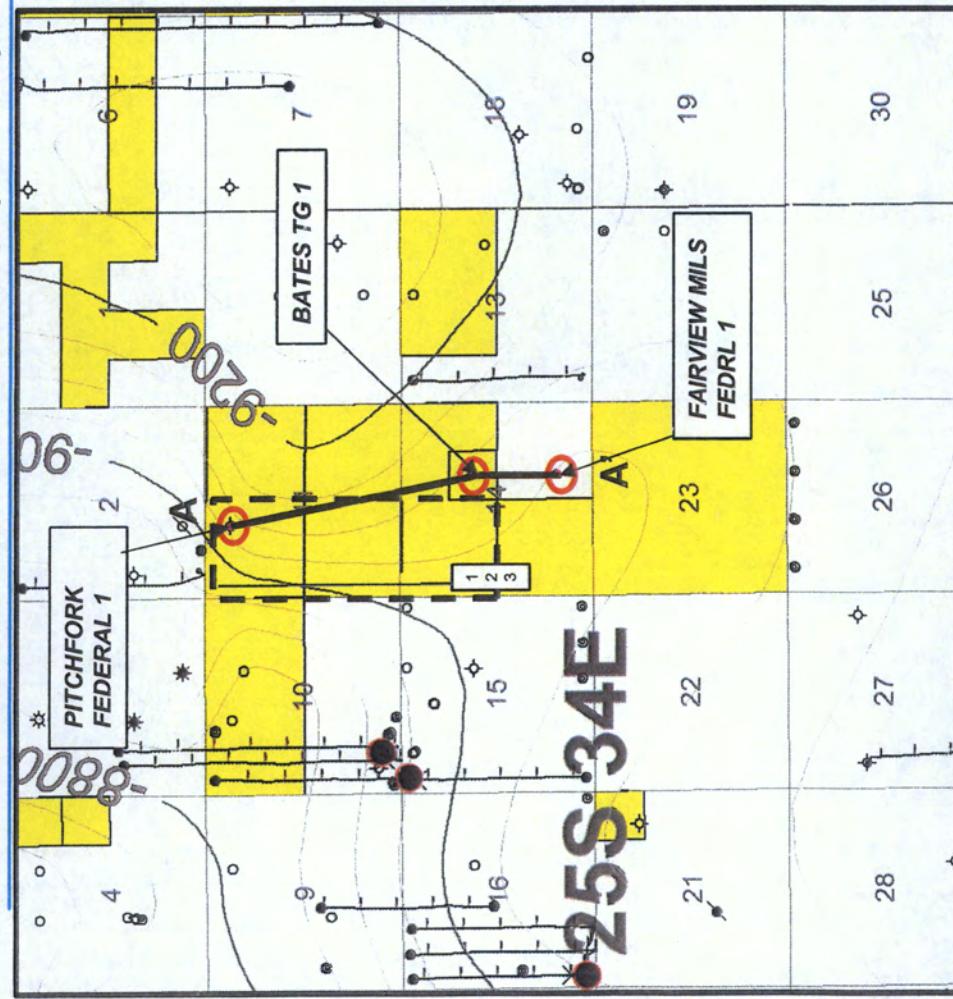


Map Legend

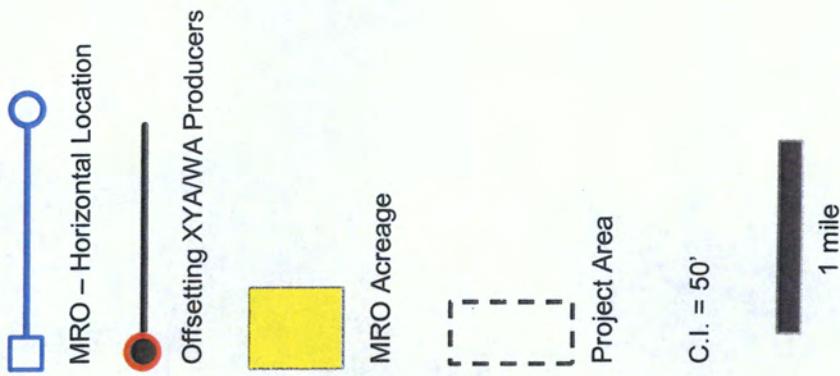
- MRO – Horizontal Location
- Offsetting TB Lower Producers
- MRO Acreage
- Project Area
- C.I. = 50'
- 1 mile

Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

Structure Map – Top of Wolfcamp (SSTVWD)



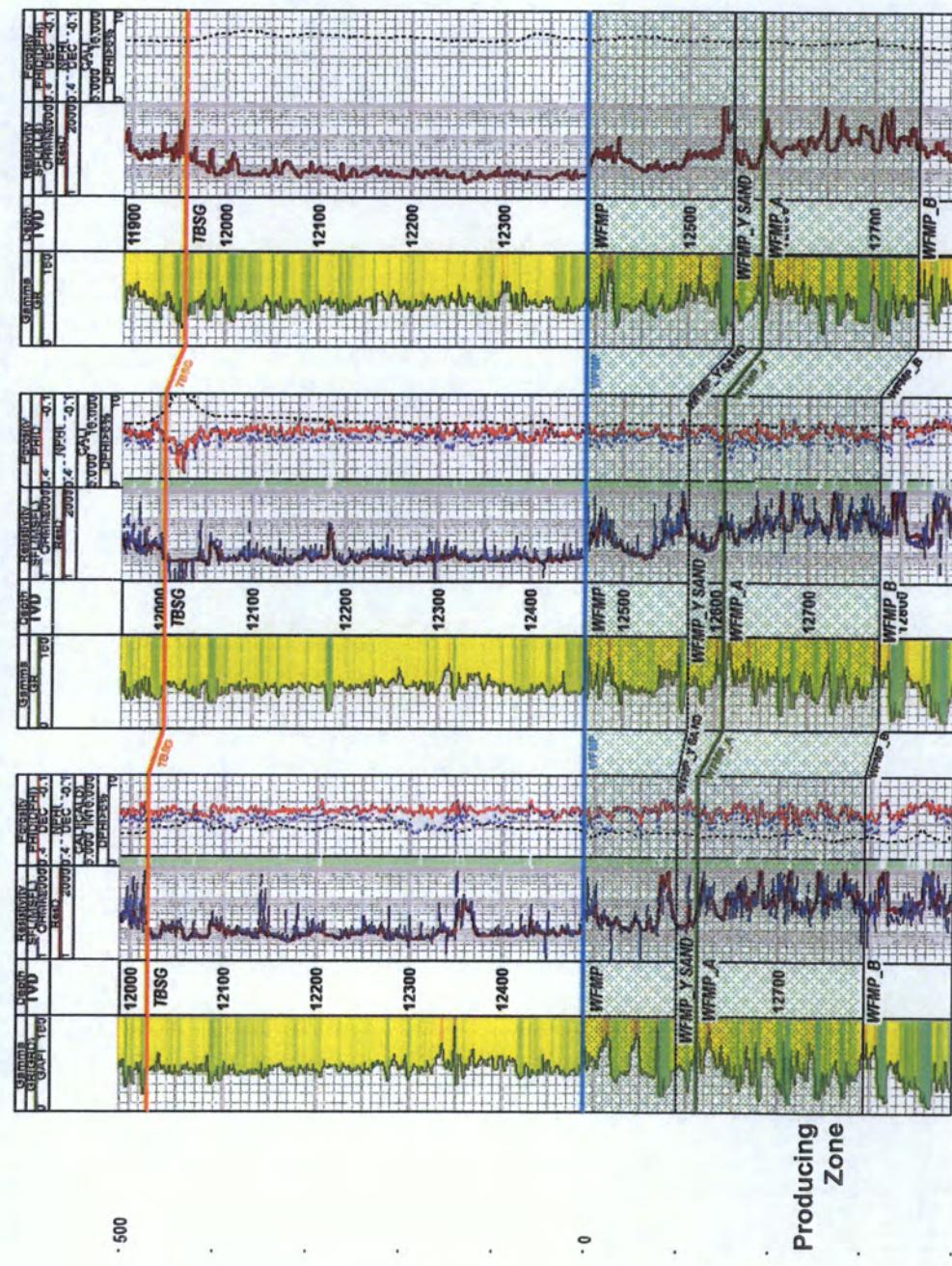
Map Legend



Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

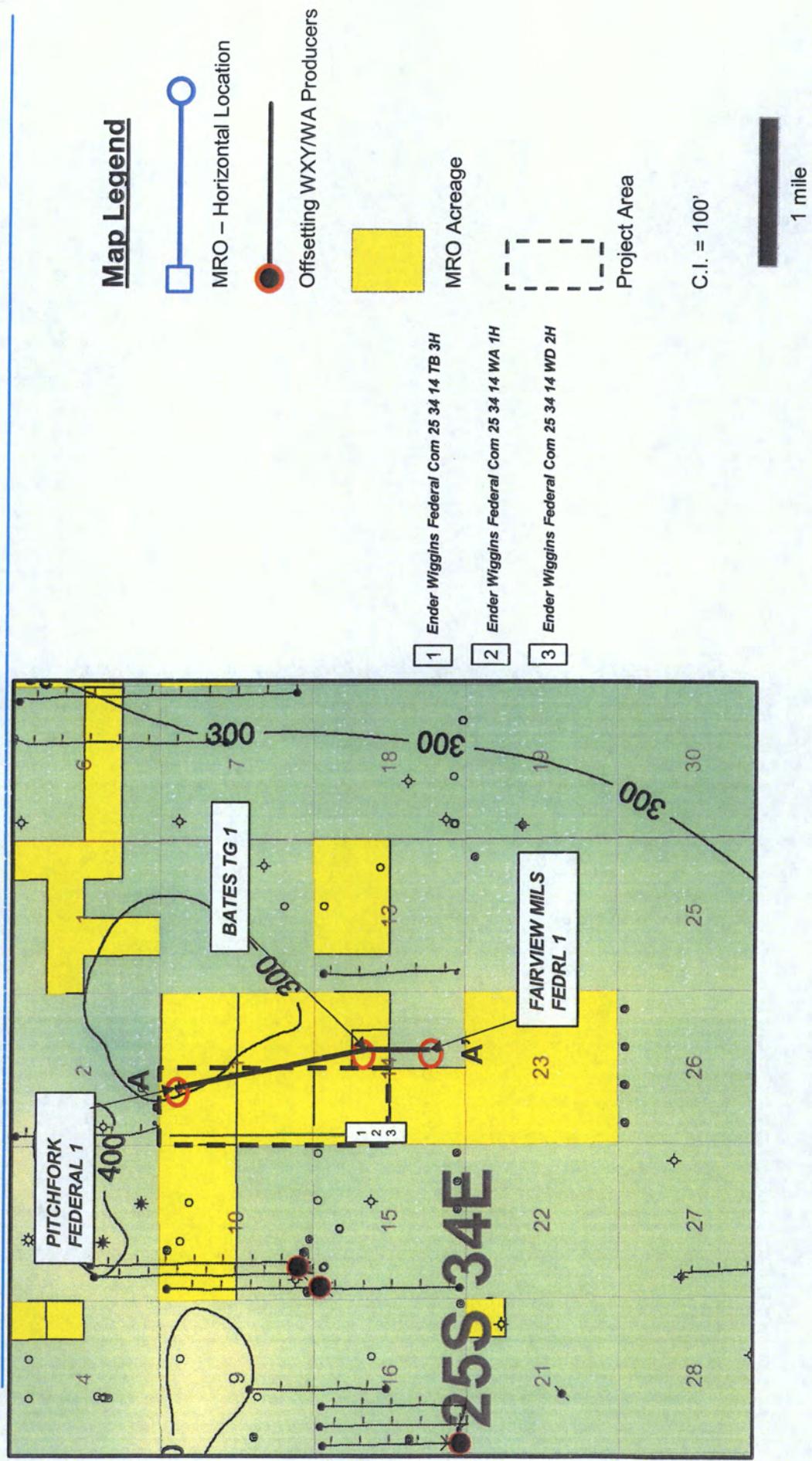
Stratigraphic Cross Section (Top Wolfcamp Datum)

