

RECEIVED:	REVIEWER:	TYPE:	APP NO:
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
- Geological & Engineering Bureau -  
1220 South St. Francis Drive, Santa Fe, NM 87505



**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Applicant:** Overflow Energy, LLC      **OGRID Number:** 292644  
**Well Name:** Rita SWD I      **API:** 30-015-45719  
**Pool:** SWD; Devonian      **Pool Code:** 96101

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED BELOW**

**1) TYPE OF APPLICATION:** Check those which apply for [A]

A. Location – Spacing Unit – Simultaneous Dedication

NSL       NSP<sub>(PROJECT AREA)</sub>       NSP<sub>(PRORATION UNIT)</sub>       SD

B. Check one only for [ I ] or [ II ]

[ I ] Commingling – Storage – Measurement

DHC       CTB       PLC       PC       OLS       OLM

[ II ] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery

WFX       PMX       SWD       IPI       EOR       PPR

**2) NOTIFICATION REQUIRED TO:** Check those which apply.

- A.  Offset operators or lease holders
- B.  Royalty, overriding royalty owners, revenue owners
- C.  Application requires published notice
- D.  Notification and/or concurrent approval by SLO
- E.  Notification and/or concurrent approval by BLM
- F.  Surface owner
- G.  For all of the above, proof of notification or publication is attached, and/or,
- H.  No notice required

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

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

7-15-19

Date

Brian Wood

505 466-8120

Phone Number

Print or Type Name

Signature

brian@permitswest.com

e-mail Address

**EXHIBIT No. 1**  
**OVERFLOW ENERGY, LLC**  
**Rita SWD 1 Well**  
**NMOCD Case No. 20964**  
**December 12, 2019 Hearing**

20964-Exhibit 1-001

**APPLICATION FOR AUTHORIZATION TO INJECT**

- I. PURPOSE: Secondary Recovery      Pressure Maintenance       Disposal       Storage  
Application qualifies for administrative approval?       Yes       No
- II. OPERATOR: OVERFLOW ENERGY, LLC  
ADDRESS: PO BOX 66, DAROUZETT TX 79024  
CONTACT PARTY: BRIAN WOOD (PERMITS WEST, INC.)      PHONE: 505 466-8120
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.  
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project?       Yes       No  
If yes, give the Division order number authorizing the project: \_\_\_\_\_
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:  
1. Proposed average and maximum daily rate and volume of fluids to be injected;  
2. Whether the system is open or closed;  
3. Proposed average and maximum injection pressure;  
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,  
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).  
Rita SWD 1  
30-015-45719  
SWD; Devonian (96101)
- \*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- \*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: BRIAN WOOD      TITLE: CONSULTANT

SIGNATURE: B. Wood      DATE: JULY 12, 2019

E-MAIL ADDRESS: brian@permitswest.com

\* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: \_\_\_\_\_

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

III. WELL DATA

- A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

- B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

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NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

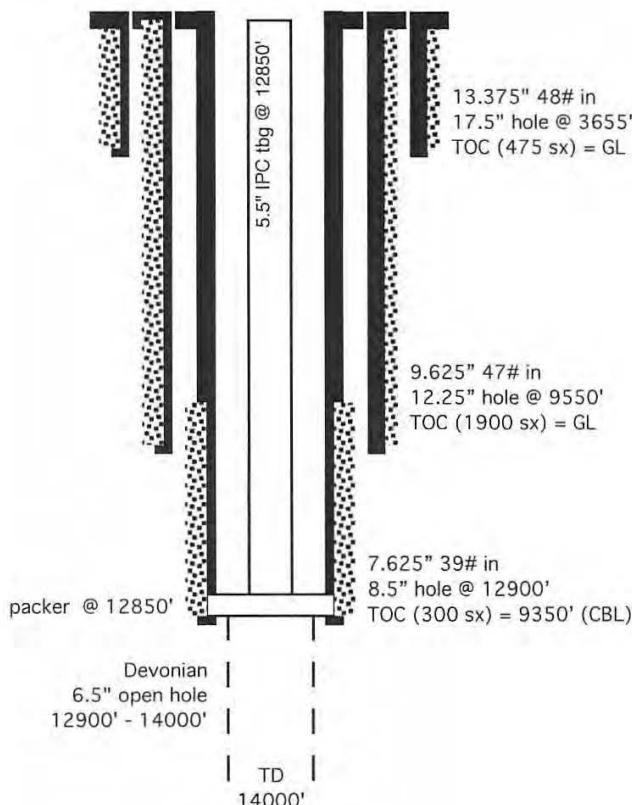
## INJECTION WELL DATA SHEET

OPERATOR: OVERFLOW ENERGY, LLC

WELL NAME &amp; NUMBER: RITA SWD 1

WELL LOCATION: 1876' FNL & 807' FWL  
FOOTAGE LOCATIONE  
UNIT LETTER27  
SECTION22 S  
TOWNSHIP27 E  
RANGEWELLBORE SCHEMATIC

(not to scale)

WELL CONSTRUCTION DATASurface Casing

Hole Size: 17.5" Casing Size: 13.375"

Cemented with: 475 sx. or \_\_\_\_\_ ft<sup>3</sup>

Top of Cement: SURFACE Method Determined: CIRCULATE

Intermediate Casing

Hole Size: 12.25 Casing Size: 9.625"

Cemented with: 1900 sx. or \_\_\_\_\_ ft<sup>3</sup>

Top of Cement: SURFACE Method Determined: CIRCULATE

Production Casing

Hole Size: 8.5" Casing Size: 7.625"

Cemented with: 300 sx. or \_\_\_\_\_ ft<sup>3</sup>

Top of Cement: 9350' Method Determined: CBL

Total Depth: CSG @ 12900' &amp; TD @ 14000'

Injection Interval

6.5" HOLE SIZE 12900 feet to 14000'

(Perforated or Open Hole; indicate which)

**INJECTION WELL DATA SHEET**

Tubing Size: 5.5" Lining Material: IIPC

Type of Packer: NICKEL OR STAINLESS STEEL

Packer Setting Depth: ≈12850'

Other Type of Tubing/Casing Seal (if applicable): \_\_\_\_\_

**Additional Data**

1. Is this a new well drilled for injection? XXX Yes        No

If no, for what purpose was the well originally drilled? \_\_\_\_\_

2. Name of the Injection Formation: DEVONIAN

3. Name of Field or Pool (if applicable): SWD; DEVONIAN (96101)

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. NO

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

OVER: DELAWARE (2140'), BONE SPRING (5460'), WOLFCAMP (9150'),

STRAWN (10470'), ATOKA (10875'), & MORROW (11430')

UNDER: NONE

OVERFLOW ENERGY, LLC  
RITA SWD 1  
1876' FNL & 807' FWL  
SEC. 27, T. 22 S., R. 27 E., EDDY COUNTY, NM

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I. Goal is to drill a 14,000' deep commercial saltwater disposal well. Proposed disposal interval will be 12,900' - 14,000' in the SWD; Devonian (96101). See Exhibit A for C-102 and map.

II. Operator: Overflow Energy, LLC [OGRID 292641]  
Operator phone number: (806) 625-1010  
Operator address: PO Box 66, Darrouzett TX 79024  
Contact for Application: Brian Wood (Permits West, Inc.)  
Phone: (505) 466-8120

III. A. (1) Lease name: Rita SWD (fee)  
Well name and number: Rita SWD 1  
Location: 1876' FNL & 807' FWL Section 27, T. 22 S., R. 27 E.

A. (2) Surface casing (13.375", 48#, ST&C) will be set at 525' in a 17.5" hole and cemented to GL with 475 sacks.

Intermediate casing (9.625", 47#, BTC) will be set at 9,550' in a 12.25" hole and cemented to GL with 1,900 sacks. DV tool location TBD after drilling.

Production casing (7.625", 39#, FJ) will be set at 12,900' in an 8.5" hole and cemented to 9,350' with 300 sacks.

A 6.5" open hole will be drilled to 14,000'.

A. (3) IPC tubing will be 5.5", 20#, L-80, BTC Setting depth will be ≈12,850'. (Disposal interval will be 12,900' to 14,000').

A. (4) A nickel or stainless-steel packer will be set at ≈12,850' (or ≤100' above the top of the open hole which will be at 12,900').

OVERFLOW ENERGY, LLC  
RITA SWD 1  
1876' FNL & 807' FWL  
SEC. 27, T. 22 S., R. 27 E., EDDY COUNTY, NM

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- B. (1) Disposal zone will be the Devonian (SWD; Devonian (96101) pool). Estimated fracture gradient is ≈0.65 psi per foot.
- B. (2) Disposal interval will be open hole from 132,900' to 14,000'.
- B. (3) Well has not been drilled. It will be drilled as a saltwater disposal well.
- B. (4) No perforated intervals are in the well.
- B. (5) Productive zones in the area of review and above the Devonian (12,900') are the Delaware (2,140'), Bone Spring (5,460'), Wolfcamp (9,150'), Strawn (10,470'), Atoka (10,875') and Morrow (11,430'). No oil or gas zone is below the Devonian in the area of review.

IV. This is not an expansion of an existing injection project. It is disposal only.

V. Exhibit B shows and tabulates the 57 existing wells (13 gas or oil + 3 P&A + 41 water wells) within a 1-mile radius. Deepest well within 1-mile is 12,290' TVD. Exhibit C shows all 196 existing wells (35 oil or gas wells + 25 P & A wells + 2 SWD wells + 2 brine wells + 132 water wells) within a 2-mile radius.

All leases within a 1-mile radius are fee. Exhibit D shows and tabulates all leases within 1-mile. Two-mile radius leases are BLM, fee, and NMSLO (Exhibit E).

VI. No Devonian penetrator is within a mile. Deepest (12,290' TVD) well (30-015-25253) within a mile bottomed in the Barnett, 610' above the Devonian.

- VII.
- 1. Average injection rate will be ≈20,000 bwpd.  
Maximum injection rate will be 25,000 bwpd.
  - 2. System will be open and closed. Water will be trucked and piped.
  - 3. Average injection pressure will be ≈2,500 psi. Maximum injection pressure will be 2580 psi (= 0.2 psi/foot x 12,900' (top of open hole)).

OVERFLOW ENERGY, LLC  
RITA SWD 1  
1876' FNL & 807' FWL  
SEC. 27, T. 22 S., R. 27 E., EDDY COUNTY, NM

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4. Disposal water will be produced water, mainly from the Bone Spring and Wolfcamp. There are 84 approved Bone Spring wells and 238 approved Wolfcamp wells in T. 22 & 23 S., R. 27 E. The well will also take other Permian Basin waters (e. g., Atoka, Delaware, Morrow, Strawn). A table of TDS ranges from nearby wells is below. Abstracts from the NM Produced Water Quality Database v.2 for nearby wells are in Exhibit F.

Formation	TDS range (mg/l)
Artesia	10050 - 11800
Atoka	31911 - 50026
Avalon	154164 - 154965
Bone Spring	129394 - 271010
Brushy Canyon	108093 - 303550
Capitan	27400 - 29392
Delaware	116788 - 164679
Devonian	16223 - 64582
Morrow	53480 - 62523
Wolfcamp	13711 - 13711

No compatibility problems have been reported from the closest (4-1/2 miles southwest) active Devonian; SWD well. At least 4,341,202 barrels of water have been disposed to date in 30-015-44265. (Closest Devonian; SWD APD, regardless of status, is  $\geq$ 3 miles south.)

5. Closest Devonian producer (30-015-05614) is >25 miles northeast.

VIII. The Devonian (estimated 1,100' thick) consists of limestone and dolomite. Closest possible underground source of drinking water above the proposed disposal interval is the Quaternary at the surface. According to State Engineer records (Exhibit G), 41 water wells are within a mile and 132 water wells are within 2-miles. Deepest water well with 2-miles is 300'. No underground source of drinking water is below the proposed disposal interval.

OVERFLOW ENERGY, LLC  
RITA SWD 1  
1876' FNL & 807' FWL  
SEC. 27, T. 22 S., R. 27 E., EDDY COUNTY, NM

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Estimated formation tops are:

Quaternary = 0'  
Salado = 430'  
Delaware = 2140'  
Bone Spring = 5460'  
Wolfcamp = 9150'  
Strawn = 10470'  
Atoka = 10875'  
Morrow = 11430'  
Mississippian = 11975'  
Barnett = 12010'  
Devonian carbonate = 12900'  
*disposal interval = 12900' - 14000'*  
TD = 14000'

There will be 12,600' of vertical separation including shale, salt, and anhydrite intervals between the bottom of the only likely underground water source (Quaternary) and the top of the Devonian.

IX. Well will be stimulated with acid.

X. A CBL will be run on the production casing.

XI. Two water wells within a mile were sampled (Exhibit H) on June 16-17, 2019. C 04027 is 567' west. C 03364 is 4516' southeast. Local residents report most water wells were abandoned once the Otis water system was built.

OVERFLOW ENERGY, LLC  
RITA SWD 1  
1876' FNL & 807' FWL  
SEC. 27, T. 22 S., R. 27 E., EDDY COUNTY, NM

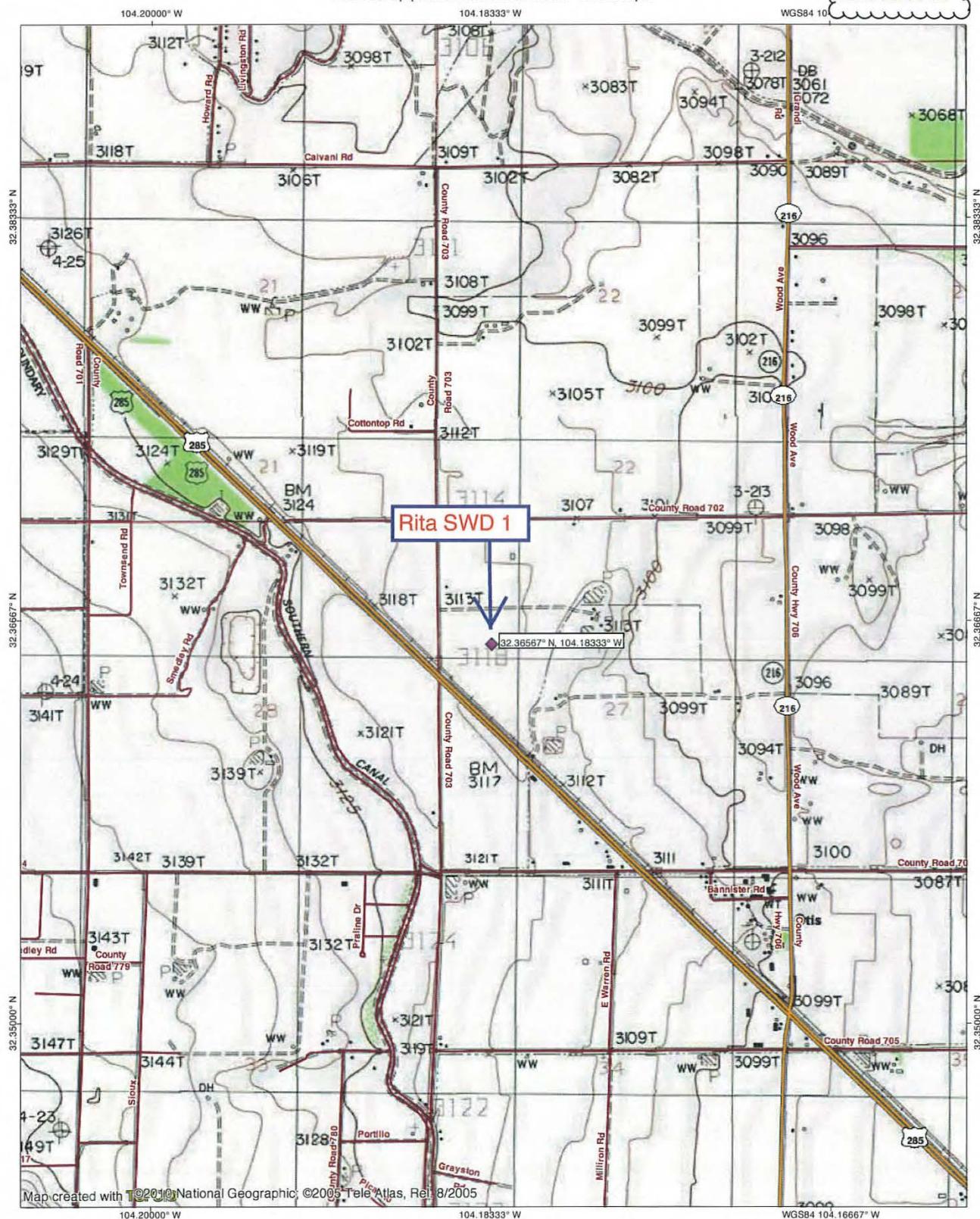
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XII. Overflow Energy, LLC (Exhibit I) is not aware of any geologic or engineering data that may indicate the Devonian is in hydrologic connection with any underground sources of water. Deepest water well within a 3200-meter (2 miles) radius is 300'. There are 153 active Devonian SWD wells in New Mexico. Closest Quaternary fault is ≈54 miles southwest.

XIII. A legal ad (Exhibit J) was published on January 9, 2019. Notice (Exhibit K) and this application has been sent to the surface owner (Juan Haro), leasehold operators, and other interest owners within a mile.

**EXHIBIT A**



**NATIONAL GEOGRAPHIC**

TN MN  
7°  
01/13/19

**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) 748-1233 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

**EXHIBIT A**

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

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-015-45719	<sup>1</sup> Pool Code 96101	<sup>1</sup> Pool Name SWD; Devonian
<sup>1</sup> Property Code 324972	<sup>1</sup> Property Name RITA SWD	<sup>1</sup> Well Number 1
<sup>1</sup> OGRID No. 292641	<sup>1</sup> Operator Name OVERFLOW ENERGY, LLC	<sup>1</sup> Elevation 3113.6

<sup>10</sup> 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	27	22 S	27 E	1876		NORTH	807	WEST	EDDY

<sup>11</sup> 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
" Dedicated Acres	" Joint or Infill	" Consolidation Code	" 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.

