

**March 12, 2019, 11:27 pm**Departed USPS Origin Facility  
ALBUQUERQUE, NM 87101**March 12, 2019, 9:13 pm**Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101**March 12, 2019, 5:30 pm**Departed Post Office  
SANTA FE, NM 87505**March 12, 2019, 11:11 am**USPS picked up item  
SANTA FE, NM 87505

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**Product Information**

Feedback

**See Less** ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<https://www.usps.com/faqs/uspstracking-faqs.htm>)



BEATTY & WOZNIAK, P.C.  
ENERGY IN THE LAW

500 Don Gaspar Ave.  
Santa Fe, NM 87505



7018 2290 0001 8731 6881



Edwin Kim Dunlap  
3019 Del Cerro  
Almogordo, NM 88310

9404-0002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

9404-0002

Edwin Kim Dunlap  
3019 Del Cerro  
Almogordo, NM 88310



9590 9402 3146 7166 1215 01

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6881

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

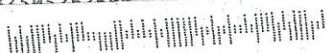
☐ Return Receipt for Merchandise

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

NIXIE 731 C0 1 0103/22/19

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD



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

For delivery information, visit our website at [www.usps.com](http://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

9404 -0002

\$

Total Postage and

\$

Sent To

Street and Apt. N

City, State, ZIP+4

Margaret D. Barklind  
605 Sudden Valley  
Bellingham WA 98229

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:

9404 -0002

Margaret D. Barklind  
605 Sudden Valley  
Bellingham WA 98229



9590 9402 3146 7166 1215 18

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6850

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/22

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

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail

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

Restricted Delivery

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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

9404 -0002

\$  
Sent To

Ursel S. Doran  
 1421 N. Virginia, Apt A.  
 Reno, NV 89503

Street and Apt.

City, State, ZIP

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

9404 -0002

Ursel S. Doran  
 1421 N. Virginia, Apt A.  
 Reno, NV 89503



9590 9402 3146 7166 1215 25

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6836

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-15

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

*Ursel S. Doran*

3. Service Type

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

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

Restricted Delivery

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

Domestic Return Receipt

## Sinclair, Rowan

---

**From:** Callahan, Candace  
**Sent:** Thursday, November 29, 2018 12:54 PM  
**To:** Sinclair, Rowan  
**Subject:** Fwd: injection well in 14-37  
**Attachments:** 14091601 deed eaejr to LLC in Lea County.pdf

Begin forwarded message:

**From:** "frambuestas@aol.com" <frambuestas@aol.com>  
**Subject:** injection well in 14-37  
**Date:** November 29, 2018 at 9:24:18 AM MST  
**To:** [ccallahan@bwenergyllaw.com](mailto:ccallahan@bwenergyllaw.com), [hcclark@wishboneep.com](mailto:hcclark@wishboneep.com), [bryan.frazier@wellsfargo.com](mailto:bryan.frazier@wellsfargo.com)

Dear Ms. Callahan

I am in receipt of two pieces of mail in re Wishbone's application for reinstatement of injection well permits in 14-37, Lea Co., NM.

One packet is addressed to my husband, Harold Alston Elkan, and we are indeed owners of nearby minerals, so this notification was properly made.

However, your title information was apparently flawed.

Your notice to Edward Armstrong Elkan Jr., c/o my husband, Harold Alston Elkan as his AIF was improperly made. My husband is no longer AIF for his deceased brother, and should probably not have accepted the correspondence.

Prior to his death, my brother in law Edward Armstrong Elkan Jr. transferred his minerals to an entity entitled Desert Waterfall LLC.

The conveyance was as follows:

deed from eaejr to Desert Waterfall LLC. Book 1716, page 728, dated 1/31/11, recorded 2/14/11

I will attach a pdf of the deed.

Assets owned by Desert Waterfall LLC are managed by Wells Fargo as Agent.

Please send the required notification to:

Bryan Frazier, CPL  
Vice President, Sr. Regional Oil & Gas Manager  
Wells Fargo Bank, N.A.  
Wealth Management  
address: 201 Main Street, Suite 400, Fort Worth, TX 76102  
email: [bryan.frazier@wellsfargo.com](mailto:bryan.frazier@wellsfargo.com)  
817-334-7031 office  
817-247-7858 cell  
817-334-7157 fax

Thank you very much.

Nancy Hastings Elkan  
(Mrs. Harold Alston Elkan)  
3731 Shade Tree Terrace, Portage, MI 49024-1036

15:  
4

27548

CONVEYANCE OF SURFACE AND MINERAL INTERESTS

STATE OF NEW MEXICO )  
COUNTY OF LEA )

KNOW ALL MEN BY THESE PRESENTS:

That **EDWARD A. ELKAN, JR.**, a married man dealing in his sole and separate property, ("Grantor"), has **CONTRIBUTED** and **CONVEYED**, and by these presents does **CONTRIBUTE** and **CONVEY** to **DESERT WATERFALL, LLC**, a New Mexico limited liability company ("Grantee"), whose address is c/o Wells Fargo Bank, N.A., Oil, Gas and Mineral Management, 425 S. Telshor Blvd., 1<sup>st</sup> Floor, Las Cruces, New Mexico 88011-8235, the following described real estate in Lea County, New Mexico:

Real property, including without limitation, all surface, oil, gas and other minerals, owned by Grantor in Lea County, New Mexico, whether or not listed in this document, and including but not limited to the lands and interests described in the attached *Exhibit A*.