A PITCHFORK FEDERAL 1 TWP: 25 S - Range: 34 E - Sec. 11
 30025296650000 6733 ft 30025270830000 2314 ft
 FAIRVIEW MILLS FEDRL 1 TWP: 25 S - Range: 34 E - Sec. 14
 30025246830000



Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

Gross Interval Isochore – Wolfcamp to Wolfcamp B



Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

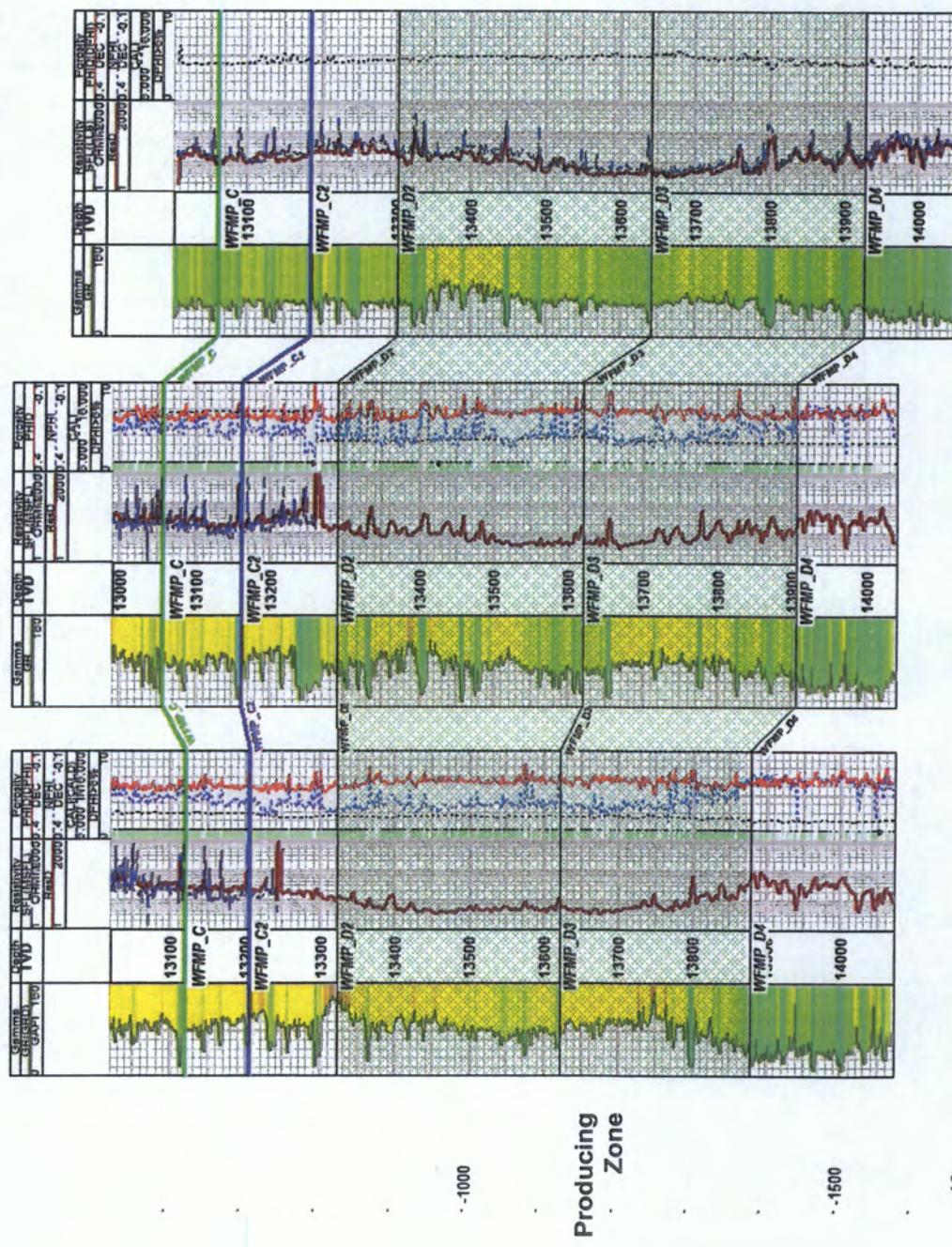
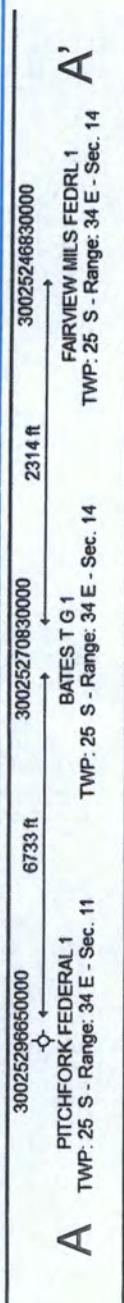
Structure Map – Top of Wolfcamp D4 (SSTV)