N89°19'27"E 2645.16 FT			N89°19'27"E 2645.39 FT			" OPERATOR CERTIFICATION		
<p>NW CORNER SEC. 27      N/4 CORNER SEC. 27  LAT. = 32.3708116N LAT. = 32.3708871N  LONG. = 104.1860284W LONG. = 104.1774631W</p> <p>NMSP EAST (FT)  N = 498664.21  E = 586815.58</p> <p>NE CORNER SEC. 27  LAT. = 32.3709619N  LONG. = 104.1688970W</p> <p>NMSP EAST (FT)  N = 498726.60  E = 592104.53</p>								
<p>SURFACE LOCATION  ELEV. = 3113.6'  LAT. = 32.3656795N (NADB3)  LONG. = 104.1833337W</p> <p>RITA SWD 1  NMSP EAST (FT)  N = 496798.37  E = 587650.12</p> <p>W/4 CORNER SEC. 27  LAT. = 32.3635324N  LONG. = 104.1859131W</p> <p>NMSP EAST (FT)  N = 496016.16  E = 586854.81</p>								
<p>NOTE: LATITUDE AND LONGITUDE COORDINATES ARE SHOWN USING THE NORTH AMERICAN DATUM OF 1983 (NADB3). LISTED NEW MEXICO STATE PLANE EAST COORDINATES ARE GRID (NADB3). BASIS OF BEARING AND DISTANCES USED ARE NEW MEXICO STATE PLANE EAST COORDINATES MODIFIED TO THE SURFACE. ELEVATION VALUES ARE NAVD 88.</p>								
<p>SW CORNER SEC. 27  LAT. = 32.3562537N  LONG. = 104.1857972W</p> <p>NMSP EAST (FT)  N = 493368.29  E = 586894.25</p>			<p>S/4 CORNER SEC. 27  LAT. = 32.3562715N  LONG. = 104.1772516W</p> <p>NMSP EAST (FT)  N = 493378.52  E = 589532.97</p>			<p>SE CORNER SEC. 27  LAT. = 32.3562894N  LONG. = 104.1687069W</p> <p>NMSP EAST (FT)  N = 493388.98  E = 592171.45</p>		
N00°50'56"W 2648.96 FT			S00°43'14"E 2669.52 FT			S00°42'58"E 2669.77 FT		
S89°46'40"W 2639.36 FT			S89°46'23"W 2639.11 FT			S89°46'23"W 2639.11 FT		

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 compulsorily pooling order heretofore entered by the division.

  
1-14-19

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: Brian Wood

E-mail Address: brian@permitswest.com

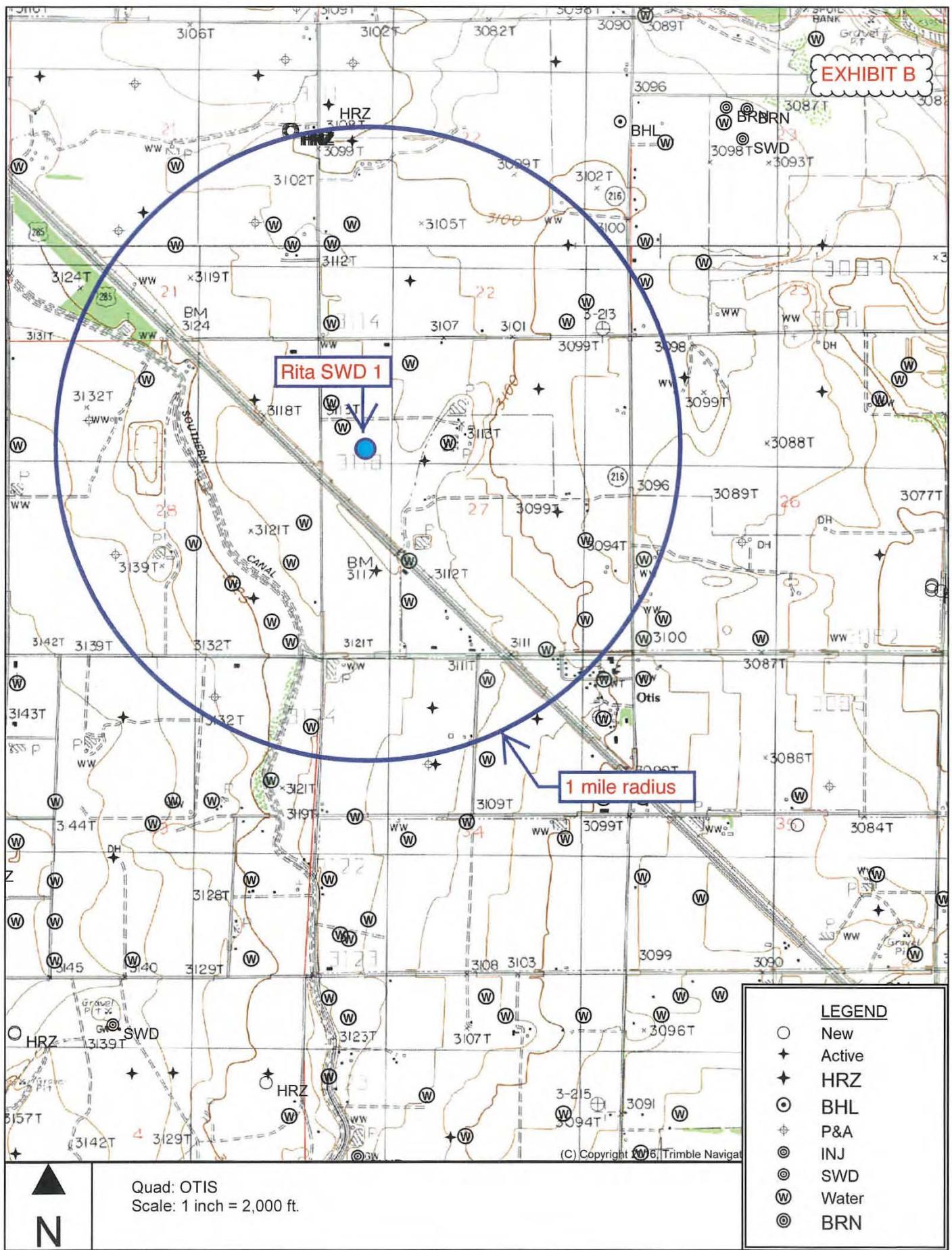
505 466-8120

" 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.

  
FILMON R. JARAMILLO  
DECEMBER 25, 2018  
Surveyor  
REG# 12797  
Signature of Licensed Professional Surveyor:  
FILMON R. JARAMILLO, PLS 12797  
Certificate Number: SURVEY NO. 6705

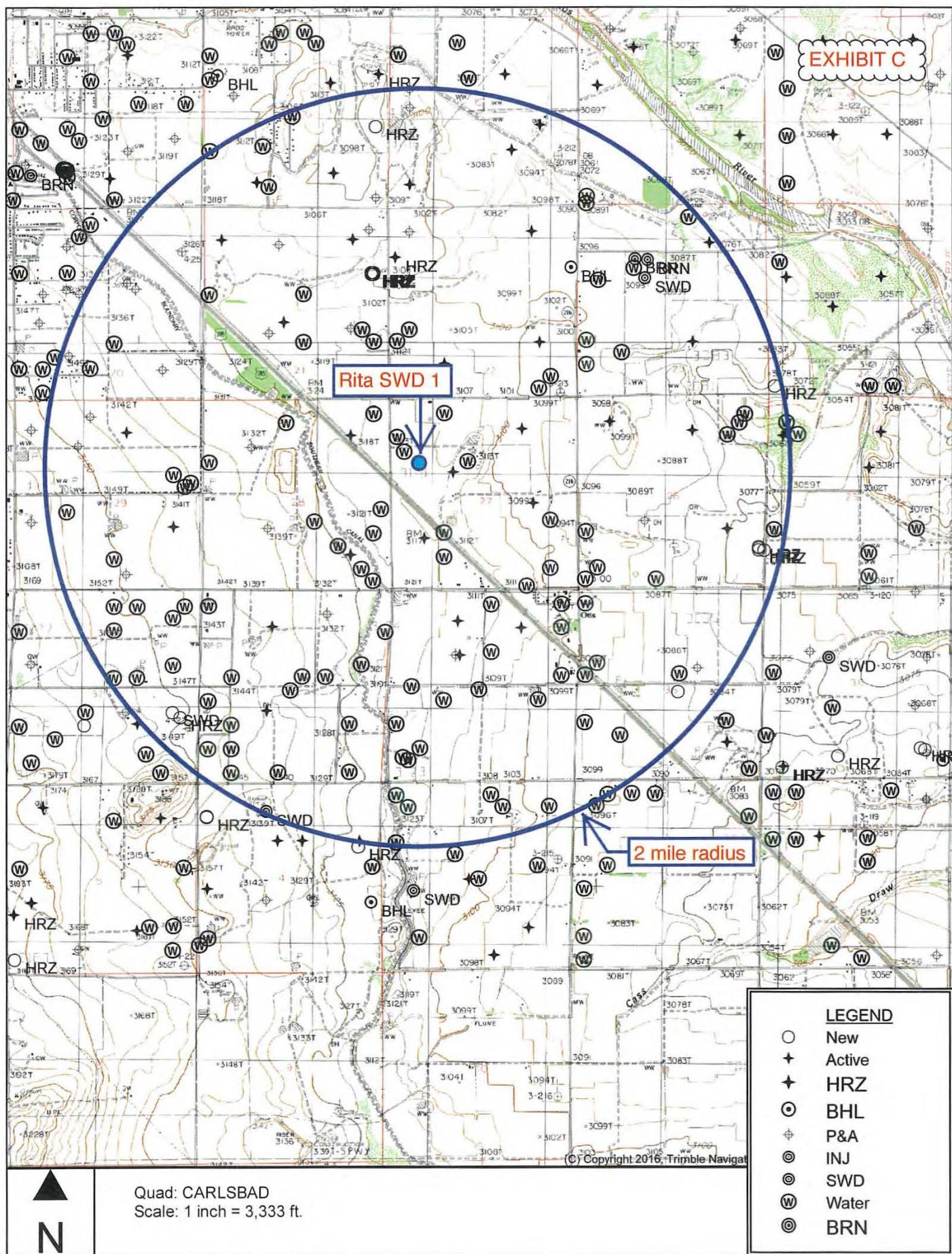
RWP 2-13-19

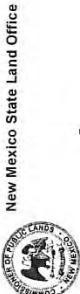


## SORTED BY DISTANCE FROM RITA SWD 1

API	OPERATOR	WELL	STATUS	UNIT-SECTION-T22S-R27E	TVD	ZONE @ TD	FEET FROM RITA SWD 1
3001524827	Devon	Weems 001	G	C-27	12032	Barnett	940
3001529477	Devon	Weems 002	O	F-27	5640	Bone Spring	1005
3001525031	Devon	Lovelace 001	G	L-27	12120	Barnett	2051
3001524603	Devon	Neeley 001	G	A-28	12014	Mississippian	2090
3001532876	Marathon	Henry 003	G	N-22	12115	Mississippian	2921
3001532847	Devon	Sito 27 Fee 001	G	B-27	12118	Barnett	3075
3001533527	Marathon	Skeen 002	G	P-28	12150	Barnett	3163
3001534135	Devon	Lovelace 27 Fee 002	O	I-27	12200	Mississippian	3395
3001524447	Marathon	Boggs Fee 001	G	I-21	11960	Barnett	4254
3001542014	RKI	Warren Fee 001	O	C-34	9280	Wolfcamp	4530
3001525191	Bird Creek	Skeen 001	P&A	K-28	12018	Barnett	4611
3001534147	Devon	Townsend 28 001	P&A	C-28	12005	Mississippian	4734
3001542350	RKI	Hepler Fee 001	G	F-34	9293	Wolfcamp	4817
3001525253	Wildcat	Henry 002	G	I-22	12290	Barnett	4831
3001533943	Chi	Otis 33 003	P&A	B-33	12115	Barnett	4908
3001524205	Westbrook	Grandi 001	G	E-22	12032	Mississippian	5172
3001545643	WPX	Collie 35 34 22 27 Fee 401H	G	E-34	9227 plan	Wolfcamp	5182
3001524658	<i>Read &amp; Stevens</i>	<i>Otis 34 001</i>	P&A	F-34	12180	Barnett	5407

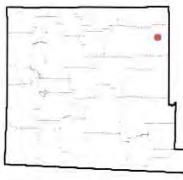
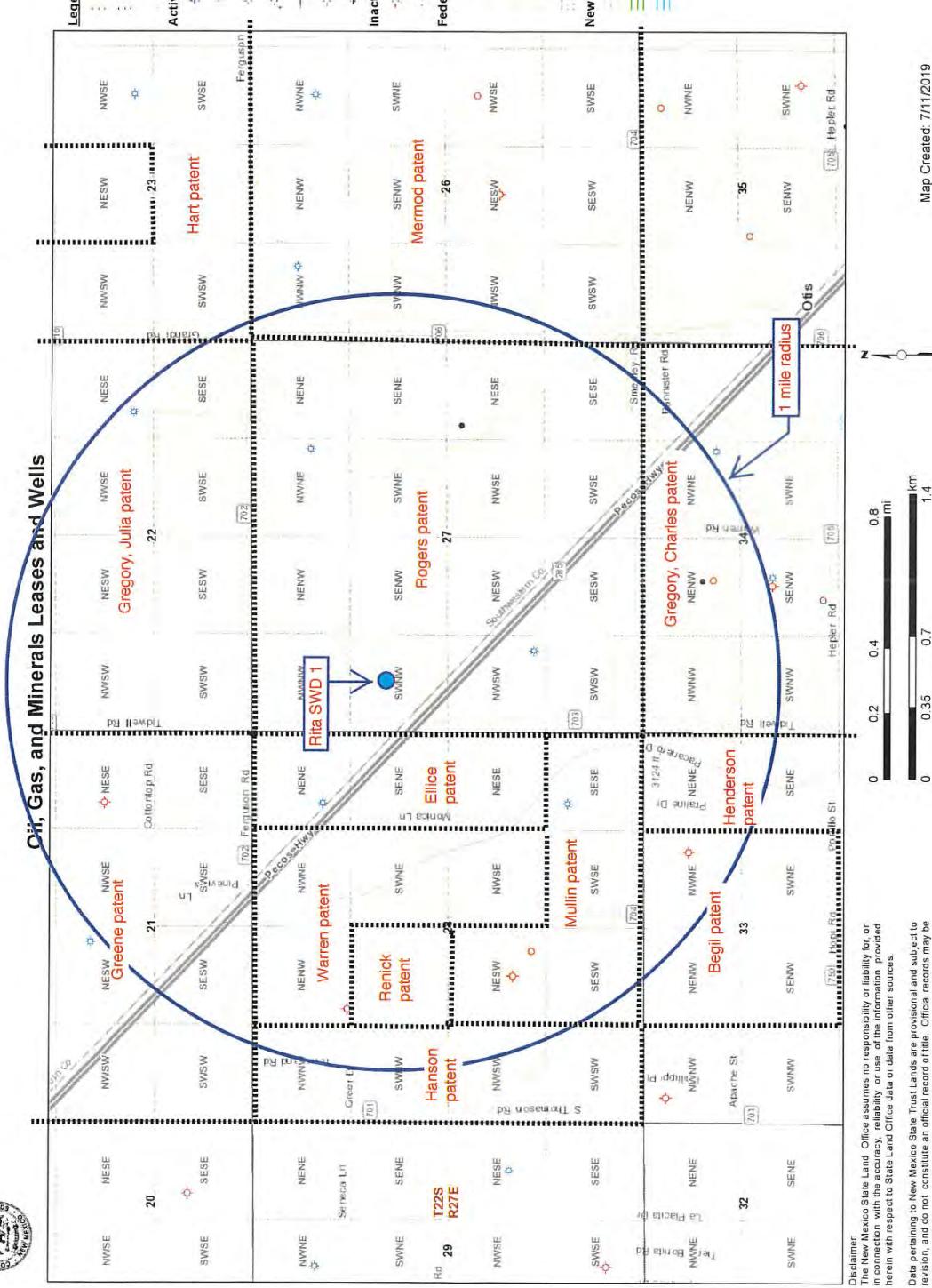
EXHIBIT B





New Mexico State Land Office

**EXHIBIT D**



**EXHIBIT D**

**Disclaimer**  
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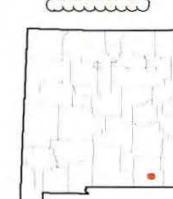
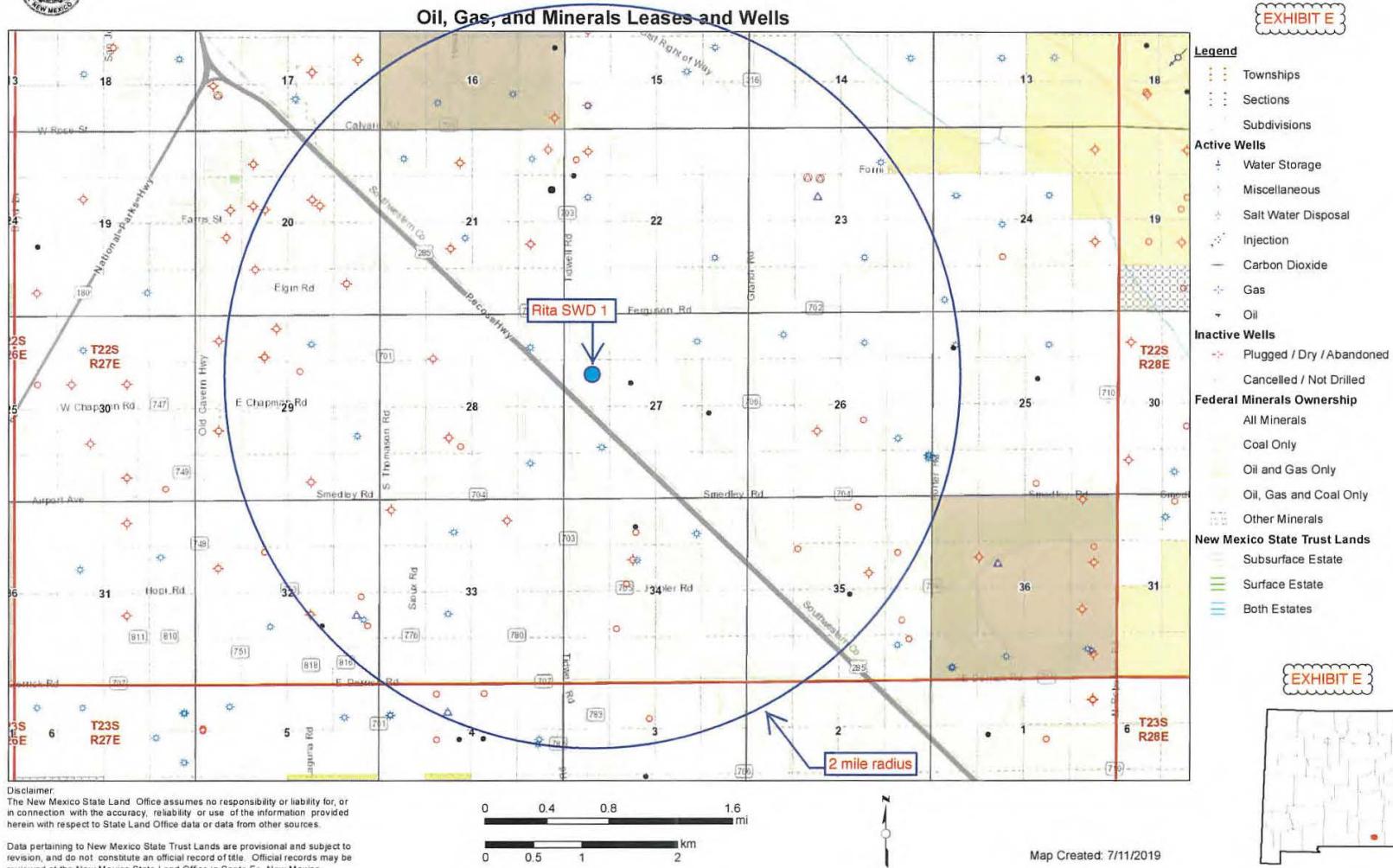
RITA SWD 1 AREA OF REVIEW LEASES (all fee)