This Conveyance is intended to convey all of Grantor's right, title and interest owned by Grantor located in Lea County, New Mexico, whether listed in this document or not, in (i) all oil, gas and other minerals in and under and that may be produced, (ii) leasehold interests in oil, gas and other minerals, (iii) royalty interests, and (iv) all other oil, gas and other mineral interests of whatsoever nature owned or held by Grantor in Lea County, New Mexico, whether incorrectly described herein or a description thereof is omitted herefrom.

This conveyance is **SUBJECT TO** all valid and subsisting leases for oil, gas or other minerals, unit agreements, communitization agreements and other matters of record.

Grantor's interest in the above-described property is limited to those interests reflected of record in Lea County, New Mexico, and this description is not intended to cloud title of third parties.

**TO HAVE AND TO HOLD** the above-described premises, together with all and singular, the rights and appurtenances thereto in anywise belonging, unto the said Grantee, its successors and assigns forever.

**EXECUTED** as of January 31, 2011.

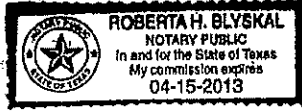


EDWARD A. ELKAN, JR.

BOOK 1716 PAGE 728

THE STATE OF TEXAS     )  
                                      )  
COUNTY OF EL PASO     )

This instrument was acknowledged before me on January 31, 2011, by EDWARD A. ELKAN, JR.



*Roberta H. Blyskal*  
\_\_\_\_\_  
Notary Public

Lea County, New Mexico

2

BOOK 1716 PAGE 729

## EXHIBIT A

LEA COUNTY NEW MEXICO				
TOWNSHIP	RANGE	SECTION	LOCATION	UNDIVIDED OWNERSHIP
9 SOUTH	33 EAST	29	NW/4	0.039975
13 SOUTH	34 EAST	25	SW/4, S/2 NW/4	0.26625
		34	NE/4, W/2 SE/4, SW/4	0.25625
14 SOUTH	34 EAST	1	LOT 1, S/2 NE/4, SE/4 NW/4	0.25625
		11	S/2 NE/4, NW/4 NE/4	0.25625
15 SOUTH	34 EAST	12	W/2, N/2 NW/4	0.016015625
		35	ALL	0.004966875
20 SOUTH	34 EAST	28	N/2	5.9783125
13 SOUTH	35 EAST	8	E/2 SE/4 of LOT 8, LOTS 6, 7 (W/2 SW/4)	0.016015625
		4	SE/4 SE/4	0.03203125
		9	S/2 NE/4, NE/4 NE/4	0.03203125
		16	W/2	0.25625
		24	S/2 S/2 NE/4	0.240234375
		29	N/2	0.22421875
		30	W/2 NW/4, NE/4, E/2 E/2 E/2 NW/4	0.128125
		30	W/2 E/2 NW/4	0.25625
14 SOUTH	35 EAST	7	SE/4 (837/4000 MI)	0.124088063
		7	E/2 SW/4	0.25625
		15	E/2	0.016015625
		26	SW/4	0.006326125
		33	SE/4	0.00899375
		33	SW/4	0.00333125
15 SOUTH	36 EAST	10	S/2	0.002498438
		23	E/2, SE/4 NW/4, E/2 SW/4, NW/4 SW/4	0.0066625
		24	W/2	0.010677083
		26	W/2	0.0066625
16 SOUTH	36 EAST	23	NE/4	0.1599
		24	W/2 NW/4, SE/4 NW/4	0.1599
19 SOUTH	36 EAST	9	W/2 SE/4, SE/4 SW/4	0.128125
10 SOUTH	36 EAST	17	S/2	0.002498438
12 SOUTH	36 EAST	21	SW/4 NE/4	0.039975
16 SOUTH	36 EAST	1	LOTS 3, 4, 5, 6	0.00998375
		8	SE/4, N/2 SW/4, SW/4 SW/4	0.1599
		12	NW/4	0.0199875
		25	S/2 NW/4, N/2 SW/4	0.001873628
16 SOUTH	37 EAST	7	SW/4	0.0640625
		33	NE/4	0.0540625
16 SOUTH	37 EAST	7	NW/4,	0.05125
		7	LOTS 1, 2	0.014250511
		8	NW/4	0.05125
		21	S/2	0.004966875
		27	NE/4	0.00998375