EXHIBIT
10
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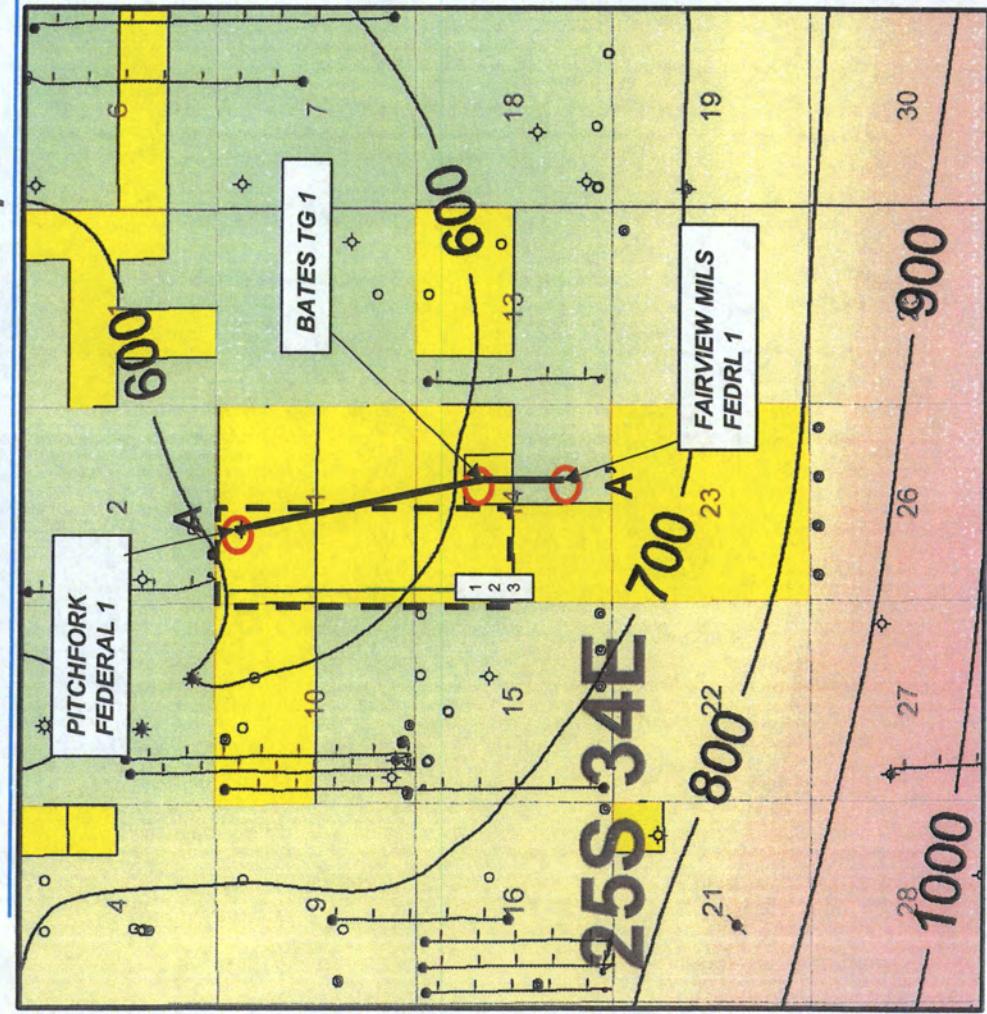
Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