Aliquot Parts in Area of Review (T. 22 S., R. 27 E.)	Patent	Leases (dedications)	Well Operators (all shallower than Devonian)
S2NE4, SE4, S2SW4, & NESW Sec. 21	Greene	Hokie, Looney, & Walterthon	Ascent & WPX
S2, S2NW4, & SWNE Sec. 22	Gregory, Julia	Grandi, Henri	Devon, Fulfer, & Wildcat
SWSW Sec. 23	Hart	Ferguson	Devon
W2W2 Sec. 26	Mermod	Henry & Henry 26	Devon
all Sec. 27	Rogers	Lovelace, Sito, & Weems	Devon
E2NE4 & NESE Sec. 28	Ellice	Neeley & Skeen	Devon & Marathon
W2NE4, NWSE, & NENW Sec. 28	Warren	Neeley & Skeen	Devon & Marathon
W2W2 Sec. 28	Hanson	Neeley & Skeen	Devon & Marathon
SENW Sec. 28	Renick	Neeley	Devon
E2SW4 & S2SE4 Sec. 28	Mullin	Skeen	Marathon
E2NE4 Sec. 33	Henderson	Otis 33	Marathon
NENW & W2NE4 Sec. 33	Begil	Otis 33	Marathon
N2N2, S2NW4, & SWNE Sec. 34	Gregory, Charles	Collie, Helper, Warren, & Weems	WPX

EXHIBIT D



New Mexico State Land Office



## Constituents in mg/l

API	Section	Township	Range	Formation	TDS	Chloride	Bicarbonate	Sulfate
3001501068	5	21S	27E	Artesia	10050	4050	9	2533
3001501069	5	21S	27E	Artesia	11250	4553	936	2281
3001501091	15	21S	27E	Artesia	11800	5250	336	2150
3001502475	36	21S	28E	Atoka	50026	29200	762	1150
3001502475	36	21S	28E	Atoka	31911	18000	1220	887
3001538059	16	23S	29E	Avalon Upper	154164	92021	3660	0
3001538059	16	23S	29E	Avalon Upper	154965	91118	1671	1502
3001503691	24	23S	29E	Bone Spring	271010	168800	130	100
3001540502	2	21S	27E	Bone Spring 1	194059	113785	2318	0
3001541057	2	21S	27E	Bone Spring 1	195360	115827	2367	0
3001540829	2	21S	27E	Bone Spring 1	134953	83430	74	0
3001541057	2	21S	27E	Bone Spring 1	185973	114606	60	0
3001540502	2	21S	27E	Bone Spring 1	185384	110500	805	0
3001540829	2	21S	27E	Bone Spring 1	183551	110000	744	0
3001541057	2	21S	27E	Bone Spring 1	185576	110300	781	0
3001540693	3	21S	27E	Bone Spring 1	155191	97600	659	725
3001540693	3	21S	27E	Bone Spring 1	173978	108457	793	667
3001540681	3	21S	27E	Bone Spring 1	190277	114751	634	0
3001540682	3	21S	27E	Bone Spring 1	175293	110483	793	0
3001540707	3	21S	27E	Bone Spring 1	192124	113742	2200	0
3001540758	3	21S	27E	Bone Spring 1	190432	114235	1950	0
3001540683	3	21S	27E	Bone Spring 1	192472	114357	982	0
3001540693	3	21S	27E	Bone Spring 1	187795	111544	2318	0
3001540681	3	21S	27E	Bone Spring 1	186502	109900	744	0
3001540682	3	21S	27E	Bone Spring 1	183721	109500	756	0
3001540683	3	21S	27E	Bone Spring 1	185782	111000	793	0
3001540693	3	21S	27E	Bone Spring 1	179870	106500	720	0
3001540707	3	21S	27E	Bone Spring 1	186629	111000	817	0
3001540758	3	21S	27E	Bone Spring 1	185297	109500	708	0
3001541058	9	21S	27E	Bone Spring 1	195011	115854	2318	0

EXHIBIT F

## Constituents in mg/l

API	Section	Township	Range	Formation	TDS	Chloride	Bicarbonate	Sulfate
3001541059	9	21S	27E	Bone Spring 1	204728	120015	2427	0
3001541058	9	21S	27E	Bone Spring 1	178476	105464	952	0
3001541059	9	21S	27E	Bone Spring 1	192106	113193	976	1270
3001541059	9	21S	27E	Bone Spring 1	192037	113193	976	0
3001542084	13	21S	27E	Bone Spring 1	195134	113705	2403	0
3001542084	13	21S	27E	Bone Spring 1	129394	76901	1122	0
3001541148	16	23S	29E	Bone Spring 1	152943	92807	2306	0
3001541149	16	23S	29E	Bone Spring 1	153042	92918	2708	0
3001541150	16	23S	29E	Bone Spring 1	146425	84786	2660	0
3001540038	16	23S	29E	Bone Spring 1	153751	91697	952	755
3001540503	2	21S	27E	Bone Spring 2	214073	129855	671	0
3001540503	2	21S	27E	Bone Spring 2	209153	125000	769	0
3001541650	13	21S	27E	Bone Spring 2	210720	125168	183	0
3001541650	13	21S	27E	Bone Spring 2	191808	118330	159	0
3001541738	13	21S	27E	Bone Spring 2	217522	136229		799
3001541240	33	23S	27E	Bone Spring 2	201244	121289	61	0
3001541240	33	23S	27E	Bone Spring 2	138167	78243	110	0
3001540372	13	21S	27E	Brushy Canyon	207014	127509	183	1724
3001540372	13	21S	27E	Brushy Canyon	234863	142662	159	0
3001540522	13	21S	27E	Brushy Canyon	241476	144690	77	0
3001541134	13	21S	27E	Brushy Canyon	239079	144882	220	0
3001541135	13	21S	27E	Brushy Canyon	245935	147321	244	0
3001540372	13	21S	27E	Brushy Canyon	233134	142900	73	0
3001540522	13	21S	27E	Brushy Canyon	235338	146100	61	0
3001541134	13	21S	27E	Brushy Canyon	234428	143900	73	0
3001541135	13	21S	27E	Brushy Canyon	231444	146300	37	0
3001536078	16	23S	29E	Brushy Canyon	298475	182394	25	3
3001536078	16	23S	29E	Brushy Canyon	303155	183875	610	0
3001536078	16	23S	29E	Brushy Canyon	273399	168200	85	454
3001536461	22	23S	29E	Brushy Canyon	297620	186000	188	0

EXHIBIT F

## Constituents in mg/l

API	Section	Township	Range	Formation	TDS	Chloride	Bicarbonate	Sulfate
3001536738	22	23S	29E	Brushy Canyon	288731	179021	122	0
3001535073	22	23S	29E	Brushy Canyon	108093			
3001536461	22	23S	29E	Brushy Canyon	302545	188800	37	0
3001536738	22	23S	29E	Brushy Canyon	294876	181883	61	0
3001536461	22	23S	29E	Brushy Canyon	292358	184250	244	0
3001536738	22	23S	29E	Brushy Canyon	292239	183597	122	0
3001535073	22	23S	29E	Brushy Canyon	303550	187467	104	331
3001537371	22	23S	29E	Brushy Canyon	279275	172189	183	177
3001540826	31	23S	29E	Brushy Canyon	297841	180802	85	0
3001540827	31	23S	29E	Brushy Canyon	295110	181795	73	0
3001541963	31	23S	29E	Brushy Canyon	296788	178388	73	0
3001510817	5	21S	27E	Capitan	29392	18020	389	435
3001510817	5	21S	27E	Capitan	27900	13600	588	3800
3001510817	5	21S	27E	Capitan	27400	13200	630	3880
3001510817	5	21S	27E	Capitan	28000	13800	626	3690
3001510817	5	21S	27E	Capitan	28200	14000	636	3570
3001510817	5	21S	27E	Capitan	28700	14800	646	3040
3001524707	7	21S	28E	Delaware	153408	103522	719	248
3001521715	35	21S	28E	Delaware	149252	99299	267	2082
3001521853	35	21S	28E	Delaware	146197	96177	400	1764
3001522229	35	21S	28E	Delaware	148805	99247	335	1729
3001522671	35	21S	28E	Delaware	144959	95968	200	1883
3001522673	35	21S	28E	Delaware	163756	110195	135	1662
3001524968	35	21S	28E	Delaware	136419	89021	398	1682
3001520204	10	22S	27E	Delaware	158000	96200	572	1400
3001520204	10	22S	27E	Delaware	157000	95000	574	1400
3001527528	3	22S	28E	Delaware	162875	109783	417	1672
3001528736	3	22S	28E	Delaware	158759	107057	270	1465
3001521959	7	22S	28E	Delaware	118293	69100	134	3800
3001521959	7	22S	28E	Delaware	124945	73100	139	3900

EXHIBIT F

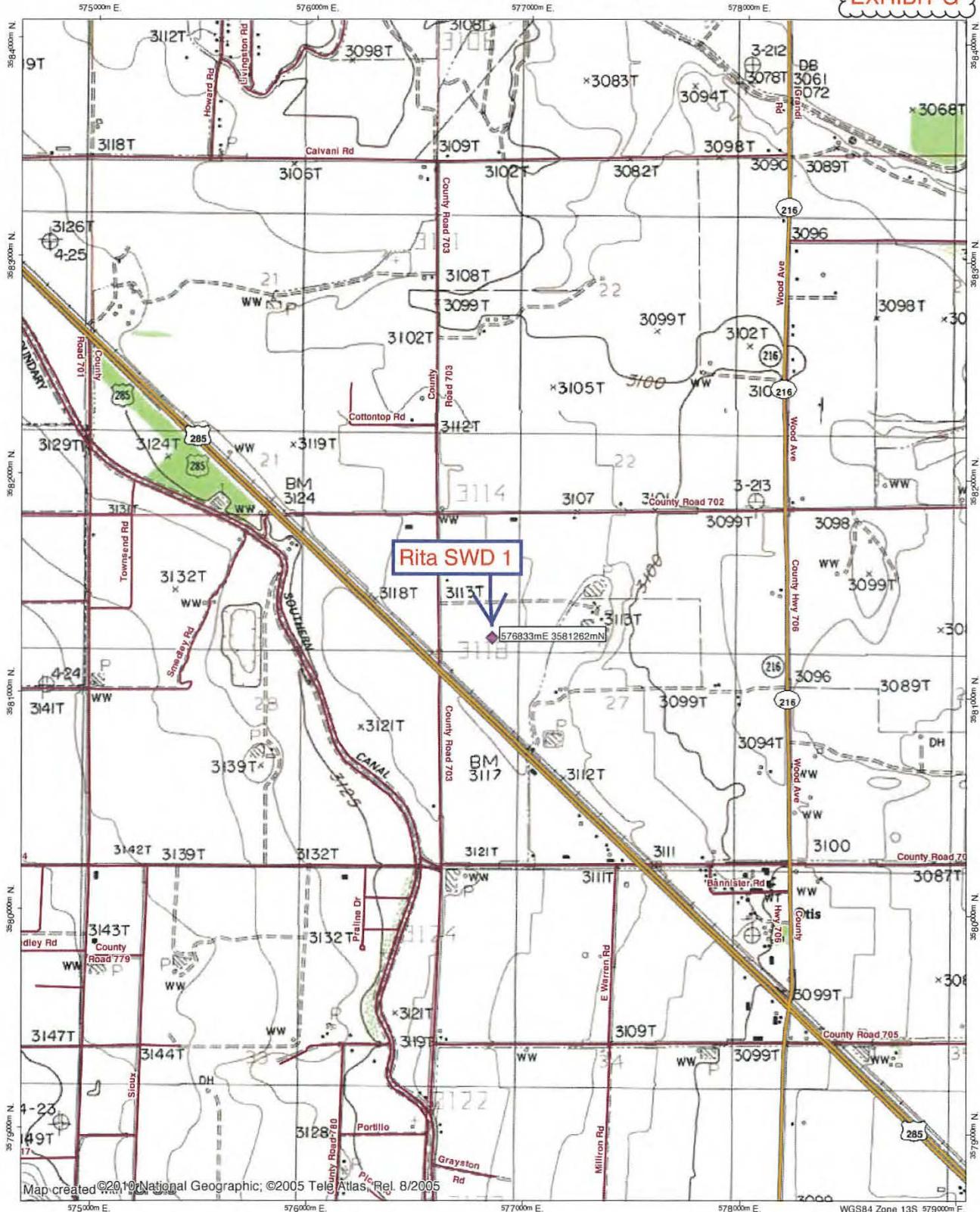
Constituents in mg/l

API	Section	Township	Range	Formation	TDS	Chloride	Bicarbonate	Sulfate
3001524933	10	22S	28E	Delaware	164679	112250	271	1107
3001525303	10	22S	28E	Delaware	116788	74967	395	1622
3001521618	18	22S	28E	Delaware	129878	77300	439	2600
3001521619	18	22S	28E	Delaware	126911	74800	525	3300
3001521766	18	22S	28E	Delaware	123893	74100	671	2000
3001521765	18	22S	28E	Delaware	124756	74500	342	2200
3001520918	18	22S	28E	Delaware	128431	76200	98	3200
3001521504	19	22S	28E	Delaware	127652	76200	415	2600
3001521504	19	22S	28E	Delaware	122782	73800	120	2100
3001521844	19	22S	28E	Delaware	130991	78000	586	1800
3001501114	12	23S	27E	Delaware	129765	79570	101	175
3001503979	33	16S	30E	Devonian	63260	34400	1260	3600
3001502475	36	21S	28E	Devonian	16223	7000	1030	2290
3001502475	36	21S	28E	Devonian	19941	10700	640	1130
3001503691	24	23S	29E	Devonian	64582	37500	610	1700
3001503691	24	23S	29E	Devonian	56922	29000	1740	4980
3001520157	30	22S	28E	Morrow	53480	32300	476	58
3001522553	17	23S	29E	Morrow	62523	37600	142	810
3001503979	33	16S	30E	Wolfcamp	13711	6990	162	1500

EXHIBIT F

TOPO! map printed on 01/13/19 from "Untitled.tpo"

EXHIBIT G



NATIONAL  
GEOGRAPHIC

0.0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 miles  
0.0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 km

TN + MN  
7°  
01/13/19

20964-Exhibit 1-023



*New Mexico Office of the State Engineer*  
**Water Column/Average Depth to Water**

**EXHIBIT G**

(A CLW##### in the  
POD suffix indicates the  
POD has been replaced  
& no longer serves a  
water right file.)