## EXHIBIT A

LEA COUNTY NEW MEXICO				
TOWNSHIP	RANGE	SECTION	LOCATION	UNDIVIDED OWNERSHIP
17 SOUTH	37 EAST	6	SE/4	0.004996875
		29	W/2 SW/4, SE/4 SW/4	0.128125
		29	NE/4 SW/4	0.1921875
		31	ALL	0.1921875
		32	NW/4	0.1921875
10 SOUTH	38 EAST	31	N/2 NE/4	0.1066
13 SOUTH	38 EAST	26	W/2	0.046590909
14 SOUTH	38 EAST	30	W/2 SW/4, S/2 N/2	0.085418375
16 SOUTH	38 EAST	28	NW/4	0.00999375
17 SOUTH	38 EAST	21	SE/4	0.003497813
18 SOUTH	38 EAST	10	N/2, SE/4	0.001655825
17 SOUTH	39 EAST	6	SW/4	0.004996875
		8	NW/4	0.004996875
18 SOUTH	39 EAST	7	SE/4	0.03203125

STATE OF NEW MEXICO  
COUNTY OF LEA  
FILED

FEB 14 2011

27548

at 12:31 o'clock P.M.  
and recorded in Book \_\_\_\_\_  
Page \_\_\_\_\_  
Pat Chapelle, Lea County Clerk  
By \_\_\_\_\_ Deputy



7018 2290 0001 8731 6843

**U.S. Postal Service™**  
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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 and Fees	\$
Sent To	
Street and Apt. #	
City, State, ZIP+4	

9404 -0002  
Wells Fargo Bank N.A, Wealth Management as  
Agent for Desert Waterfall LLC  
201 Main Street, Suite 400  
Fort Worth, TX 76102  
ATTN: Bryan Frazier, CPL  
Vice President, Sr. Regional Oil & Gas Manager

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: 9404 -0002  
Wells Fargo Bank N.A, Wealth Management as  
Agent for Desert Waterfall LLC  
201 Main Street, Suite 400  
Fort Worth, TX 76102  
ATTN: Bryan Frazier, CPL  
Vice President, Sr. Regional Oil & Gas Manager



9590 9402 3146 7166 1215 32

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6843

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
☒ *Samira Rizo* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Samira Rizo* 3/15/19


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® ☒ Return Receipt for Merchandise  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail ☐ Restricted Delivery

Domestic Return Receipt

7018 2290 0001 8731 6829

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL® RECEIPT</b>	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	Postmark Here
\$	
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	
\$	9404-0002
Total Postage \$	Harold Alston Elkan and Nancy Hastings Elkan,
Sent To	Joint Tenants
Street and Apt.	3731 Shade tree Terrace
City, State, ZIP	Portage, MI 49024-1036
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<b>A. Signature</b> <input checked="" type="checkbox"/> <i>Nancy Elkan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b> 9404-0002 Harold Alston Elkan and Nancy Hastings Elkan, Joint Tenants 3731 Shade tree Terrace Portage, MI 49024-1036		<b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b> 3/15/15	
 9590 9402 3146 7166 1215 49		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
<b>2. Article Number (Transfer from service label)</b> 7018 2290 0001 8731 6829		<b>3. Service Type</b> <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	
PS Form 3811, July 2015 PSN 7530-02-000-9053		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 and

\$

Sent To

Street and Apt. No.

City, State, ZIP+4

Postmark  
Here

9404 -0002

James Reed McCrory

PO Box 25764

Albuquerque, NM 8712-0764

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

9404 -0002

James Reed McCrory

PO Box 25764

Albuquerque, NM 8712-0764



9590 9402 3146 7166 1215 56

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6812

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

☐ Agent

☒ Addressee

C. Date of Delivery

3-18-19

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

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

7018 2290 0001 8731 6805

U.S. Postal Service<sup>TM</sup>  
CERTIFIED MAIL<sup>®</sup> RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

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 Apt  
City, State, Zi

9404 -0002  
Western Commerce Bank, Trustee of the W.T.  
Reed Trust OF  
PO Box 1627  
Lovington, NM 88260-1627

Postmark  
Here

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


SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.


■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
9404 -0002  
Western Commerce Bank, Trustee of the W.T.  
Reed Trust OF  
PO Box 1627  
Lovington, NM 88260-1627

  
9590 9402 3146 7166 1215 63

2. Article Number (Transfer from service label)  
7018 2290 0001 8731 6805

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<sup>®</sup>  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>TM</sup>  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>TM</sup>  
☐ Signature Confirmation Restricted Delivery

restricted Delivery

Domestic Return Receipt


[FAQs > \(https://www.usps.com/faqs/uspstracking-faqs.htm\)](https://www.usps.com/faqs/uspstracking-faqs.htm)

## Track Another Package +

**Tracking Number:** 70182290000187316898

Remove X

Your item could not be delivered on March 28, 2019 at 3:33 pm in CROWNPOINT, NM 87313. It was held for the required number of days and is being returned to the sender.