Stratigraphic Cross Section (Top Wolfcamp Datum)



Ender Wiggins Federal Com 25 34 14 WA 1H, WD 2H and TB 3H

Gross Interval Isochore – Wolfcamp D



Map Legend



MRO – Horizontal Location



No Offsetting WD producers

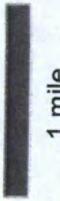


MRO Acreage



Project Area

C.I. = 50'



Ender Wiggins Federal Com 25 34 14 TB 3H

Ender Wiggins Federal Com 25 34 14 TB 3H
SURFACE HOLE 2450' FNL, 642' FWL OF SEC 14-25S-34E

DIAGRAM NOT DRAWN TO SCALE

North Line of 25S 34E Sec 11

330' from North Line of 25S 34E Sec 11

North Line of 25S 34E Sec 14

2310' from North Line of 25S 34E Sec 14

LMAR—

BCYN—

BSPG—

FBSC—

SBSG—

TBSG—

WFMP—

First Perforation no closer than 2310' from
North Line of 25S 34E Sec 14



MarathonOil®

Ender Wiggins Federal Com 25 34 14 TB 3H
PLAN WELL PATH

Last Perforation no closer than 330' from
North Line of 25S 34E Sec 11



Ender Wiggins Federal Com 25 34 14 WA 1H

Ender Wiggins Federal Com 25 34 14 WA 1H
SURFACE HOLE 2449' FNL, 612' FWL OF SEC 14-25S-34E

DIAGRAM NOT DRAWN TO SCALE

North Line of 25S 34E Sec 11

330' from North Line of 25S 34E Sec 11

North Line of 25S 34E Sec 14

2310' from North Line of 25S 34E Sec 14

LMAR—

BCYN—

BSPG—

FBSG—

SBSG—

TBSG—

WFMP—

Ender Wiggins Federal Com 25 34 14 WA 1H
PLAN WELL PATH

Last Perforation no closer than 330' from
North Line of 25S 34E Sec 11

First Perforation no closer than 2310' from
North Line of 25S 34E Sec 14



Ender Wiggins Federal Com 25 34 14 WD 2H

Ender Wiggins Federal Com 25 34 14 WD 2H
SURFACE HOLE 2449' FNL, 582' FWL OF SEC 14-25S-34E

DIAGRAM NOT DRAWN TO SCALE

North Line of 25S 34E Sec 11

330' from North Line of 25S 34E Sec 11

North Line of 25S 34E Sec 14

2310' from North Line of 25S 34E Sec 14

LMAR—

BCYN—

BSPG—

FBSG—

SBSG—

TBSSG—

WFMP—

WFMP D2—

Ender Wiggins Federal Com 25 34 14 WD 2H
PLAN WELL PATH

Last Perforation no closer than 330' from
North Line of 25S 34E Sec 11

First Perforation no closer than 2310' from
North Line of 25S 34E Sec 14

 **MarathonOil**