(R=POD has been  
replaced,  
O=orphaned,  
C=the file is  
closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)  
(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number	Code	POD Sub-	County	Q Q Q							X	Y	Water			
				basin	64	16	4	Sec	Tws	Rng			Distance	Depth	Well Depth	Water Column
C_04027 POD1	CUB	ED	1	3	1	27	22S	27E	576704	3581378		173	140	55	85	
C_00150	CUB	ED	3	1	1	27	22S	27E	576643	3581501*		305	80			
C_00150_A	O	CUB	ED	3	1	1	27	22S	27E	576643	3581501*		305	147		
C_00095 CLW196524	O	CUB	ED	2	1	3	27	22S	27E	576847	3580888*		374	157	112	45
C_00572	CUB	ED	2	4	1	27	22S	27E	577250	3581301*		418	98	90	8	
C_00901	C	ED	1	2	1	27	22S	27E	577048	3581707*		494	193	40	153	
C_03392 POD1	C	ED	2	2	4	28	22S	27E	576508	3580886		496	140	70	70	
C_00587	C	ED	2	2	2	28	22S	27E	576438	3581696*		586	130	84	46	
C_00588	C	ED	2	2	1	27	22S	27E	577248	3581707*		608	200			
C_00095	CUB	ED	3	2	3	27	22S	27E	577052	3580694*		608	157			
C_00009	CUB	ED	3	3	3	22	22S	27E	576641	3581908		673	165	100	65	
C_00152	C	ED	3	3	3	22	22S	27E	576641	3581908*		673	151			
C_03064	C	ED	4	2	4	28	22S	27E	576442	3580682*		699	125	70	55	
C_03129	O	C	ED	4	2	4	28	22S	27E	576442	3580682*		699	115		
C_00194	C	ED	1	4	3	27	22S	27E	577054	3580487*		805	165	100	65	
C_01829	CUB	ED	3	2	4	28	22S	27E	576242	3580682*		828	125			
C_02149 CLW468826	O	C	ED		4	28	22S	27E	576141	3580572*		977	125	70	55	
C_00056	CUB	ED	1	3	2	28	22S	27E	575835	3581284*		998	98			
C_01744	C	ED	4	4	28	22S	27E	576345	3580377*		1010	140	100	40		
C_00015 CLW238653	O	CUB	ED	1	4	28	22S	27E	575938	3580778*		1017	200			
C_00015	CUB	ED	4	4	4	28	22S	27E	576444	3580276*		1059	200			
C_00486	C	ED	4	4	4	28	22S	27E	576444	3580276*		1059	146			
C_02149	C	ED	4	4	4	28	22S	27E	576444	3580276*		1059	119	62	57	
C_00614	C	ED	3	1	3	22	22S	27E	576639	3582314*		1069	95	60	35	
C_02117	CUB	ED	1	1	2	28	22S	27E	575834	3581691*		1087	150	60	90	
C_00613	C	ED	4	2	4	21	22S	27E	576434	3582309*		1120	100	60	40	
C_02512	C	ED	1	3	22	22S	27E	576740	3582415*		1156	68	38	30		
C_02512 POD2	C	ED	1	3	22	22S	27E	576740	3582415*		1156	142	57	85		
C_03062	CUB	ED	3	2	4	27	22S	27E	577863	3580706*		1170	150	100	50	
C_03763 POD1	C	ED	1	2	2	28	22S	27E	575687	3581616		1199	240	55	185	

<u>C_00229</u>	CUB	ED	1	1	1	34	22S	27E	576650	3580074		1201	200			
<u>C_00467</u>	C	ED	2	4	27	22S	27E	577964	3580807*		1219	200	74	126		
<u>C_02903</u>	C	ED	3	4	4	22	22S	27E	577858	3581926*		1221	57	40	17	
<u>C_02259</u>	C	ED	2	4	21	22S	27E	576335	3582410*		1251	60	45	15		
<u>C_02558</u>	C	ED	2	4	21	22S	27E	576335	3582410*		1251	55	36	19		
<u>C_00532</u>	C	ED	2	2	2	27	22S	27E	578060	3581720*		1309	90			
<u>C_00653</u>	C	ED	1	1	2	34	22S	27E	577462	3580087*		1332	120	80	40	
<u>C_00562</u>	C	ED	4	2	4	27	22S	27E	578063	3580706*		1349	150			
<u>C_00027</u>	CUB	ED	4	4	3	21	22S	27E	575628	3581891		1359	166			
<u>C_00027 CLW238752</u>	O	CUB	ED	4	4	3	21	22S	27E	575628	3581891*		1359	166		
<u>C_00251</u>	C	ED	4	4	22	22S	27E	577959	3582027*		1361	84				
<u>C_02881</u>	C	ED	4	4	22	22S	27E	577959	3582027*		1361	60	39	21		
<u>C_03364 POD2</u>	C	ED	4	3	4	27	22S	27E	577765	3580249		1376	250			
<u>C_03364 POD1</u>	R	C	ED	4	3	4	27	22S	27E	577765	3580245		1379	107	50	57
<u>C_02488</u>	C	ED	4	4	27	22S	27E	577966	3580401*		1423	76	38	38		
<u>C_02961</u>	C	ED	3	1	4	21	22S	27E	575830	3582303*		1445	150	70	80	
<u>C_03553 POD1</u>	C	ED	4	2	2	33	22S	27E	576554	3579841		1447	200	75	125	
<u>C_00072</u>	CUB	ED	1	1	1	26	22S	27E	578266	3581726*		1506	118	40	78	
<u>C_00014</u>	CUB	ED	3	2	3	28	22S	27E	575434	3580672*		1518	202			
<u>C_00078</u>	CUB	ED	3	1	3	26	22S	27E	578269	3580712*		1537	180			
<b>1 mile = 1610 m</b>																
<u>C_01242</u>	CUB	ED	1	3	3	23	22S	27E	578264	3582133*		1675	155	40	115	
<u>C_00455</u>	C	ED	2	2	2	34	22S	27E	578066	3580093*		1699	133			
<u>C_00981</u>	C	ED	2	2	2	34	22S	27E	578066	3580093*		1699	250	41	209	
<u>C_02458</u>	CUB	ED	2	2	2	34	22S	27E	578066	3580093*		1699				
<u>C_00030 CLW193040</u>	O	CUB	ED	1	3	2	34	22S	27E	577465	3579680*		1703	220	69	151
<u>C_00030 CLW193055</u>	O	CUB	ED	1	3	2	34	22S	27E	577465	3579680*		1703	205		
<u>C_00030 S</u>	CUB	ED	1	3	2	34	22S	27E	577465	3579680*		1703	200	69	131	
<u>C_00825</u>	CUB	ED	3	3	3	26	22S	27E	578270	3580306*		1725	132	68	64	
<u>C_00436</u>	C	ED	3	3	26	22S	27E	578371	3580407*		1759	88	48	40		
<u>C_00747</u>	CUB	ED	3	3	2	21	22S	27E	575828	3582709*		1761	148	85	63	
<u>C_00747 CLW198561</u>	O	CUB	ED	3	3	2	21	22S	27E	575828	3582709*		1761	148		
<u>C_02392</u>	C	ED	4	2	33	22S	27E	576350	3579564*		1765	150	48	102		
<u>C_01713</u>	C	ED	3	1	3	23	22S	27E	578262	3582339*		1789	101	46	55	
<u>C_02787</u>	C	ED	1	3	1	28	22S	27E	575028	3581274*		1805	143	54	89	
<u>C_00014 CLW244969</u>	O	CUB	ED	3	3	1	28	22S	27E	575028	3581074*		1814	205		
<u>C_00014 CLW244972</u>	O	CUB	ED	3	3	1	28	22S	27E	575028	3581074*		1814	205		
<u>C_00014 S</u>	CUB	ED	3	3	1	28	22S	27E	575028	3581074*		1814	205			
<u>C_00880</u>	C	ED	4	2	2	34	22S	27E	578066	3579893*		1842	190			
<u>C_00212 CLW193845</u>	O	CUB	ED	1	1	1	35	22S	27E	578271	3580099*		1849			

**EXHIBIT G**

<u>C_00531</u>	CUB	ED	1	1	1	35	22S	27E	578271	3580099*		1849	150	87	63	
<u>C_03738 POD1</u>	C	ED	1	1	3	34	22S	27E	576785	3579382		1880	137	68	69	
<u>C_03434 POD1</u>	C	ED	4	4	2	29	22S	27E	574876	3581101		1963	99	75	24	
<u>C_00215</u>	CUB	ED	4	3	2	33	22S	27E	576044	3579458*		1968	180	150	30	
<u>C_00356</u>	C	ED				34	22S	27E	577363	3579359*		1975	155	45	110	
<u>C_01805</u>	C	ED				3	23	22S	27E	578566	3582235*		1987	125	98	27
<u>C_00030</u>	CUB	ED	1	2	3	34	22S	27E	577062	3579267*		2008	205	50	155	
<u>C_00030 CLW193032</u>	O	CUB	ED	1	2	3	34	22S	27E	577062	3579267*		2008	205		
<u>C_02631</u>	C	ED	4	4	2	29	22S	27E	574823	3581067*		2019	96	69	27	
<u>C_00191</u>	CUB	ED	3	3	2	33	22S	27E	575844	3579458*		2057	200			
<u>C_02648</u>	C	ED	4	2	29	22S	27E	574724	3581168*		2111	200	66	134		
<u>C_03073</u>	C	ED	4	4	2	34	22S	27E	578068	3579486*		2163	150	122	28	
<u>C_02996</u>	C	ED	1	1	1	33	22S	27E	575034	3580055*		2166	120	62	58	
<u>C_01776</u>	C	ED	3	1	23	22S	27E	578361	3582846*		2200	157	40	117		
<u>C_00287</u>	CUB	ED	3	1	3	34	22S	27E	576657	3579061*		2208				
<u>C_02230</u>	C	ED				33	22S	27E	575742	3579340*		2210	260	90	170	
<u>C_02449</u>	C	ED				33	22S	27E	575742	3579340*		2210	300	70	230	
<u>C_00171</u>	CUB	ED	1	2	4	34	22S	27E	577870	3579279*		2237	198	21	177	
<u>C_00171 CLW193980</u>	O	CUB	ED	1	2	4	34	22S	27E	577870	3579279*		2237	265		
<u>C_00410</u>	CUB	ED	4	4	3	26	22S	27E	578875	3580313*		2251	150	50	100	
<u>C_01312</u>	CUB	ED	3	1	35	22S	27E	578373	3579593*		2270	203	65	138		
<u>C_01523</u>	C	ED	3	3	1	35	22S	27E	578272	3579492*		2281	118	60	58	
<u>C_00644</u>	CUB	ED	3	2	4	33	22S	27E	576251	3579056*		2281	190			
<u>C_00644 CLW198574</u>	O	CUB	ED	3	2	4	33	22S	27E	576251	3579056*		2281	100		
<u>C_00016</u>	CUB	ED	3	3	1	21	22S	27E	575018	3582698		2314	167			
<u>C_00016 CLW202898</u>	O	CUB	ED	3	3	1	21	22S	27E	575018	3582698*		2314	209		
<u>C_03085</u>	C	ED	2	2	2	32	22S	27E	574830	3580049*		2341	155	82	73	
<u>C_03043</u>	C	ED	2	3	3	34	22S	27E	576859	3578855*		2407	118	68	50	
<u>C_00193</u>	CUB	ED	1	3	1	33	22S	27E	575035	3579649*		2415	190			
<u>C_03074</u>	C	ED	4	3	1	33	22S	27E	575235	3579449*		2416	115	85	30	
<u>C_00559</u>	C	ED	3	4	4	29	22S	27E	574628	3580255*		2424	200			
<u>C_02502</u>	C	ED	2	2	32	22S	27E	574731	3579950*		2477	98	64	34		
<u>C_03290</u>	C	ED	1	3	3	34	22S	27E	576715	3578778		2486	127	72	55	
<u>C_00231 A</u>	CUB	ED	1	4	1	23	22S	27E	578666	3582951*		2492	178	45	133	
<u>C_03063</u>	CUB	ED	1	4	1	23	22S	27E	578666	3582951*		2492	163	40	123	
<u>C_01700</u>	C	ED	3	3	34	22S	27E	576760	3578756*		2507	205	118	87		
<u>C_01801</u>	C	ED	3	3	34	22S	27E	576760	3578756*		2507	220				
<u>C_00680</u>	C	ED	3	1	3	35	22S	27E	578272	3579085*		2609	150			

EXHIBIT G

<u>C_01172</u>	CUB	ED	3 4 3 34	22S 27E	577064	3578661*		2611	220		
<u>C_04279</u>	C	ED	3 3 3 14	22S 27E	578253	3583498		2649	200	35	165
<u>C_00282</u>	CUB	ED	3 2 2 26	22S 27E	579482	3581546*		2664	125	50	75
<u>C_00515</u>	CUB	ED	3 4 4 33	22S 27E	576254	3578650*		2675	180	80	100
<u>C_00515 CLW197977</u>	O	CUB	3 4 4 33	22S 27E	576254	3578650*		2675	180		
<u>C_01010</u>	C	ED	4 3 16	22S 27E	575519	3583617*		2696	150		
<u>C_00178</u>	CUB	ED	1 2 3 35	22S 27E	578677	3579293*		2697	119		
<u>C_00586</u>	CUB	ED	1 2 3 35	22S 27E	578677	3579293*		2697	254		
<u>C_02590</u>	C	ED	2 1 2 32	22S 27E	574425	3580043*		2698	87	45	42
<u>C_02590 POD2</u>	C	ED	2 1 2 32	22S 27E	574425	3580043*		2698	300	114	186
<u>C_00043</u>	C	ED	3 3 3 14	22S 27E	578256	3583557*		2700	120		
<u>C_03066</u>	C	ED	1 1 3 33	22S 27E	575037	3579243*		2702	240		
<u>C_02262</u>	C	ED	4 2 32	22S 27E	574732	3579544*		2713	128	60	68
<u>C_03505 POD1</u>	C	ED	3 2 2 26	22S 27E	579548	3581491		2724	80		
<u>C_03013</u>	C	ED	4 1 3 33	22S 27E	575237	3579043*		2733	118	63	55
<u>C_02667</u>	C	ED	1 3 4 29	22S 27E	574223	3580448*		2733	128	81	47
<u>C_00279</u>	C	ED	2 2 26	22S 27E	579583	3581647*		2776	160	48	112
<u>C_00410 CLW195750</u>	O	CUB	3 4 4 26	22S 27E	579486	3580329*		2812	209	41	168
<u>C_00114</u>	CUB	ED	3 1 4 20	22S 27E	574210	3582279*		2813	253		
<u>C_01973</u>	C	ED	1 1 1 03	23S 27E	576661	3578453*		2814	127	90	37
<u>C_03130</u>	C	ED	4 2 1 29	22S 27E	574010	3581461*		2830	162		
<u>C_02587</u>	R	C	2 2 26	22S 27E	579630	3581720		2834	71	12	59
<u>C_00210</u>	CUB	ED	3 3 2 35	22S 27E	579082	3579508*		2852	211		
<u>C_00210 CLW193708</u>	O	CUB	3 3 2 35	22S 27E	579082	3579508*		2852	211		
<u>C_02977</u>	C	ED	1 1 2 03	23S 27E	577470	3578466*		2867	179	125	54
<u>C_01761</u>	C	ED	3 35 22S	27E	578575	3578980*		2870	135	85	50
<u>C_03476 POD1</u>	C	ED	2 2 2 04	23S 27E	576488	3578407		2875	200		
<u>C_03274</u>	C	ED	4 4 3 33	22S 27E	575643	3578641*		2878	130	81	49
<u>C_03028</u>	C	ED	1 1 2 32	22S 27E	574225	3580043*		2878	217	89	128
<u>C_02412</u>	C	ED	2 3 3 33	22S 27E	575238	3578836*		2903	251	65	186
<u>C_01971</u>	C	ED	1 1 03 23S	27E	576762	3578354*		2908	164	145	19
<u>C_01989</u>	C	ED	1 1 03 23S	27E	576762	3578354*		2908	168	88	80
<u>C_02146</u>	C	ED	1 1 03 23S	27E	576762	3578354*		2908	125	125	0
<u>C_02148</u>	C	ED	1 1 03 23S	27E	576762	3578354*		2908	125	70	55
<u>C_02150</u>	C	ED	1 1 03 23S	27E	576762	3578354*		2908	125	70	55
<u>C_02154</u>	C	ED	1 1 03 23S	27E	576762	3578354*		2908	125	70	55
<u>C_02166</u>	C	ED	1 1 03 23S	27E	576762	3578354*		2908	140	75	65
<u>C_00163</u>	C	ED	2 4 3 20	22S 27E	574007	3582067*		2938	184	80	104
<u>C_03030</u>	C	ED	3 1 2 32	22S 27E	574225	3579843*		2969	100	53	47

**EXHIBIT G**

<u>C_02324</u>	C	ED	1	2	03	23S	27E	577571	3578367*		2987	125	75	50	
<u>C_02696</u>	C	ED	1	3	3	33	22S	27E	575038	3578836*		3017	124	71	53
<u>C_00343</u>	CUB	ED	4	3	2	32	22S	27E	574427	3579437*		3019	200		
<u>C_03480 POD1</u>	C	ED	3	2	3	16	22S	27E	575466	3583961		3025	74	41	33
<u>C_00597</u>	C	ED	1	2	3	29	22S	27E	573815	3580848*		3046	140	90	50
<u>C_02433</u>	C	ED	4	3	3	33	22S	27E	575238	3578636*		3072	96	64	32
<u>C_02242</u>	CUB	ED	1	1	4	15	22S	27E	577186	3584336		3094	150	22	128
<u>C_00393</u>	CUB	ED	3	1	3	25	22S	27E	579890	3580742*		3100	200	30	170
<u>C_00393 CLW198205</u>	O	CUB	3	1	3	25	22S	27E	579890	3580742*		3100	193	37	156
<u>C_00393 CLW198226</u>	O	CUB	3	1	3	25	22S	27E	579890	3580742*		3100	200	40	160
<u>C_00393 CLW223748</u>	O	CUB	3	1	3	25	22S	27E	579890	3580742*		3100	200	30	170
<u>C_00283</u>	C	ED	2	2	03	23S	27E	577973	3578373*		3105	108	60	48	
<u>C_02226</u>	C	ED	2	2	03	23S	27E	577973	3578373*		3105	135	70	65	
<u>C_04217 POD1</u>	C	ED	1	1	2	23	22S	27E	579137	3583385		3133	175	75	100
<u>C_00700</u>	CUB	ED	3	3	2	15	22S	27E	577441	3584355*		3152	132		
<u>C_00760</u>	C	ED			16	22S	27E	575717	3584215*		3156	72	44	28	
<u>C_02499</u>	C	ED	1	1	25	22S	27E	579989	3581653*		3180	100	35	65	
<u>C_00204</u>	CUB	ED	3	3	2	32	22S	27E	574227	3579437*		3181	170		
<u>C_00204 CLW194896</u>	O	CUB	3	3	2	32	22S	27E	574227	3579437*		3181	170		
<u>C_00343 CLW242784</u>	O	CUB	3	3	2	32	22S	27E	574227	3579437*		3181	193	143	50
<u>C_00619</u>	C	ED	3	3	2	32	22S	27E	574227	3579437*		3181	250		
<u>C_00546</u>	C	ED	1	3	1	03	23S	27E	576663	3578051*		3215			123