### Alert

March 28, 2019 at 3:33 pm  
Unclaimed/Being Returned to Sender  
CROWNPOINT, NM 87313

Get Updates ▼

### Text & Email Updates

### Tracking History

#### March 28, 2019, 3:33 pm

Unclaimed/Being Returned to Sender  
CROWNPOINT, NM 87313

Your item could not be delivered on March 28, 2019 at 3:33 pm in CROWNPOINT, NM 87313. It was held for the required number of days and is being returned to the sender.

#### March 19, 2019, 10:12 am

Available for Pickup  
CROWNPOINT, NM 87313

#### March 14, 2019, 10:02 am

Available for Pickup  
CROWNPOINT, NM 87313

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
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 at	9404 -0002
Sent To	John David Dunlap
Street and Apt. N	PO Box 1259
City, State, ZIP+4	Crown Point, NM 87313
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

**March 14, 2019, 10:02 am**

Arrived at Unit

CROWNPOINT, NM 87313

**March 13, 2019, 6:58 pm**

Departed USPS Origin Facility

ALBUQUERQUE, NM 87101

**March 13, 2019**

In Transit to Next Facility

**March 12, 2019, 9:13 pm**

Arrived at USPS Origin Facility

ALBUQUERQUE, NM 87101

**March 12, 2019, 5:30 pm**

Departed Post Office

SANTA FE, NM 87505

**March 12, 2019, 11:11 am**

USPS picked up item

SANTA FE, NM 87505

Feedback

**Product Information****See Less** ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs** (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

7018 2290 0001 8731 6904

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
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 \$	9404 -0002
Sent To	Herd Partners Ltd.
Street and Apt	PO Box 130
City, State, Zip	Midland, TX 79702
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature   <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          Marshall McQuerry</p> <p>C. Date of Delivery          3-26-19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> NO</p>		
<p>1. Article Addressed to:</p> <p>9404 -0002</p> <p>Herd Partners Ltd.          PO Box 130          Midland, TX 79702</p>			
<p>2. Article Number (Transfer from service label)          7018 2290 0001 8731 6904</p>	<p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Restricted Delivery                 </td> <td> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery                 </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

7018 0680 0002 2179 8111

U.S. Postal Service<sup>TM</sup>  
CERTIFIED MAIL<sup>®</sup> RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

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 at \$

Sent To  
Street and Apt. #  
City, State, ZIP+

Postmark Here

9404 -0002  
Jane B. Ramsland Oil and Gas Partnership  
PO Box 10505  
Midland, TX 79702

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<div>A. Signature <input checked="" type="checkbox"/> <i>Mitzi Matthews</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div> <div>B. Received by (Printed Name) <i>Mitzi Matthews</i></div> <div>C. Date of Delivery <i>3-18-19</i></div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</div>
<div>1. Article Addressed to: <div>9404 -0002 Jane B. Ramsland Oil and Gas Partnership PO Box 10505 Midland, TX 79702</div></div> <div> 9590 9402 3146 7166 1213 96</div>	
<div>2. Article Number (Transfer from service label) <i>7018 0680 0002 2179 8111</i></div>	<div>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</div> <div><input type="checkbox"/> Priority Mail Express<sup>®</sup> <input type="checkbox"/> Registered Mail<sup>TM</sup> <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation<sup>TM</sup> <input type="checkbox"/> Signature Confirmation Restricted Delivery</div>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 and

\$

Sent To

Street and Apt. N

City, State, ZIP+4

Christy B. Mallams  
 PO Box 10505  
 Midland, TX 79702

9404 -0002

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:

9404 -0002

Christy B. Mallams  
 PO Box 10505  
 Midland, TX 79702



9590 9402 3146 7166 1214 02

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8128

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ *Mitzi Matthews* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Mitzi Matthews*

C. Date of Delivery

*3-18-19*

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

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

Domestic Return Receipt

7018 0680 0002 2179 8135

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

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 Apt  
City, State, ZIP

Postmark  
Here

9404 -0002

V. Elaine Barnes  
PO Box 10505  
Midland, TX 79702

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

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  

9404 -0002  
V. Elaine Barnes  
PO Box 10505  
Midland, TX 79702

2. Article Number (Transfer from service label)  
7018 0680 0002 2179 8135

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
☒ *Mike Matthews* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
*Mike Matthews*

C. Date of Delivery  
*3-18-19*

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

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

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

7018 2290 0001 8731 6683

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

For delivery information, visit our website at [www.usps.com](http://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 at	
\$	
Sent To	
Street and Apt. No.	
City, State, ZIP+4	

9404 -0002

Steven C. Barnes  
 PO Box 10505  
 Midland, TX 79702

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

9404 -0002

Steven C. Barnes  
 PO Box 10505  
 Midland, TX 79702



9590 9402 3146 7166 1214 26

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6683

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Mitzy Matthews*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Mitzy Matthews*

C. Date of Delivery

*3-29-19*

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

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

Restricted Delivery

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

Domestic Return Receipt

  
**BEATTY & WOZNIAK, P.C.**  
ENERGY IN THE LAW  
500 Don Gaspar Ave.  
Santa Fe, NM 87505



7018 2290 0001 8731 6690

**\$8.350**  
US POSTAGE  
FIRST-CLASS  
06250011642175  
FROM 87505  
B0483123

Unknown  
RTS

3/5  
10505

Laurie B. Barr  
PO Box 10505  
Midland, TX 79702

9404-0002

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Laurie B. Barr  
PO Box 10505  
Midland, TX 79702

9404-0002



9590 9402 3146 7166 1214 33

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

7018 2290 0001 8731 6690

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

Restricted Delivery

Domestic Return Receipt

NIXIE

731

0003/25/19

NOT DELIVERED

SENDER  
AS ADDRESSED  
FORWARD

BT: 87505201 08 2326H034153-02083

7018 2290 0001 8731 6706

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> 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 Postage	
\$	
Sent To	
Street and Apt.	
City, State, ZIP	


Postmark  
Here

9404 -0002

Julie Ellen Barnes  
PO Box 10505  
Midland, TX 79702

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

See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<div>A. Signature <input checked="" type="checkbox"/> <i>Mitz Matten</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div> <div>B. Received by (Printed Name) <i>Mitz Matten</i></div> <div>C. Date of Delivery <i>3-18-19</i></div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</div>
1. Article Addressed to: <div>9404 -0002 Julie Ellen Barnes PO Box 10505 Midland, TX 79702</div>	
<div> 9590 9402 3146 7166 1214 40</div>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) <div>7018 2290 0001 8731 6706</div>	<input type="checkbox"/> Priority Mail Express <sup>®</sup> <input type="checkbox"/> Registered Mail <sup>TM</sup> <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <sup>TM</sup> <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

  
**BEATTY & WOZNIAK, P.C.**  
ENERGY IN THE LAW

500 Don Gaspar Ave.  
Santa Fe, NM 87505



7018 2290 0001 8731 6713

stamps  
\$8.35 0  
US POSTAGE  
FIRST-CLASS  
062S0011642475  
FROM 87505  
BD4831.22

Unknown  
RTS

~~Shirley B. Wynn  
PO Box 10505  
Midland, TX 79702~~

9404-0002

105505-3/15

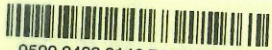
**SENDER: COMPLETE THIS SECTION**

- 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.

**1. Article Addressed to:**

~~Shirley B. Wynn  
PO Box 10505  
Midland, TX 79702~~

9404-0002



9590 9402 3146 7166 1214 57

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

7018 2290 0001 8731 6713

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

NIXIE 731 D0 1 0003/25/19

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD



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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 Apt.

City, State, ZIP

Postmark  
Here

9404 -0002

Wells Fargo Bank, N.A., Trustee for the Lois  
Mae Wallace Revocable Trust "A"  
PO Box 1959  
Midland, TX 79702

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

9404 -0002

Wells Fargo Bank, N.A., Trustee for the Lois  
Mae Wallace Revocable Trust "A"  
PO Box 1959  
Midland, TX 79702



9590 9402 3146 7166 1214 64

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6720

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*E. Alfaro*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Elvira Acuña*

C. Date of Delivery

*3-28-16*

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

3. Service Type

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

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

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

Domestic Return Receipt

Bank of America, N.A.

Date 11/27/2018

BEATTY & WOZNIAK, P.C.

500 DON GASPAR AVE.

SANTA FE, NM 87505

Re: Attachments / Enclosures

Owner Relations:

This letter is to inform you the account for correspondence enclosed is no longer managed by Bank of America N.A.. The account has been closed over twelve months, the last known contact(s) are shown below:

FARMERS NATIONAL COMPANY

5110 S. YALE AVE, STE 400

TULSA, OK 74135

ATTN: OIL / GAS MINERAL MANAGEMENT DEPT

Please contact or direct any inquires to above.

Respectfully,

U.S. Trust, Bank of America Private Wealth Management  
901 Main Street, TX1-492-17-01  
Dallas, TX 75202-3714

TX1-492-17-01, P.O. BOX 830308  
Dallas, TX 75283-0308

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

For delivery information, visit our website at [www.usps.com](http://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 and

\$

Sent To

Street and Apt. No.,

City, State, ZIP+4®

Postmark  
Here

9404 -0002

Farmers National Company and Brian Tony Kirk  
Co-Trustees of the Golda Raechel Watkins Trust  
5110 S. Yale Ave, STE 400  
Tulsa, OK 74135  
ATTN: Oil/ Gas Mineral Management Dept

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:**

9404 -0002

Farmers National Company and Brian Tony Kirk  
Co-Trustees of the Golda Raechel Watkins Trust  
5110 S. Yale Ave, STE 400  
Tulsa, OK 74135  
ATTN: Oil/ Gas Mineral Management Dept



9590 9402 3146 7166 1214 71

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

7018 2290 0001 8731 6737

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

☐ Agent  
☐ Addressee

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

Megan Lee

**C. Date of Delivery**

3/16/19

**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  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 and

\$

Sent To

Street and Apt. No.