Average Depth to Water: **67 feet**

Minimum Depth: **12 feet**

Maximum Depth: **150 feet**

**Record Count:** 168

**UTMNAD83 Radius Search (in meters):**

**Easting (X):** 576833

**Northing (Y):** 3581262

**Radius:** 3220

\*UTM location was derived from PLSS - see Help

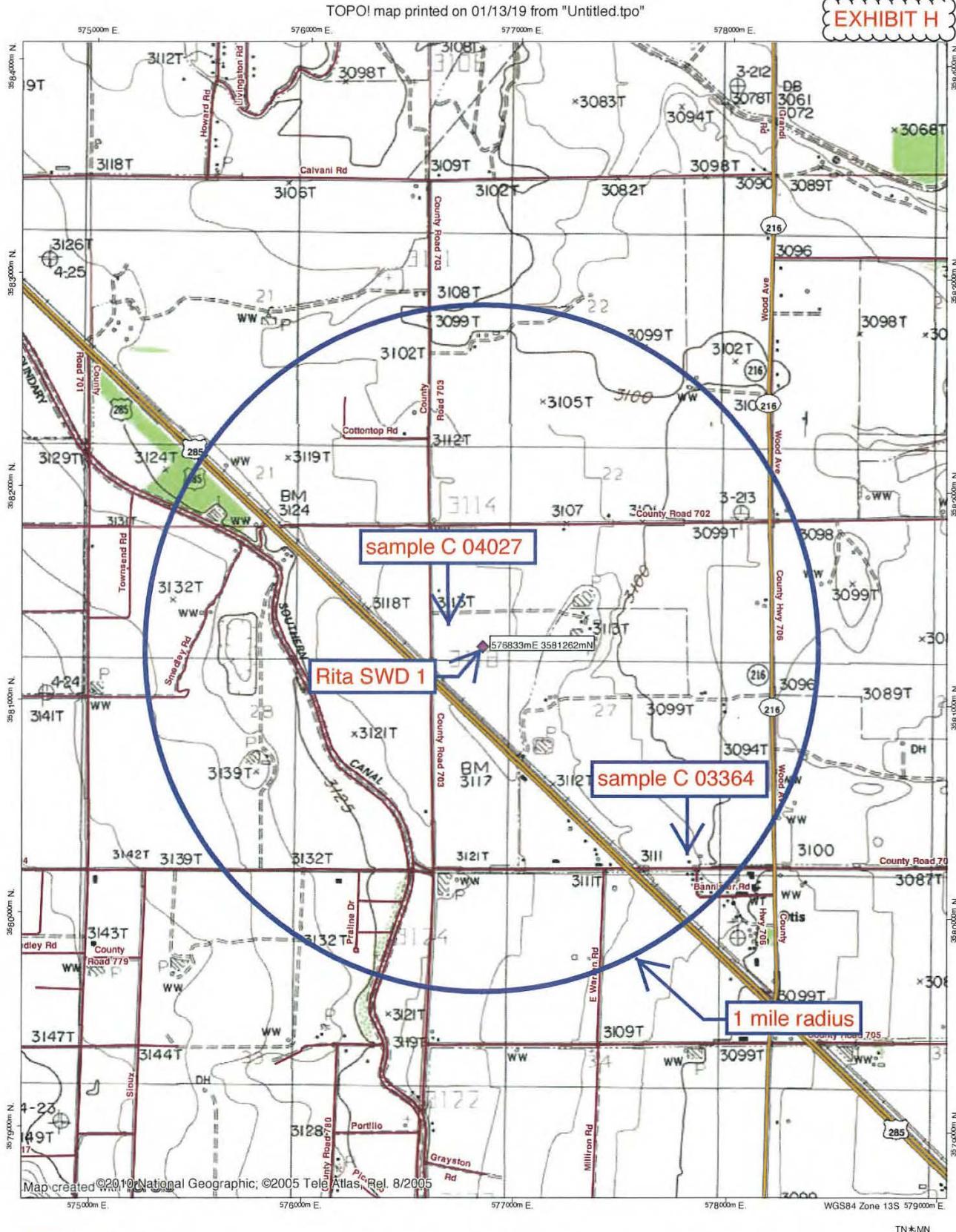
The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

1/13/19 10:08 AM

WATER COLUMN/ AVERAGE DEPTH TO WATER

**EXHIBIT G**

**EXHIBIT H**



NATIONAL  
GEOGRAPHIC

**Hall Environmental Analysis Laboratory, Inc.**

Analytical Report  
Lab Order 1906905  
Date Reported: 7/2/2019

**CLIENT:** Permits West  
**Project:** Overflow Rita SWD 1  
**Lab ID:** 1906905-001

**Matrix:** AQUEOUS

**Client Sample ID:** Jason Lowe-C03364-Pod1

**Collection Date:** 6/16/2019 2:50:00 PM

**Received Date:** 6/17/2019 4:15:00 PM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed	Batch
<b>EPA METHOD 1664B</b>							
N-Hexane Extractable Material	ND	9.56		mg/L	1	6/24/2019 8:18:00 AM	45753
<b>EPA METHOD 300.0: ANIONS</b>							
Chloride	2300	100	*	mg/L	200	6/30/2019 6:46:28 PM	R61062
<b>SM2540C MOD: TOTAL DISSOLVED SOLIDS</b>							
Total Dissolved Solids	6670	40.0	*D	mg/L	1	6/25/2019 2:24:00 PM	45742

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

**Qualifiers:**  
\* Value exceeds Maximum Contaminant Level.  
D Sample Diluted Due to Matrix  
H Holding times for preparation or analysis exceeded  
ND Not Detected at the Reporting Limit  
PQL Practical Quantitative Limit  
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank  
E Value above quantitation range  
J Analyte detected below quantitation limits  
P Sample pH Not In Range  
RL Reporting Limit

**Hall Environmental Analysis Laboratory, Inc.****EXHIBIT H****Analytical Report**  
Lab Order **1906905**  
Date Reported: **7/2/2019****CLIENT:** Permits West  
**Project:** Overflow Rita SWD 1  
**Lab ID:** 1906905-002**Matrix:** AQUEOUS**Client Sample ID:** Scott Branson-C04027-Pod 1  
**Collection Date:** 6/17/2019 10:10:00 AM  
**Received Date:** 6/17/2019 4:15:00 PM

<b>Analyses</b>	<b>Result</b>	<b>RL</b>	<b>Qual</b>	<b>Units</b>	<b>DF</b>	<b>Date Analyzed</b>	<b>Batch</b>
<b>EPA METHOD 1664B</b>							
N-Hexane Extractable Material	ND	9.24		mg/L	1	6/24/2019 8:18:00 AM	45753
<b>EPA METHOD 300.0: ANIONS</b>							
Chloride	1900	100	*	mg/L	200	6/30/2019 6:58:49 PM	R61062
<b>SM2540C MOD: TOTAL DISSOLVED SOLIDS</b>							
Total Dissolved Solids	6380	40.0	*D	mg/L	1	6/25/2019 2:24:00 PM	45742

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

**Qualifiers:**  
\* Value exceeds Maximum Contaminant Level  
D Sample Diluted Due to Matrix  
H Holding times for preparation or analysis exceeded  
ND Not Detected at the Reporting Limit  
PQL Practical Quantitative Limit  
S % Recovery outside of range due to dilution or matrix**B** Analyte detected in the associated Method Blank  
**E** Value above quantitation range  
**J** Analyte detected below quantitation limits  
**P** Sample pH Not In Range  
**RL** Reporting Limit

# QC SUMMARY REPORT

## Hall Environmental Analysis Laboratory, Inc.

EXHIBIT H  
WO#: 1906905  
02-Jul-19

Client: Permits West

Project: Overflow Rita SWD 1

Sample ID: <b>MB-45753</b>	SampType: <b>MBLK</b>	TestCode: <b>EPA Method 1664B</b>
Client ID: <b>PBW</b>	Batch ID: <b>45753</b>	RunNo: <b>60895</b>
Prep Date: <b>6/24/2019</b>	Analysis Date: <b>6/24/2019</b>	SeqNo: <b>2061724</b> Units: <b>mg/L</b>
Analyte	Result	PQL SPK value SPK Ref Val %REC LowLimit HighLimit %RPD RPDLimit Qual
N-Hexane Extractable Material	ND	10.0

Sample ID: <b>LCS-45753</b>	SampType: <b>LCS</b>	TestCode: <b>EPA Method 1664B</b>
Client ID: <b>LCSW</b>	Batch ID: <b>45753</b>	RunNo: <b>60895</b>
Prep Date: <b>6/24/2019</b>	Analysis Date: <b>6/24/2019</b>	SeqNo: <b>2061725</b> Units: <b>mg/L</b>
Analyte	Result	PQL SPK value SPK Ref Val %REC LowLimit HighLimit %RPD RPDLimit Qual
N-Hexane Extractable Material	32.6	10.0 40.00 0 81.5 78 114

**NOTES:**

J - MB result was a little high due to sodium sulfate in the pan at the drying step; MB result is still under the PQL.

**Qualifiers:**

\* Value exceeds Maximum Contaminant Level  
D Sample Diluted Due to Matrix  
H Holding times for preparation or analysis exceeded  
ND Not Detected at the Reporting Limit  
PQL Practical Quantitative Limit  
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank  
E Value above quantitation range  
J Analyte detected below quantitation limits  
P Sample pH Not In Range  
RL Reporting Limit

# QC SUMMARY REPORT

## Hall Environmental Analysis Laboratory, Inc.

EXHIBIT H  
WO#: 1906905  
02-Jul-19

**Client:** Permits West  
**Project:** Overflow Rita SWD 1

Sample ID: MB	SampType: mbIk	TestCode: EPA Method 300.0: Anions								
Client ID: PBW	Batch ID: R61062	RunNo: 61062								
Prep Date:	Analysis Date: 6/30/2019	SeqNo: 2067935 Units: mg/L								
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	ND	0.50								
Sample ID: LCS	SampType: lcs	TestCode: EPA Method 300.0: Anions								
Client ID: LCSW	Batch ID: R61062	RunNo: 61062								
Prep Date:	Analysis Date: 6/30/2019	SeqNo: 2067936 Units: mg/L								
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	4.7	0.50	5.000	0	93.7	90	110			

### Qualifiers:

\* Value exceeds Maximum Contaminant Level  
D Sample Diluted Due to Matrix  
H Holding times for preparation or analysis exceeded  
ND Not Detected at the Reporting Limit  
PQL Practical Quantitative Limit  
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank  
E Value above quantitation range  
J Analyte detected below quantitation limits  
P Sample pH Not In Range  
RL Reporting Limit

# QC SUMMARY REPORT

## Hall Environmental Analysis Laboratory, Inc.

EXHIBIT H  
WO#: 1906905  
02-Jul-19

Client: Permits West  
Project: Overflow Rita SWD 1

Sample ID: MB-45742	SampType: MBLK	TestCode: SM2540C MOD: Total Dissolved Solids
Client ID: PBW	Batch ID: 45742	RunNo: 60915
Prep Date: 6/21/2019	Analysis Date: 6/25/2019	SeqNo: 2062257 Units: mg/L
Analyte	Result	PQL SPK value SPK Ref Val %REC LowLimit HighLimit %RPD RPDLimit Qual
Total Dissolved Solids	ND	20.0

Sample ID: LCS-45742	SampType: LCS	TestCode: SM2540C MOD: Total Dissolved Solids
Client ID: LCSW	Batch ID: 45742	RunNo: 60915
Prep Date: 6/21/2019	Analysis Date: 6/25/2019	SeqNo: 2062258 Units: mg/L
Analyte	Result	PQL SPK value SPK Ref Val %REC LowLimit HighLimit %RPD RPDLimit Qual
Total Dissolved Solids	1020	20.0 1000 0 103 80 120

### Qualifiers:

\* Value exceeds Maximum Contaminant Level.  
D Sample Diluted Due to Matrix  
H Holding times for preparation or analysis exceeded  
ND Not Detected at the Reporting Limit  
PQL Practical Quantitative Limit  
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank  
E Value above quantitation range  
J Analyte detected below quantitation limits  
P Sample pH Not In Range  
RL Reporting Limit

Page 5 of 5



EXHIBIT I

**Seismic Risk Assessment  
Overflow Energy  
Rita SWD No. 1  
Section 27, Township 22 South, Range 27 East  
Eddy County, New Mexico**

**Cory Walk**

**B.S., M.S.**

**Geologist**

**Permits West Inc.**

**April 2, 2019**

## GENERAL INFORMATION

Rita SWD #1 is located in the NW 1/4, section 27, T22S, R27E, about 4 miles southeast of Carlsbad, NM in the Permian Basin. Overflow Energy proposes the injection zone to be within the Devonian formation through an open hole from 12,900'-14,000' below ground surface. This report assesses any potential concerns relating to induced seismicity along deep penetrating Precambrian faults or the connection between the injection zone and known underground potable water sources.

## SEISMIC RISK ASSESSMENT

### *Historical Seismicity*

Searching the USGS earthquake catalog resulted in one (1) earthquakes above a magnitude 2.5 within 6 miles (9.7 km) of the proposed deep disposal site since 1970 (Fig 1). This earthquake occurred in 1974 about 4.5 miles (~7 km) southeast of the proposed Rita SWD site and had a magnitude of 3.9.

### *Basement Faults and Subsurface Conditions*

A structure contour map (Fig. 1) of the Precambrian basement shows the Rita SWD #1 is approximately 9 and 12 miles from two basement-penetrating faults inferred by Ewing et al (1990). Based on GIS data from Ruppel et al. (2009), basic information about these faults are calculated and listed in Table 1. These datasets don't include fault dip angles. Therefore, following Snee and Zoback (2018), we assume that within the generally extensional environment of the Permian Basin, all active faults will dip in the range of 50° to 90°.

Snee and Zoback (2018) state, "In the western part of Eddy County, New Mexico,  $S_{H\max}$  is ~north-south (consistent with the state of stress in the Rio Grande Rift; Zoback and Zoback, 1980) but rotates to ~east-northeast-west-southwest in southern Lea County, New Mexico and the northernmost parts of Culberson and Reeves counties, Texas." Around the Rita SWD site, Snee and Zoback indicate a  $S_{H\max}$  direction of N035°E and an  $A_\phi$  of 0.52, indicating an extensional (normal) stress regime.

Induced seismicity is a growing concern of deep SWD wells. Relatively new software developed by the Stanford Center for Induced and Triggered Seismicity allows for the probabilistic screening of deeply penetrating faults near the proposed injection zone (Walsh et al., 2016; Walsh et al., 2017). This software uses parameters such as stress orientations, fault strike/dip, injection rates, fault friction coefficients, etc. to estimate the potential for fault slip. Using the best available data as input parameters (Table 2), the Fault Slip Potential (FSP) models suggest an eighteen (0.18) percent chance of slip on a nearby fault, inferred by Frenzel et al (1988) and Ewing et al. (1990), through the year 2040 (Fig 2; Table 1). This model also suggests a pore pressure increase of 2.5 psi on the nearest fault (Fault 3; Fig. 3; Table 1) by the year 2040. Geomechanical modeling shows that the primary fault of concern (fault 2) would need a pressure increase of 2000 psi in order to reach a 100% probability of slip on the fault. Even a 50% probability requires an increase of 326 psi which is far greater than the modeled increase of 2.5 psi.

## GROUNDWATER SOURCES

Quaternary Alluvium acts as the principal aquifer used for potable ground water near the Rita SWD #1 location (Hendrickson and Jones, 1952). Nicholson and Clebsch (1961) state, "Potable ground water is not available below the Permian and Triassic unconformity but, because this boundary is not easily defined, the top of the Rustler anhydrite formation is regarded as the effective lower limit of 'potable' ground water." Around the Rita SWD #1, the top of a thick anhydrite unit interpreted to represent the Rustler Formation lies at a depth of ~350 feet bgs.

## STRATIGRAPHY

Thick permeability barriers exist above (Woodford shale; 100 ft thick) and below (Simpson Group; 135 ft thick) the targeted Devonian injection zone (Plate 2, Comer et al., 1991; Fig. 8, Frenzel et al., 1988). Well data indicates ~12,550 ft of rock separating the top of the Devonian from the previously stated lower limit of potable water at the top of the Rustler anhydrite formation.

## CONCLUDING STATEMENT

Geologic data evaluated around the Rita SWD #1 well show no potential structural or stratigraphic connection between the Devonian injection zone and any subsurface potable water sources. Based on Fault Slip Potential modeling there is an 18% probability (0.18) of inducing seismic activity along nearby deeply penetrating Precambrian faults.

**EXHIBIT I**

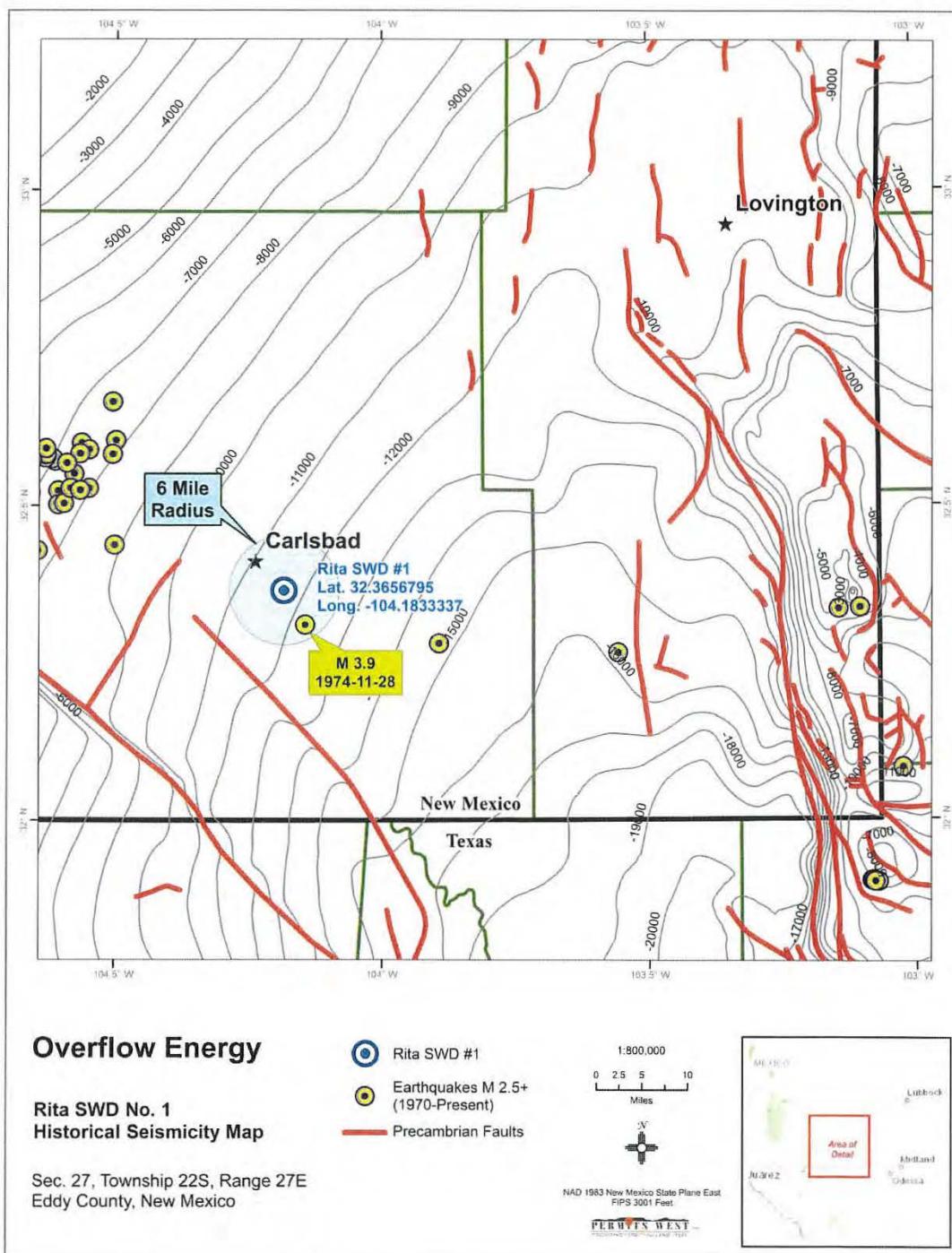


Figure 1. Structural contour map of the Precambrian basement in feet below sea level. Red lines represent the locations of Precambrian basement-penetrating faults (Ewing et al., 1990). The Rita SWD #1 well lies ~9 miles NE of the closest deeply penetrating fault and 4 miles from the closest historic earthquake.

EXHIBIT I

**Table 1: Nearby Basement Fault Information**

<b>ID</b>	<b>Distance from proposed Rita SWD (mi)</b>	<b>Strike (°)</b>	<b>Dip (°)</b>	<b>FSP</b>	<b>Pore Pressure change after 20 years (psi)</b>
Fault 3	9.0	137	50-90	0.00	2.5
Fault 2	12.0	33	50-90	0.18	0.7

**Table 2: Fault Slip Potential model input parameters**

<b>Faults</b>	<b>Value</b>	<b>Notes</b>
Friction Coefficient	0.58	Ikari et al. (2011)
Dip Angle (deg)	70	Snee and Zoback (2018)
<b>Stress</b>		
Vertical stress gradient (psi/ft)	1.1	Hurd and Zoback (2012)
Max Horizontal Stress Direction (deg)	35	Snee and Zoback (2018)
Depth for calculations (ft)	14000	Proposed injection zone
Initial Reservoir Pressure Gradient (psi/ft)	0.7	calculated from mud wt (ppg) used in drilling at these depths
A Phi Parameter	0.52	Snee and Zoback (2018)
Reference Friction Coefficient	0.58	Ikari et al. (2011)
<b>Hydrology</b>		
Aquifer thickness (ft)	1100	Proposed injection zone
Porosity (%)	6	
Permeability (mD)	150	
Injection Rate (bbl/day)	25000	Maximum proposed injection rate

EXHIBIT I

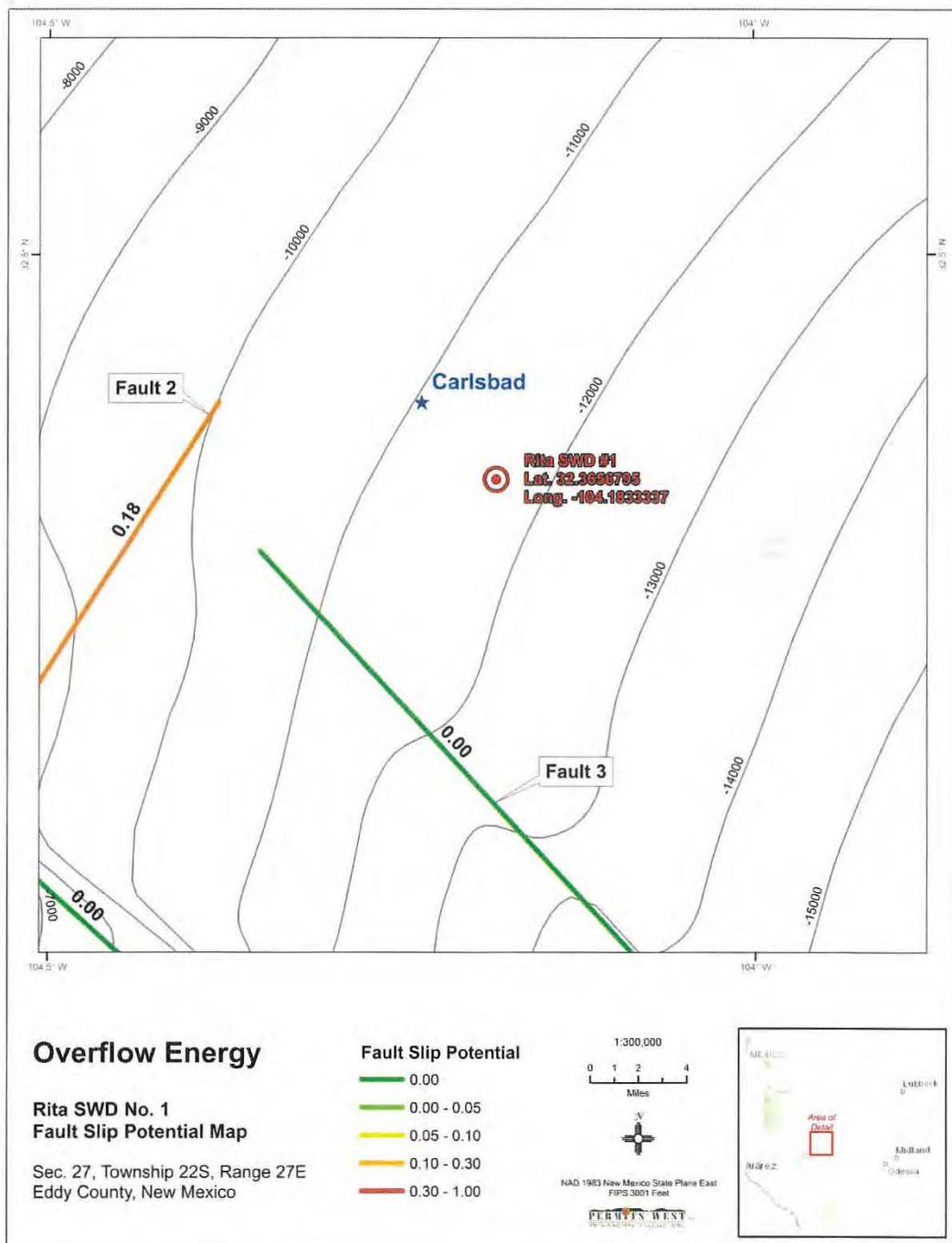


Figure 2. Precambrian fault map of southeastern New Mexico as mapped by Ewing et al. (1990). Faults are colored based on probability of fault slip as modeled using Fault Slip Potential software (Walsh and Zoback, 2016). Labeled values represent the calculated fault slip potential using the parameters indicated in Table 2. Contours show the top of the Precambrian basement in feet below sea level.

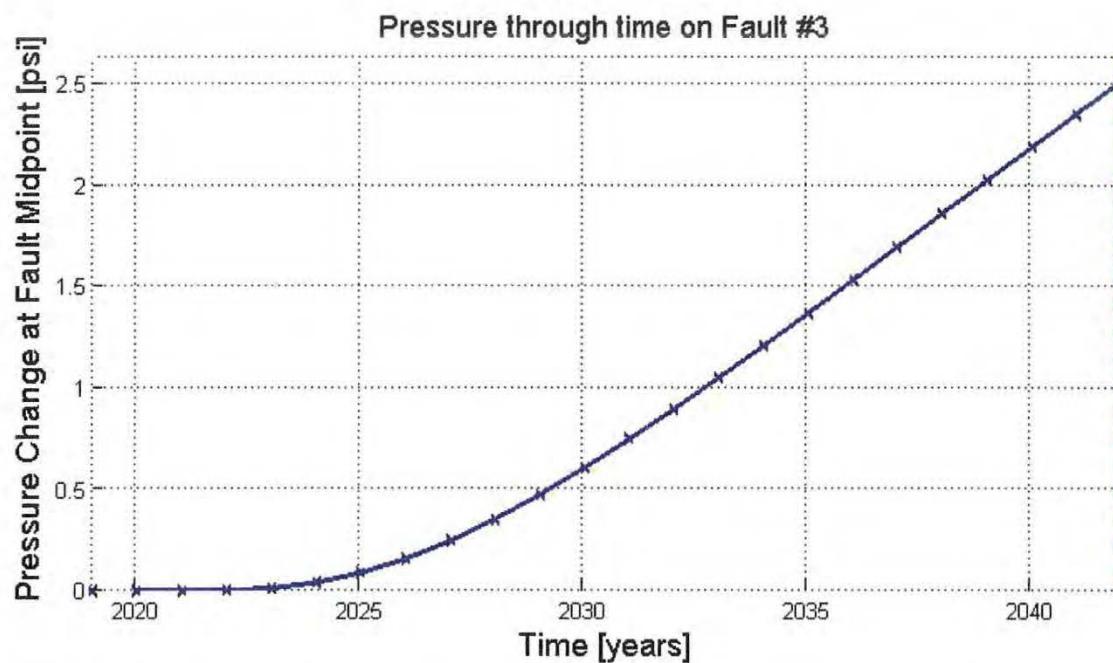
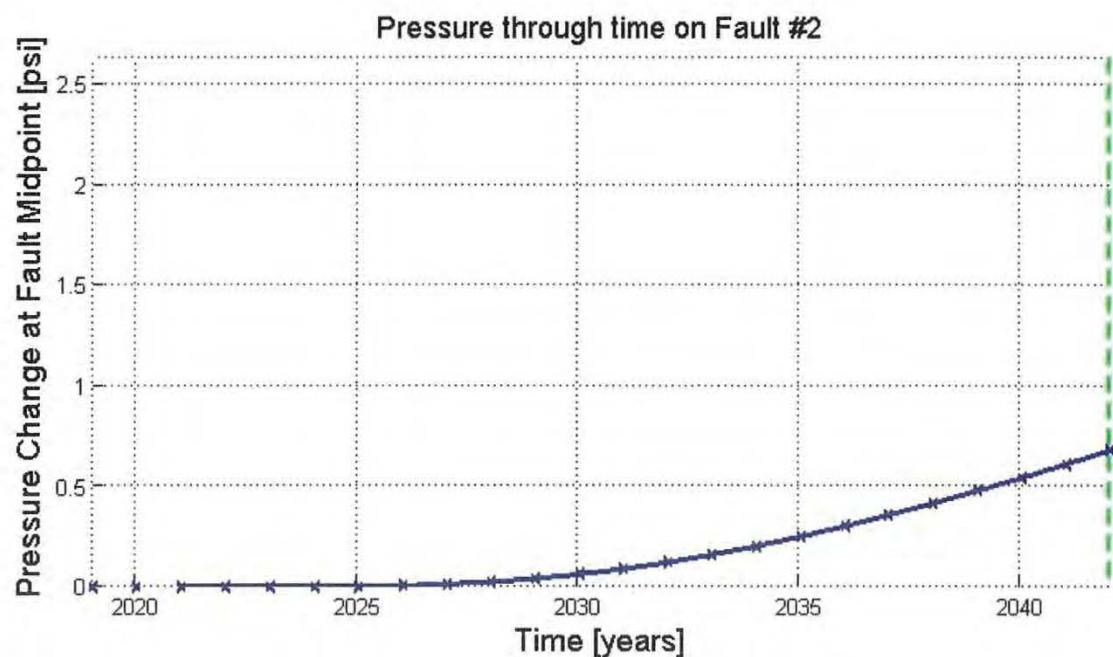


Figure 3. Scatter plots showing the modeled change of pore pressure on faults 2 and 3 through time as a response to the proposed SWD well.

EXHIBIT I

**References Cited**

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EXHIBIT I

CARLSBAD  
**CURRENT-ARGUS**

EXHIBIT J

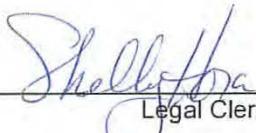
AFFIDAVIT OF PUBLICATION

Ad No.  
0001273416

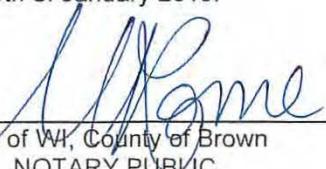
F. /  
37 VERANO LOOP  
SANTA FE NM 87508

I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

01/09/19

  
\_\_\_\_\_  
Legal Clerk

Subscribed and sworn before me this  
9th of January 2019.

  
\_\_\_\_\_  
State of WI, County of Brown  
NOTARY PUBLIC

  
\_\_\_\_\_  
My Commission Expires



Ad# 0001273416  
P O : Rita Notice  
# of Affidavits : 0.00



EXHIBIT K

July 12, 2019

Juan Haro  
11800 Gwen Evans Lane  
El Paso TX 79936

Overflow Energy, LLC is applying (see attached application) to drill its Rita SWD 1 well as a saltwater disposal well. As required by NM Oil Conservation Division (NMOCD) rules, I am notifying you of the following proposed saltwater disposal well. This letter is a notice only. No action is needed unless you have questions or objections.

Well Name: Rita SWD 1 (fee lease) TD = 14,000'

Proposed Disposal Zone: Devonian (12,900' - 14,000')

Location: 1876' FNL & 807' FWL Sec. 27, T. 22 S., R. 27 E., Eddy County, NM

Approximate Location: 4 air miles southeast of Carlsbad, NM

Applicant Name: Overflow Energy, LLC (806) 625-1010

Applicant's Address: PO Box 66, Darouzett TX 79024

Submittal Information: Application for a saltwater disposal well will be filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. NMOCD address is 1220 South St. Francis Dr., Santa Fe, NM 87505. Their phone number is (505) 476-3440.

Please call me if you have any questions.

Sincerely,

Brian Wood

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Portales NM 88310  
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10159 East 11th Street  
Tulsa OK 74128  
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Fort Worth TX 76121  
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Overflow Rita SWD 1

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Hobbs NM 88240  
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Roswell NM 88201  
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Carlsbad Irrigation District  
5117 Grandi Road  
Carlsbad NM 88220  
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 Return Receipt (electronic)  
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Cabot Oil & Gas Corporation  
840 Gessner Road  
Houston TX 77024  
Postmark Here

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Overflow Rita SWD 1

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City, State, ZIP+4  
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 Return Receipt (electronic)  
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 Adult Signature Restricted Delivery \$

Postage  
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Total Postage and Fees  
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Carlsbad Irrigation District  
PO Box 716  
Carlsbad NM 88220  
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<input type="checkbox"/> Return Receipt (domestic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
Total Postage and Fees      1508 West Riverside Drive	
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Street and Apt. No., or P.O. Box No.	Overflow Rita SWD 1
City, State, Zip/Postal Code	Carlsbad, NM 88220
PS Form 3800, April 2015 PSN 7610-000-0007	
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Return Receipt (stamped)	<input type="checkbox"/>
Certified Mail Registered Delivery	<input type="checkbox"/>
Adult Signature Required	<input type="checkbox"/>
Adult Signature Required Delivery	<input type="checkbox"/>

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Postage	Dessert Partners VI, LP
Total Postage and Fees	PO Box 3578
Send To	Midland, TX 79702
Overflow Rita SWD 1	

Street and Apt. No., or PO Box No.  
City, State, Zip/4+

See Reverse for Instructions

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<p><b>Certified Mail Fee</b></p> <p>Priority Services &amp; Fees: Postage does not apply as appropriate:</p> <p><input type="checkbox"/> Return Receipt ( Domestic ) \$ _____  <input type="checkbox"/> Return Receipt ( International ) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Registered Delivery \$ _____  <input type="checkbox"/> Addl. Registrant Restricted Delivery \$ _____</p> <p><b>Postage</b></p> <p>Total Postage and Fees <b>Curtis R. Taylor</b>  \$ 507 East Russell Street  Carlsbad NM 88220</p> <p>Sent To <b>Overflow Rita SWD 1</b>  Street and Apt. No., or P.O. Box No.</p> <p>City, State, Zip/Zip+4 _____</p>	
 <p style="text-align: right;">RATON, NM 87740 Postmark - April 19 USPS</p>	
<p>PS Form 3800, April 2015 P167-75C-01 930-5607 See Reverse for instructions</p>	

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Certified Mail Fee **\$ 5.00**

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

Return Receipt Requested **\$ 0.00**

Certified Mail Insurance **\$ 0.00**

Certified Mail Restricted Delivery **\$ 0.00**

Adult Signature Required **\$ 0.00**

Adult Signature Restricted Delivery **\$ 0.00**

Postage **\$ 5.00**

Total Postage and Fees **\$ 10.00**

Daniel-Hayes, Inc.  
 PO Box 5909  
 Midland TX 79704

Send To  
 Rita SWD 1  
 Overflow Rita SWD 1  
 Street and Apt. No., or PO Box No.  
 City, State, Zip+4#

USPS  
 JUL 13 2012  
 RETA, NM 87501-2818

See Reverse for Instructions

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<b>OFFICIAL U.S.</b>	
Certified Mail Fee	
<b>Delivery Services &amp; Fees</b> (check box, add mail fee as appropriate)	
<input type="checkbox"/>	Return Receipt (postage) \$
<input type="checkbox"/>	Delivery Receipt (electronic) \$
<input type="checkbox"/>	Certified Mail Delivery \$
<input type="checkbox"/>	Adult Signature Required \$
<input type="checkbox"/>	Adult Signature Restricted Delivery \$
Postage	
Diamond-Li Properties LLC	
Total Postage and Fees	
PO Box 1918	
Roswell, NM 88202	
Sent to	
Overflow Rita SWD 1	
Street and Apt. No., or PO Box No.	
City, State, Zip/4	

RECEIVED  
1/18/2014  
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Held  
USPS

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<p><b>Certified Mail Fee</b></p> <p>Priority Services &amp; Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (Priority) \$ <input type="text" value="6"/></p> <p><input checked="" type="checkbox"/> Return Receipt (Standard) \$ <input type="text" value="5"/></p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="text" value="1"/></p> <p><input checked="" type="checkbox"/> Adult Signature Required \$ <input type="text" value="1"/></p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="text" value="1"/></p> <p><b>Postage</b></p> <p>Total Postage and Fees <input type="text" value="10.00"/> EGL Resources, Inc.  <input type="checkbox"/> P.O. Box 10866  <input type="checkbox"/> Midland, TX 79702</p> <p><b>Sent To:</b> <input type="text" value="Overflow Rita SWD 1"/>  <input type="checkbox"/> Street and Apt. No., or P.O. Box No.  <input type="checkbox"/> City, State, Zip/4-  <input type="checkbox"/> Signature</p> <p><small>Printed Name _____ Date _____</small></p> <p style="text-align: right;"><i>Glorieta, NM 4/4 Postmark Herr 2010 USPS</i></p>	

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
 <b>OFFICIAL USE</b>	
 <span style="font-size: small;">GLORETA, NM 87535 2019</span>	
<b>Certified Mail Fee</b>	
<input checked="" type="checkbox"/> <b>Priority Mail &amp; First Class postage box and fee as appropriate</b> <input type="checkbox"/> Return Receipt requested <input type="checkbox"/> Return Receipt requested <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Required <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery	
<b>Postage</b>	
 <b>Total Postage and Fees</b> <b>Cyrus-Garcia Corporation</b> <b>9100 East Main Circle</b> <b>Englewood CO 80112</b> <b>Overflow Rita SWD 1</b>	
<b>Street and Apt. No.</b> <b>P.O. Box#160</b> <b>City, State, Zip#144</b>	
<small>PS Form 3809, April 2015, Rev. 08-07-2004</small>	
<small>See Reverse for Instructions</small>	

This image shows a U.S. Postal Service Certified Mail Receipt. The receipt is dated April 15, 2011, and is addressed to Devon-Energy Production Company at 33-West Sheridan Avenue, Oklahoma City, OK 73102. The recipient is listed as Street and Apt. No., or P.O. Box Overflow Rita SWD 1. The service type is Certified Mail Only. The receipt includes a green 'OFFICIAL USE' stamp and a red circular postmark from the Tulsa, OK, Post Office. A large red 'USPS' logo is also present. The bottom right corner contains the instruction 'See Reverse for instructions'.