City, State, ZIP+4

Postmark  
Here

9404 -0002

Farmers National Company and Brian Tony Kirk Co-  
Trustees of the Edward Wesley Salem Trust  
5110 S. Yale Ave, STE 400  
Tulsa, OK 74135  
ATTN: Oil/ Gas Mineral Management Dept

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:

9404 -0002

Farmers National Company and Brian Tony Kirk Co-  
Trustees of the Edward Wesley Salem Trust  
5110 S. Yale Ave, STE 400  
Tulsa, OK 74135  
ATTN: Oil/ Gas Mineral Management Dept



9590 9402 3146 7166 1214 88

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6874

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Megan Lee

C. Date of Delivery

3/15/14

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

3. Service Type

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

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

Restricted Delivery

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 at  
 \$ \_\_\_\_\_

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

Farmers National Company and Brian Tony Kirk  
 Co-Trustees of the Monte Forrest Byers Trust  
 5110 S. Yale Ave, STE 400  
 Tulsa, OK 74135  
 ATTN: Oil/ Gas Mineral Management Dept

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:**

9404 -0002

Farmers National Company and Brian Tony Kirk  
 Co-Trustees of the Monte Forrest Byers Trust  
 5110 S. Yale Ave, STE 400  
 Tulsa, OK 74135  
 ATTN: Oil/ Gas Mineral Management Dept



9590 9402 3146 7166 1216 86

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

7018 0680 0002 2179 8029

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *[Signature]* ☐ Agent  
☐ Addressee

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

*Megan Lee*

**C. Date of Delivery**

*3/15/19*

**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


[FAQs > \(https://www.usps.com/faqs/uspstracking-faqs.htm\)](https://www.usps.com/faqs/uspstracking-faqs.htm)

## Track Another Package +

**Tracking Number:** 70180680000221798036

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

### In-Transit

March 27, 2019  
In Transit to Next Facility

Get Updates ✓

### Text & Email Updates

### Tracking History

**March 27, 2019**

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**March 23, 2019, 10:12 pm**

Departed USPS Regional Facility  
OKLAHOMA CITY OK DISTRIBUTION CENTER

**March 23, 2019, 6:18 pm**

Arrived at USPS Regional Facility  
OKLAHOMA CITY OK DISTRIBUTION CENTER

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
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 and	9404 -0002
\$	
Sent To	Alton C. White, Jr.
Street and Apt. No.	3112 Above Stratford Place
City, State, ZIP+4	Austin, TX 78746
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

**March 18, 2019, 8:13 am**

Out for Delivery

AUSTIN, TX 78746

**March 18, 2019, 8:03 am**

Sorting Complete

AUSTIN, TX 78746

**March 18, 2019, 3:19 am**

Arrived at Unit

AUSTIN, TX 78704

**March 18, 2019, 2:47 am**

Departed USPS Regional Facility

AUSTIN TX DISTRIBUTION CENTER

**March 16, 2019, 2:52 pm**

Arrived at USPS Regional Facility

AUSTIN TX DISTRIBUTION CENTER

**March 14, 2019, 11:25 pm**

Departed USPS Regional Facility

SAINT PAUL MN NETWORK DISTRIBUTION CENTER

**March 14, 2019, 9:24 am**

Arrived at USPS Regional Facility

SAINT PAUL MN NETWORK DISTRIBUTION CENTER

**March 12, 2019, 9:25 pm**

Departed USPS Facility

ALBUQUERQUE, NM 87101

**March 12, 2019, 9:13 pm**

Arrived at USPS Origin Facility

ALBUQUERQUE, NM 87101

**March 12, 2019, 5:30 pm**

Departed Post Office

SANTA FE, NM 87505

Feedback

**March 12, 2019, 11:11 am**

USPS picked up item

SANTA FE, NM 87505

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## Product Information

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See Less ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)**

Feedback

**The easiest tracking number is the one you don't have to know.**

With Informed Delivery®, you never have to type in another tracking number. Sign up to:

- See images\* of incoming mail.