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
<p><b>Certified Mail Fee</b></p> <p><b>\$</b>      <b>Extra Garnishment &amp; Postage Sheet Insert, add fee as appropriate</b></p> <p><input type="checkbox"/> Return Receipt (checkmark)      <b>_____</b></p> <p><input type="checkbox"/> Return Receipt (electronic)      <b>_____</b></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery      <b>_____</b></p> <p><input type="checkbox"/> Adult Signature Required      <b>_____</b></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery      <b>_____</b></p> <p><b>Postage</b></p> <p><b>Total Postage and Fees</b>      <b>Edward J. &amp; Mary Lou Walterscheid 701 West Riverside Drive Carlsbad NM 82220</b></p> <p><b>Send To</b></p> <p><b>Street and Apt. No., or PO Box No.</b></p> <p><b>City, State, ZIP Code</b></p>	
	

EXHIBIT

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<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Postage \$ Total Postage and Fees \$ Street To Estate of Cecil R. Strasser 514 East Yucca Drive Hobbs, NM 88240 Overflow Rita SWD 1 City, State, ZIP+4 PS Form 3800, April 2015 PMS 7053-02 (00-0047) See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Postage \$ Total Postage and Fees \$ Street To EnPlat III, LLC PO Box 2078 Abilene, TX 79604 Overflow Rita SWD 1 City, State, ZIP+4 PS Form 3800, April 2015 PMS 7053-02 (00-0047) See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Postage \$ Total Postage and Fees \$ Street To Eric J. Col PO Box 1818 Roswell, NM 88202 Overflow Rita SWD 1 City, State, ZIP+4 PS Form 3800, April 2015 PMS 7053-02 (00-0047) See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Postage \$ Total Postage and Fees \$ Street To EMG-OIL Properties, Inc. 1000 West Fourth Street Roswell, NM 88201 Overflow Rita SWD 1 City, State, ZIP+4 PS Form 3800, April 2016 PMS 7053-02 (00-0047) See Reverse for Instructions</p>
<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Postage \$ Total Postage and Fees \$ Street To First-Century-Oil, Inc. PO Box 1518 Roswell, NM 88202 Overflow Rita SWD 1 City, State, ZIP+4 PS Form 3800, April 2015 PMS 7053-02 (00-0047) See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Postage \$ Total Postage and Fees \$ Street To Fortress Energy Delaware, LLC PO Box 4695 Midland, TX 79704 Overflow Rita SWD 1 City, State, ZIP+4 PS Form 3800, April 2015 PMS 7053-02 (00-0047) See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Postage \$ Total Postage and Fees \$ Street To Earth Worth Mineral Company, LLC 500 Main Street, Suite 1200 Fort Worth, TX 76102 Overflow Rita SWD 1 City, State, ZIP+4 PS Form 3800, April 2015 PMS 7053-02 (00-0047) See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Postage \$ Total Postage and Fees \$ Street To Forni Revocable Trust Thomas Earl and Pamela A. Forni, Trustees 1013 South Country Club Drive Carlsbad, NM 88220 Overflow Rita SWD 1 City, State, ZIP+4 PS Form 3800, April 2015 PMS 7053-02 (00-0047) <b>EXHIBIT K</b></p>

20964-Exhibit 1-051

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No., or PO Box No.  City, State, ZIP+4#  PS Form 3800, April 2015 PSN 7300-02-003-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$  <input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (checkbox)  <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 Fees Juan Haro  11800 Gwen Evans Lane  El Paso TX 79926  Street and Apt. No., or PO Box No.  City, State, ZIP+4#  PS Form 3800, April 2015 PSN 7300-02-003-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$  <input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (checkbox)  <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 Fees Jon F. Coll, II  7335 Wallis Walls Drive  San Antonio TX 78250  Street and Apt. No., or PO Box No.  City, State, ZIP+4#  PS Form 3800, April 2015 PSN 7300-02-003-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$  <input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (checkbox)  <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 Fees John "Mike" Westbrook  c/o Westbrook Oil Corporation  1320 County Road, Suite 65A  Hobbs NM 88240  Overflow Rita SWD 1  Street and Apt. No., or PO Box No.  City, State, ZIP+4#  PS Form 3800, April 2015 PSN 7300-02-003-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$  <input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (checkbox)  <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 Fees Khody-Land-and Minerals Company  210 Park Avenue, Suite 710  Oklahoma City OK 73102  Street and Apt. No., or PO Box No.  City, State, ZIP+4#  PS Form 3800, April 2015 PSN 7300-02-003-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$  <input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (checkbox)  <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 Fees Linda Ann-Jurva/Curtis Kelly Skeen  Trustees, LWT of Kelly Skeen  321-Canyon-Street  Carlsbad NM 88220  Street and Apt. No., or PO Box No.  City, State, ZIP+4#  PS Form 3800, April 2015 PSN 7300-02-003-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$  <input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (checkbox)  <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 Fees Lee and Wilma-Voigt, or successor(s)  Trustee of the Lee B. Voigt and Wilma  E.-Voigt Revocable-Trust/LTA  113 North Shore Drive  Carlsbad NM 88220  Overflow Rita SWD 1  Street and Apt. No., or PO Box No.  City, State, ZIP+4#  PS Form 3800, April 2015 PSN 7300-02-003-0047</p>
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<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees Laura Mijangos-Rapp Revocable \$ 5 Sent To 2355 Oakland Bend San Antonio TX 78258 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>		<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees Matt-McDonald PO Box 1453 Levelland TX 79335 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>		<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees Martha-W.-Skeen 6505 Porter Road Carlsbad NM 88220 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>	
<b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i> <b>OFFICIAL USE</b> Certified Mail Fee \$ 5 Extra Services & Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/>		<b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i> <b>OFFICIAL USE</b> Certified Mail Fee \$ 5 Extra Services & Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/>		<b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i> <b>OFFICIAL USE</b> Certified Mail Fee \$ 5 Extra Services & Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/>	
<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees Lueinda-Lovelss-Revocable Trust PO Box 8 Hondo NM 88336 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>		<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees Matthew-N.-Sorenson PO Box 1453 Roswell NM 88202 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>		<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees Max-W.-Cell-III 7625 El Centro Boulevard #2 Las Cruces NM 88012 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>	
<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees MCR Permian Company 5400 LBJ Freeway Suite 1500 Dallas TX 75240 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>		<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees MeVay-Drilling Company PO Box 2450 Hobbs NM 88241 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>		<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 5 Extra Services &amp; Fees (check box, add fee as appropriate) Return Receipt (Priority) \$ <input type="checkbox"/> Return Receipt (Priority) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="checkbox"/></p> <p>Total Postage and Fees Melanie-Cell-DeTemple 5653 Tobias Avenue Van Nuys CA 91414 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 I-04 7/10/13 00-00-0047 See Reverse for Instructions</p>	

20964-Exhibit 1-053

EXHIBIT K

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\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Morris E. and Holly K. Schertz  
PO Box 2588  
Roswell NM 88202  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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*GLORIETTA, NM 87535-9898*

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Murchinson Oil & Gas, LLC  
7250 Dallas Parkway, Suite 1400  
Plano TX 75024  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees National Bank of Carlsbad  
202 West Stevens Street  
Carlsbad NM 88220  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees New Mexico State Highway & Transportation Department  
PO Box 1149  
Santa Fe NM 87504  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Opportunity House, Inc.  
206 North Turner Street  
Hobbs NM 88240  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Clwick Corp.  
P.O. Box 10886  
Midland TX 79702  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Norman L. Stevens, Jr. Irrevocable  
Foley Galters  
Norman L. Stevens, Jr., Trustee c/o  
1000 Louisiana St.; Suite 2000  
Houston TX 77002  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees NGX Company  
PO Box 1834  
Roswell NM 88202  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Patsy S. Pate, Executrix  
Estate of Theodore H. Pate, Jr.  
1708 Remond Court  
Benton TX 76513  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Pauline Montanez  
P.O. Box 1234  
Eunice NM 88221  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Patricia Crawford  
58 Flora Hills Lane  
Eulcaria TX 77441  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
\$ 5 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (Priority) \$  Return Receipt (Standard) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$  
Postage  
Total Postage and Fees Occura Resources, Inc.  
105 West 3rd Street, Suite 314  
Roswell NM 88201  
Sent To Overflow Rita SWD 1  
Street and Apt. No., or P.O. Box No.  
City, State, Zip/4+  
PS Form 3800, April 2015 ISBN 7530-02-001-0047 See Reverse for Instructions

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Certified Mail Fee  
First Class Services & Fees Standard Rate add 10% for International  
Priority Mail add 10% for International  
Priority Mail Domestic add 10% for International  
Certified Mail Restricted Delivery  
Certified Mail Registered Delivery  
Mail Signature Required  
Signature  
Initial Postage and Fees PO Box 2078  
Arlington TX 76064  
Send To  
Overflow Rita SWD 1  
Platform Energy LLC  
Service and Add. Yes or No? No  
File Status 2594-4

www.usps.com' and 'OFFICIAL USE' in large letters. A 'Certified Mail Fee' box is present, along with a table for tracking information. The postmark contains 'Postage & Fees Prepaid' and 'Postage & Fees Prepaid and not responsible for undeliverable mail (including)' followed by a series of five numbers. At the bottom, there's a section for 'Your Postage and Fees' with boxes for 'PO Box' and 'Midland TX 79702', and a note about 'Overflow Rate SWD 1'. There are also sections for 'Priority Mail' and 'Priority Mail International'. The bottom right corner has 'COPIES OF THIS RECEIPT ARE LEGAL PROOF OF MAILING'."/>

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Certified Mail Fee  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To RKI-Exploration-and Production, LLC  
210 Park Avenue, Suite 710  
Oklahoma City, Ok 23102  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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Certified Mail Fee  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Spectrum-7-Energy-Corporation  
1100 Louisiana Street, Suite 2950  
Houston, TX 77002  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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Certified Mail Fee  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Southwest Petroleum Land Services,  
1901 West 4th Street  
Roswell NM 88201  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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Certified Mail Fee  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Slash-Four Enterprises, Inc.  
PO Box 1433  
Roswell NM 88202  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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Certified Mail Fee  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Skeen-Partnership  
d/b/a Skeen Farms & Ranches, LLC  
PO Box 686  
Loving NM 88256  
Street and Apt. No., or PO Box No.  
Overflow Rita SWD 1  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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Certified Mail Fee  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Sally-H.-Wheeler and Richard Jaqua  
Holmes, Trustees of the Holmest  
Trust  
PO Box 687  
Street and Apt. No., or PO Box No.  
Overflow Rita SWD 1  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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Certified Mail Fee  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Roy-T.-Townsend  
PO Box 5295  
Carlsbad NM 88221  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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**OFFICIAL USE**

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

Total Postage and Fees \$  
\$ Sent To Spectrum-7-1984-Private Drilling  
1100 Louisiana Street, Suite 2950  
Houston, TX 77002  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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Certified Mail Fee  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Spectrum-7-Institutional Drilling  
1100 Louisiana Street, Suite 2950  
Houston TX 77002  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
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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 (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Spectrum-7-1984-Drilling Program  
1100 Louisiana Street, Suite 2950  
Houston, TX 77002  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
See Reverse for Instructions

**U.S. Postal Service™ CERTIFIED MAIL® RECEIPT**  
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Certified Mail Fee  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Spectrum-7-1983-B-Drilling Program  
1100 Louisiana Street, Suite 2950  
Houston, TX 77002  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
See Reverse for Instructions

**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 (postage) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
Postage \$

Total Postage and Fees \$  
\$ Sent To Spindletop Exploration Company,  
PO Box 50787  
Midland TX 79710  
Overflow Rita SWD 1  
Street and Apt. No., or PO Box No.  
City, State, Zip/4-A  
PS Form 3800, April 2015 FIM 7300-02-000-007  
See Reverse for Instructions

**EXHIBIT K**

<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> Spirit Trail, LLC PO Box 1818 Roswell NM 88202 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0007 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> State Highway Commission of New Mexico PO Box 1149 Santa Fe NM 87502 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> Steven C. Walterscheid 1708 East Wood Avenue Carlsbad NM 88220 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> Susan T. Johnson 11290 North St. Matthews Mountain Road Sent To Prescott Valley AZ 86315 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>
<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> Texas-Energy &amp; Trust PO Box 2031 Midland TX 79702 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> Vrooman Energy, LLC 109 Charleston Boulevard Isle of Palms SC 29451 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> UpfileEnergy, LLC PO Box 10702 Midland TX 73102 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> Tumbler-Energy-Partners, LLC PO Box 50938 Midland TX 79710 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>
<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> Thomas E. Forni 1013 South Country Club Drive Carlsbad NM 88220 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> The Gertrude M. Walterscheid Trust Gertrude M. Walterscheid, Trustee 2103 Westridge Road Carlsbad NM 88220 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> The Burlington Northern and Santa Railway Company, Attn: Blaine Bilderback 26001 Old Mink Drive Fort Worth TX 76131 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only</p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>. <b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ <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 \$  <input type="checkbox"/> Postage  <b>Total Postage and Fees</b> Willischild Oil &amp; Gas Corp. c/o Jackie D. Willis 904 G Street Snyder OK 73566 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, Zip/4<sup>th</sup> <b>EXHIBIT K</b> PS Form 3800, April 2015 PSN 7535-02-000-0047 See Reverse for Instructions</p>

<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees William V. and Ida Oaks 418 East Alto Drive Hobbs NM 88240 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees William R. Townsend 110 Rio Vista Drive Hersford TX 79045 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL - USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees Wildcat Energy, LLC PO Box 13323 Odessa TX 79768 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees White Star Energy, Inc. PO Box 51108 Midland TX 79710 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>
<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees W.H.C. Family Trust c/o Annette Cravely Patterson PO Box 1436 El Prado NM 87529 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees Westbrook Oil Corporation 1320 County Road, Suite 66A Hobbs NM 88240 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees Waterscheid Family Minerals 3129 Hepler Road Carlsbad NM 88220 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees Warwick Acres, LLC 6608 North Western Avenue Box 417 Oklahoma City OK 73116 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>
<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees Southwest Petroleum Corporation 10551 Barkley Street, Suite 108 Overland Park KS 66212 Sent To Overflow Rita SWD 1 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>	<p><b>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®</p> <p><b>OFFICIAL USE</b></p> <p>Certified Mail Fee \$ 6</p> <p><input type="checkbox"/> Extra Services &amp; Fees (check box, add fee as appropriate)  <input type="checkbox"/> Return Receipt (Priority) \$ _____  <input type="checkbox"/> Return Receipt (Standard) \$ _____  <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____  <input type="checkbox"/> Adult Signature Required \$ _____  <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ Total Postage and Fees WPX Energy Permian, LLC 3500 One Williams Center Suite 2600 Sent To Tulsa OK 74172 Street and Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, April 2015 ISBN 750-02-000-0047 See Reverse for Instructions</p>		

**EXHIBIT K**

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

**APPLICATION OF OVERFLOW ENERGY, LLC  
FOR APPROVAL OF SALT WATER DISPOSAL WELL,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 20964**

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

**AFFIDAVIT OF NOTICE**

I, Sharon T. Shaheen, attorney in fact and authorized representative of Overflow Energy, LLC (“Overflow”), the Applicant in the above-captioned matter, being first duly sworn, upon oath state the following:

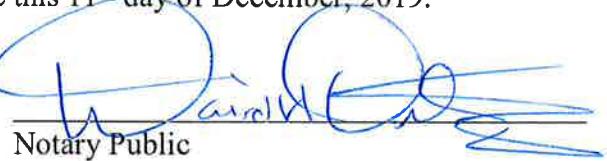
1. I have reviewed Exhibit A attached hereto, which is an Affidavit of Publication generated by the Carlsbad Current Argus, stating the Notice was published on November 27, 2019.
2. I have reviewed Exhibit B (due to its voluminous nature, Exhibit B will be submitted only to Kathleen Murphy via sharelink, and can be obtained thereafter via the NMOCD website), which is comprised of shipping materials generated by Overflow’s counsel in the above-captioned matter. Exhibit B demonstrates to my satisfaction that counsel’s office timely mailed hearing notice letters on November 22, 2019;
3. There were fifteen (15) returned envelopes and twenty-eight (28) certified green slips that were not signed for at the time this Affidavit was signed. In an abundance of caution, all affected persons, including those who did not receive and those who did not sign for notice by mail, were also noticed by publication as indicated in Exhibit A.