7018 0680 0002 2179 8043

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL® RECEIPT</b>	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$	Postmark Here
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 \$	9404 -0002
Sent To	Muirfield Resources Company
Street and Apt.	PO Box 3166
City, State, ZIP	Tulsa, OK 74101-3166
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <i>W. Miller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div>9404 -0002 Muirfield Resources Company PO Box 3166 Tulsa, OK 74101-3166</div>		B. Received by (Printed Name) <i>W. Miller</i>	C. Date of Delivery
2. Article Number (Transfer from service label) 9590 9402 3146 7166 1219 69		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



7018 0680 0002 2179 8050

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
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 \$	9404 -0002
Sent To	Silverado Oil and Gas, LLP
Street and Apt.	PO Box 52308
City, State, ZIP+	Tulsa, OK 74152
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/> <i>Greg Duke</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  9404 -0002 Silverado Oil and Gas, LLP PO Box 52308 Tulsa, OK 74152	B. Received by (Printed Name) <i>Greg Duke</i> C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service label) 9590 9402 3146 7166 1219 52 7018 0680 0002 2179 8050	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

7018 0680 0002 2179 8067

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

For delivery information, visit our website at [www.usps.com](http://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 and \$  
 Sent To  
 Street and Apt. No.  
 City, State, ZIP+4®

Postmark Here

9404 -0002

Waikiki Partners, LP  
 PO Box 2127  
 Midland, TX 79702

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

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 9404 -0002

Waikiki Partners, LP  
 PO Box 2127  
 Midland, TX 79702

2. Article Number (Transfer from service label)  
 7018 0680 0002 2179 8067

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ana Prieto* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
*Ana Prieto*

C. Date of Delivery  
*3/29/19*

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

9590 9402 3146 7166 1213 41

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

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

For delivery information, visit our website at [www.usps.com](http://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 and

\$

Sent To

Street and Apt. No.

City, State, ZIP+4

Postmark  
Here

9404 -0002

Live Oak Mineral Partners  
PO Box 341981  
Austin, TX 78734

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:

9404 -0002

Live Oak Mineral Partners  
PO Box 341981  
Austin, TX 78734



9590 9402 3146 7166 1213 58

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8074

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

*Kim Clenday*

C. Date of Delivery

*3/18/19*

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

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®

☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 at

\$

Sent To

Street and Apt. #

City, State, ZIP+

City, State, ZIP+

City, State, ZIP+

City, State, ZIP+

City, State, ZIP+

City, State, ZIP+

City, State, ZIP+

City, State, ZIP+

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City, State, ZIP+

9404 -0002

Devon Production Company, LP  
 333 West Sheridan Avenue  
 Oklahoma City, Oklahoma 73102-5015

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:

9404 -0002  
 Devon Production Company, LP  
 333 West Sheridan Avenue  
 Oklahoma City, Oklahoma 73102-5015



9590 9402 3146 7166 1213 65

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8081

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[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



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

For delivery information, visit our website at [www.usps.com](http://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 and

\$

Sent To

Street and Apt. No.

City, State, ZIP+4

Clifford N. Hair, Jr.  
 PO Box 8122  
 Midland, TX 79708

9404 -0002

Postmark  
 Here

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

9404 -0002

Clifford N. Hair, Jr.  
 PO Box 8122  
 Midland, TX 79708



9590 9402 3146 7166 1213 72

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8098

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *M Hair*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Michael Hair*

C. Date of Delivery

*3-19-19*

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



3. Service Type

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

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

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 and

\$

Sent To

Street and Apt. No.

City, State, ZIP+4

Cimarex Energy Co.  
15 East 5th Street, Suite 1000  
Tulsa, OK 74103

9404 -0002

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

See Reverse for Instructions

7018 0680 0002 2179 8104

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

9404 -0002

Cimarex Energy Co.  
15 East 5th Street, Suite 1000  
Tulsa, OK 74103



9590 9402 3146 7166 1213 89

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8104

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)  
JUSTIN WALLACE

☒ Agent

☐ Addressee

C. Date of Delivery

3-18-19

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 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®

FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

## Track Another Package +

Tracking Number: RE093588895US

Remove X

## Not Trackable

USPS Tracking® is unavailable for this product for AUSTRALIA.

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

Feedback

FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

Registered No. RE093588895US

To Be Completed By Post Office	Reg. Fee	\$8.85	
	Handling Charge	\$16.00	Return Receipt
	Postage	\$0.00	Restricted Delivery
		\$0.00	
	Received by	\$0.00	
		\$24.85	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value	\$0.00	03/13/2019
			<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance

Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).

DATE STAMP  
0496  
43  
MAR 13 2019

OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	SANTA FE, NM 87501 Beatty and Wozniak p.c 500 Don Gaspar Ave. Santa Fe, NM 87505
	TO	Christopher L. Doran 15 Stansbury Street Mt. Gravatt Queensland, 4122 Australia

PS Form 3806, Receipt for Registered Mail  
May 2004 (7530-02-000-9051)  
For domestic delivery information, visit our website at [www.usps.com](http://www.usps.com)®

Copy 1 - Customer  
(See Information on Reverse)

**Status of Wishbone Case 20406 Surface Owner Mailing**

	Recipient	Delivered	Receipt	Returned	Status	Publish date:
1	Donna Spears Johnson	X	X		delivered	
2	Resolute Natural Resources	X	X		delivered	

**Status of Wishbone Case 20406 Mineral interest and Operator Mailing**

	Recipient	Delivered	Receipt	Returned	Status	Publish date:
3	Occidental Oil and Gas Corporation	X	X		delivered	
	Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Marc Appleton	X	X		delivered	
5	Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lee Appleton	X	X		delivered	
6	Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Peter Appleton	X	X		delivered	
7	Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lynne Appleton	X	X		delivered	
8	Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Nina Potter created under the will of Angelica S. Bryce, deceased	X	X		delivered	
9	Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Clifford Potter created under the will of Angelica S. Bryce, deceased	X	X		delivered	
10	Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Angelica Schuyler Roop created under the will of Angelica S. Bryce, deceased	X	X		delivered	
11	Karl Mark Dunlap				in transit	published 3/21/19
12	Edwin Kim Dunlap			X	returned to sender	published 3/21/19
13	Margaret D. Barklind	X	X		delivered	
14	Ursel S. Doran	X	X		delivered	
	Wells Fargo Bank N.A, Wealth Management as Agent for Desert					
15	Waterfall, LLC	X	X		delivered	



Status of Wishbone Case 20406 Mineral interest and Operator Mailing: **International**

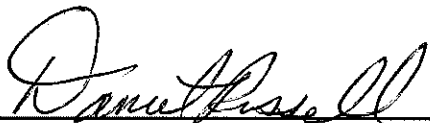
Recipient	Delivered	Receipt	Returned	Tracking Link/ Status	Publish date:
Christopher L. Doran Stranhope Street. Mt. Gravatt. 40 Queensland, 4122 Australia	15			not currently trackable, in transit.	3/21/2019

# 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  
March 21, 2019  
and ending with the issue dated  
March 21, 2019.



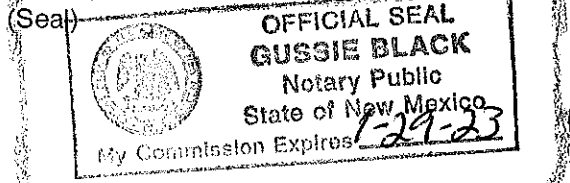
Publisher

Sworn and subscribed to before me this  
21st day of March 2019.



Business Manager

My commission expires  
January 29, 2023



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

LEGAL

LEGAL

LEGAL NOTICE  
MARCH 21, 2019

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 a.m. on April 4, 2019 in the Oil Conservation Division's Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner, duly appointed for the hearing. OCD Rule Subsection B of 19.15.4.13 NMAC requires parties who intend to present evidence at an adjudicatory hearing to file a pre-hearing statement no later than the Thursday before the hearing and serve a copy on opposing counsel of record. If the OCD does not receive a pre-hearing statement from the applicant by the close of business on the Thursday before the hearing, the hearing may be continued.

#### STATE OF NEW MEXICO TO:

All named parties and persons having any right, title interest or claim in the following cases and notice to the public (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated)

TO: Resolute Natural Resources, Occidental Oil and Gas Corporation, Karl Mark Dunlap, Christopher L. Doran, Edwin Kim Dunlap, Margaret D. Barklind, John David Dunlap, Herd Partners Ltd., Steven C. Barnes, Laurie B. Barr, Shirley B. Wynn, Wells Fargo Bank, N.A., Trustee for the Lois Mae Wallace Revocable Trust "A", Alton C. White, Jr., Muirfield Resources Company, Silverado Oil and Gas, LLP, Walkiki Partners, LP, Live Oak Mineral Partners, Devon Production Company, LP, Clifford N. Hair, Jr., Cimarex Energy Co.

Case No. 20406: Application of Wishbone Texas Operating Company, LLC for Reinstatement of Injection Well Permits to Enhance Oil Recovery in Denton Devonian Waterflood Project, Lea County, New Mexico. Applicant in the above-styled cause seeks an order reinstating injection well permits for the wells described below to enhance oil recovery in the Denton Devonian Waterflood Project Area comprising the S/2SW/4 of Section 25 and the NW/4 and W/2NE/4 of Section 36, both in Township 14 South, Range 37 East, Denton-Devonian Pool, Lea County, New Mexico:

T. D. Pope 36 Well No. 10, located 350' FNL and 990 FWL, in Unit D, Section 36, T. 14 S., R. 37 E., Injection Interval: 12,227' to 12,504'

W. T. Mann A Well No. 2, located 660' FNL and 2310' FWL, in Unit B, Section 36, T. 14 S., R. 37 E., Injection Interval: 12,760' to 12,900'

Produced water from the Denton-Devonian Pool will be injected into the wells at a maximum rate of 20,000 bwpd per well. The initial surface injection pressure for each well is anticipated to be approximately 2500 psi. Additional information can be obtained by contacting H. Craig Clark at +1 (832-807-2207) or [hcclark@wishboneop.com](mailto:hcclark@wishboneop.com). The wells are located approximately 14 miles northeast from Lovington, New Mexico.  
#33927

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Application of Wishbone Texas Operating  
Company, LLC  
Case No. 20406  
Affidavit of Publication EXHIBIT #6