**EXHIBIT No. 2  
OVERFLOW ENERGY, LLC  
Rita SWD 1 Well  
NMOCD Case No. 20964  
December 12, 2019 Hearing**

4. In my opinion, service of notice of the hearing in this matter was properly completed by counsel.

  
\_\_\_\_\_  
SHARON T. SHAHEEN

SUBSCRIBED AND SWORN to before me this 11<sup>th</sup> day of December, 2019.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

6/13/2022



# Carlsbad Current Argus.

---

## Affidavit of Publication

Ad # 0003923137  
**This is not an invoice**

**MONTGOMERY & ANDREWS P.A.**  
PO BOX 2307

**SANTA FE, NM 87504**

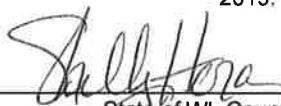
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

**November 27, 2019**

  
\_\_\_\_\_  
**Kathleen Allen**

Legal Clerk

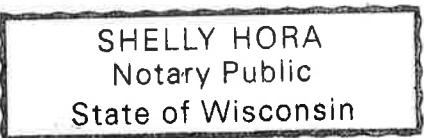
Subscribed and sworn before me this November 27,  
2019:

  
\_\_\_\_\_  
**Shelly Hora**

State of WI, County of Brown  
NOTARY PUBLIC

  
\_\_\_\_\_  
**8-25-23**

My commission expires

  
**SHELLY HORA**  
Notary Public  
State of Wisconsin

Ad # 0003923137  
PO #: Overflow Energy-Rita  
# of Affidavits : 1  
**This is not an invoice**

**EXHIBIT A**

**NOTICE**

To the following entities, individuals, their heirs, personal representatives, trustees, successors or assigns and any other uncommitted interest owners:

ACS ODS Oil & Gas, Ltd.; Aeneas Energy Corporation; American Energy Resources, LLC; Anadarko E&P Onshore, LLC; April Westbrook, c/o Westbrook Oil Corporation; Argo Energy Partners; Ascent Energy; Ascent Energy, LLC; Axis Energy Corporation; Bean Family Limited Company; Bird Creek Resources; BK Exploration Corporation; BSF Railway Company; Branex Resources, Inc.; Carlsbad Irrigation District; Cabot Oil & Gas Corporation; Carnegie Energy, LLC; CBF Company, c/o Wells Fargo Bank of Hobbs; CBR Oil Properties, LLC; Centralia Permian, LLC; Chi Energy, Inc.; Cimarex Energy Co.; COG Operating, LLC; Cyprus Gas Corporation; Damar Energy Company; Daniel Energy, Inc.; Diamond Lil Properties, LLC; Devon Energy Production Company; Desert Partners VI, LP; Diamond Petroleum Group; EGL Resources, Inc.; En Plat III, LLC; EMG Oil Properties, Inc.; First Century Oil, Inc.; Fortress Energy Delaware, LLC; Fort Worth Mineral Company, LLC; Foreman Enterprises, Inc.; FISCO, Inc.; Fulfer Oil & Cattle, LLC; Howard Family Resources, LLC; Margaret Howard, Manager; Jase Minerals, LP; John "Mike" Westbrook, c/o Westbrook Oil Corporation; Khody Land and Minerals Company; Lacy Resort Properties, Inc.; Loveless Land Holdings, LLC; Marathon Oil Permian, LLC; MCM Exploration Company, LLC; MRC Permian Company; McVay Drilling Company; Murchison Oil & Gas, LLC; National Bank of Carlsbad; New Mexico State Highway and Transportation Department; NGX Company; Olwick Corp.; Opportunity House, Inc.; Oscura Resources, Inc.; PBEX Resources, LLC; Platform Energy III; Pocahontas Oil Company, LLC; Read and Stevens, Inc.; Richardson Mineral & Royalty, LLC; RKI Exploration and Production, LLC; Skeen Partnership d/b/a Skeen Farms & Ranches, LLC; Slash Four Enterprises, Inc.; Southwest Petroleum Corporation; Southwest Petroleum Land Services; Spectrum 7 Energy Corporation; Spectrum 7 1984-85 Private Drilling Partnership; Spectrum 7 Institutional Drilling Partnership; Spectrum 7 1984 Drilling Program; Spectrum 7 1983 B Drilling Program; Spindletop Exploration Company; Spirit Trail, LLC; State Highway Commission of New Mexico; Texas Energy & Trust; The Burlington Northern and Santa Fe Railway Company, Attn: Blaine Bilderback; Tumbler Energy Partners, LLC; Uplift Energy, LLC; Vrooman Energy, LLC; Waterscheid Family Minerals; Warwick-Acres, LLC; Westbrook Oil Corporation; White Star Energy, Inc.; Wildcat Energy, LLC; Willischild Oil & Gas Corp., c/o Jackie D. Willis; WPX Energy Permian, LLC; Abel Montoya; Alegra T. Alexander; Betty J. Sanders; Bill Waldrop; Billie Dixon, SSP; Bob Calhoon; Brenda Cary Brown; Carolyn Gaye Taylor; Catherine Coll, Trustee, Testamentary Trust, Max W. Coll II; Christine V. Merchant; Clark C. Coll; Connie Hernandez; Curtis K. Skeen; Curtis R. Taylor; Cynthia Cary Mladenka; David T. Sorenson; Edward J. and Mary Lou Walterscheid; Dusty Sanderson; Donald W. McClure; Diane Montoya; Estate of Cecil R. Strasner; Eric J. Coll; Forni Revocable Trust, Thomas Earl and Pamela A. Forni, Trustees; Gary W. Walterscheid; Gertrude M. Walterscheid; Hector Montoya; James G. Townsend; Janice Lee Massey; Jennifer McIlvain; Jerry Rickler; Jon F. Coll, II; Juan Haro; Judith B. Pate; Kellie M. McCoy; Larry Long; Laura Mijangos-Rapp Revocable Trust; Lee and Wilma Voigt, or successor(s) Trustee of the Lee B. Voigt and Wilma E. Voigt Revocable Trust UTA; Linda Ann Jurva/Curtis Kelly Skeen, Trustees, LWT of Kelly Skeen; Lucinda Loveless; Lucinda Loveless Revocable Trust; Martha W. Skeen; Matt McDonald; Matthew N. Sorenson; Max W. Coll, III; Melanie Coll DeTemple; Michael D. McDonald; Morris E. and Holly K. Schertz; Norman L. Stevens, Jr. Irrevocable Trust, Norman L. Stevens, III, Trustee, c/o Foley Gardere; Oral C. & Phyllis S. Nichols Irrevocable Trust B - Oral C. Nichols Jr., Trustee; Oral

C. & Phyllis S. Nichols Revocable Trust UTA-Oral C. Nichols Jr., Trustee; Patricia Crawford; Patsy S. Pate, Executrix, Estate of Theodore H. Pate, Jr.; Pauline Montanez; Robert F. Duke; Robert E. Eubanks; Robert Leon Walterscheid; Robert Daniel Williams; Roy T. Townsend; Sally H. Wheeler and Richard Jaqua Holmes, Trustees of the Holmes Trust; Steven C. Walterscheid; Susan T. Johnson; Thomas E. Forni; The Gertrude M. Walterscheid Revocable Trust-Gertrude M. Walterscheid, Trustee; W.H.C. Family Trust, c/o Annette Cravey Patterson; William R. Townsend; William V. and Ida Oaks; and Bureau of Land Management.

Overflow Energy, LLC, has filed an application with the New Mexico Oil Conservation Division as follows:

**Case No. 20964: Application of Overflow Energy, LLC for Approval of a Salt Water Disposal Well, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order from the Division approving drilling of a salt water disposal well and authorizing injecting water for disposal into the Devonian formation [SWD; Devonian (96101)], in Section 27, Township 22 South, Range 27 East, NMPM, Eddy County, New Mexico. Applicant proposes to drill the Rita SWD 1 well at a surface location 1876' FNL and 807' FWL of Section 27-T22S-R27E at a depth of 12,900 feet to 14,000 feet. Injection operations through the well will be conducted at an anticipated average daily injection pressure of 2,500 psi, and at a maximum of 2,580 psi. Applicant proposes injection of water at an average daily rate of approximately 20,000 bwpd and at a maximum daily rate of approximately 25,000 bwpd. The source of the injected fluids will be formation water from production wells that have been drilled and are scheduled to be drilled in the area. The well and lands will be located approximately 4 miles southeast of Carlsbad, New Mexico.

Hearing on this application will proceed before a Division Examiner on December 12, 2019, at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. For further information, contact the applicant's attorney, Sharon T. Shaheen, Montgomery & Andrews, P.A., 325 Paseo de Peralta, Santa Fe, New Mexico 87501, (505) 986-2678.

November 27, 2019

## USPS TRACKING#



9590 9403 0913 5223 4542 74

United States  
Postal ServiceFirst-Class Mail  
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USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

ACS ODS Oil & Gas, Ltd.  
3602 South Washington Street  
Amarillo, TX 79111

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*R. Richardson*

 Agent  
 Addressee
 

## B. Received by (Printed Name)

*R. Richardson*

## C. Date of Delivery

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



9590 9403 0913 5223 4542 74

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

7014 0150 0000 5153 0750

## 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 |
| <i>Mail</i>  |   |
| <i>Mail Restricted Delivery</i>                                  |   |

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

Domestic Return Receipt

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$



Sent   
Street or PO  
City, S

ACS ODS Oil & Gas, Ltd.  
3602 South Washington Street  
Amarillo, TX 79110

EXHIBIT B

USPS TRACKING#



9590 9403 0913 5223 4542 50

United States  
Postal Service

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Postage & Fees Paid  
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MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Alegra T. Alexander  
2530 Rolling Hills Lane  
Las Cruces, NM 88011

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Alegra T. Alexander*

Agent  
 Addressee

B. Received by (Printed Name)

*Santa Fe NM 11-26-19*

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  |
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| <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                |   |
| <input type="checkbox"/> O                                       |   |

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 Certified Mail®  
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 Collect on Delivery Restricted Delivery  
 Insured Mail  
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9590 9403 0913 5223 4542 50

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0774

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

Domestic Return Receipt



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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



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(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total

Sent

Street  
or PC  
City

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

Alegra T. Alexander  
2530 Rolling Hills Lane  
Las Cruces, NM 88011



Instructions

USPS TRACKING#



9590 9403 0913 5223 4542 36

United States  
Postal Service

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MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1  
Anadarko E&P Onshore, LLC  
PO Box 1330  
Houston, TX 77251

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Craig Blanton*

Agent  
 Addressee

B. Received by (Printed Name)  
CRAIG BLANTON

C. Date of Delivery  
11/27/19

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 |
| Mail   |   |
| Mail Restricted Delivery   |   |

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

Domestic Return Receipt



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



0798  
0798  
5153  
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	



Anadarko E&P Onshore, LLC  
PO Box 1330  
Houston, TX 77251



USPS TRACKING#



9590 9403 0913 5223 4427 76

United States  
Postal Service

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USPS  
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Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bird Creek Resources  
1437 South Boulder Avenue  
Tulsa, OK 74119

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Jinica Rabbitt*  Agent  
 Addressee

B. Received by (Printed Name)

*11-25-09*  
C. Date of Delivery

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



9590 9403 0913 5223 4427 76

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0897

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"/> Domestic Mail                           |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> (0)                                     |   |

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

Domestic Return Receipt



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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.



0897  
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7014 0150 0000 5153 0897  
7014 0150 0000 5153 0897

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

Bird Creek Resources  
1437 South Boulder Avenue  
Tulsa, OK 74119

PS FORM 3811-1, 7-15, 5000-0000

See reverse for instructions

USPS TRACKING#

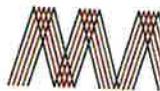


9590 9403 0913 5223 4427 69

First-Class Mail  
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USPS  
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United States  
Postal Service

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MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

BK Exploration Corporation  
10159 East 11<sup>th</sup> Street  
Tulsa, OK 74128

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Whitney Burns*  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"/> Mail Restricted Delivery                |   |



9590 9403 0913 5223 4427 69

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0903

Domestic Return Receipt

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL™**



0903 0903  
5153 5153  
0000 0000  
0150 0150  
7014 7014

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total

Send

Street  
or P.

City,

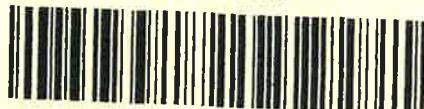
PS Form

BK Exploration Corporation  
10159 East 11<sup>th</sup> Street  
Tulsa, OK 74128

*SANTA FE NM*  
*NOV 22 2010*  
*Postmark Here*  
*USPS STATION*

Instructions

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9590 9403 0913 5223 4427 21

First-Class Mail  
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USPS  
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United States  
Postal Service



Overflow/Rita SWD 1  
15408-1901/STS

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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:

Brenda Cary Brown  
665 Waterbrook Drive  
Irving, TX 75039



9590 9403 0913 5223 4427 21

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0941

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  
11-25-15

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 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"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Total                                   |   |

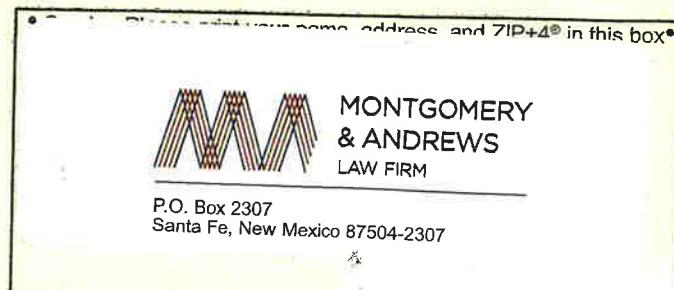
USPS TRACKING#



9590 9403 0913 5223 4427 52

United States  
Postal Service

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



Overflow/Rita SWD 1  
15408-1901/STS

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

1 Article Addressed to:  
BSF Railway Company  
2500 Lou Menk Drive AOB-3  
Fort Worth, TX 76131

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
**X** AOB/GL MAILROOM

B. Received by (Printed Name)  C. Date of Delivery  
11/25/19

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



9590 9403 0913 5223 4427 52

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0910

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 |
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| (all Restricted Delivery)  | )   |

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

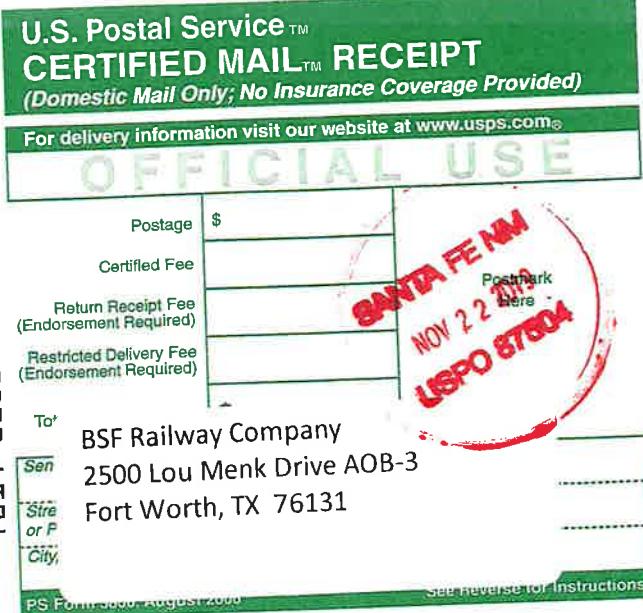
Domestic Return Receipt



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



0910  
5153 0910  
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7014 0150 0000 5153 0910



PS Form 3800, August 2000

See Reverse for Instructions

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9590 9403 0913 5223 4433 22

United States  
Postal ServiceFirst-Class Mail  
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MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1 Article Addressed to:

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

- Agent  
 Addressee

## B. Received by (Printed Name)

C. Date of Delivery  
11-25-15

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

9590 9403 0913 5223 4433 22

2 Article Number (Transfer from carrier label)  
7014 0150 0000 5153 1191

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

Domestic Return Receipt



7014 0150 0000 5153 1191

### U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 0.00

SANTA FE NM  
NOV 25 2015  
usps.com

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

or Instructions

USPS TRACKING#



9590 9403 0913 5223 4426 91

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cabot Oil & Gas Corporation  
840 Gessner Road  
Houston, TX 77024

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

- |  |   |
|--|---|
| <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 |
| (J)  | (J)   |



9590 9403 0913 5223 4426 91

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0965

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

Domestic Return Receipt



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

U.S. Postal Service™  
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Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Amount in Fees

SANTA FE NM  
NOV 22 2013  
USPS

Cabot Oil & Gas Corporation  
840 Gessner Road  
Houston, TX 77024

Stre  
or F  
City  
PS F

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4427 07

**United States  
Postal Service**

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

→ Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

#### **1. Article Addressed to:**

Carlsbad Irrigation District  
5117 Grandi Road  
Carlsbad, NM 88220

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

Agent  
   Addressee

B. Received by (Printed Name)

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

**. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Official 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 |
| <input type="checkbox"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |

9590 9403 0913 5223 4427 14

Vehicle Number (Transfer from service label)

BS Form 3811 July 2015 BSN 7530-02-000-0053

**Domestic Return Receipt**

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

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**OFFICIAL USE**

0 ESTS 0000 0500 4102

See  
String  
or  
City

Carlsbad Irrigation District  
PO Box 716  
Carlsbad, NM 88220



PS Formicidae

USPS TRACKING#



9590 9403 0913 5223 4426 84

United States  
Postal Service

First-Class Mail  
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USPS  
Permit No. G-10

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carnegie Energy, LLC  
4925 Greenville Avenue  
Suite 200  
Dallas, TX 75206



9590 9403 0913 5223 4426 84

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0989

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)

J. Nuritz

C. Date of Delivery  
11-25-15

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 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 |
| Mail   |   |
| Mail Restricted Delivery   |   |
| (10)   |   |

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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OFFICIAL USE



Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Prc

Sent To

Street, Apt.  
or PO Box

City, State

Carnegie Energy, LLC  
4925 Greenville Avenue  
Suite 200  
Dallas, TX 75206

PS Form 3800, August 2006

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4426 22

United States  
Postal Service

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



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chi Energy, Inc.  
212 North Main Street  
Midland, TX 79701



9590 9403 0913 5223 4426 22

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1047

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent  
 Addressee

B. Received by (Printed Name)

Craig D. Rogers

C. Date of Delivery  
12-5-19

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 |
| Mail   |   |
| <del>Mail</del>  |   |
| <del>Restricted Delivery</del>                                   |   |
| <del>0</del>   |   |

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

Domestic Return Receipt



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

**CERTIFIED MAIL™**



1047  
5153  
0000  
0000  
0150  
0150  
7014  
7014

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	<b>SANTA FE NM</b> Postmark Here May 22 2019 USPO 87504
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		

Sent To  
Street,  
or P.O. Box  
City, State

Chi Energy, Inc.  
212 North Main Street  
Midland, TX 79701

USPS TRACKING#



9590 9403 0913 5223 4541 44

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

United States  
Postal Service

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



**MONTGOMERY  
& ANDREWS  
LAW FIRM**

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

COG Operating, LLC  
One Concho Center  
600 West Illinois Avenue  
Midland, TX 79701



9590 9403 0913 5223 4541 44

2 Article Number (Transfer from service label)

7014 0150 0000 5153 1085

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  
11/25/17

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 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"/> Mail<br><input type="checkbox"/> Mail Restricted Delivery) |   |

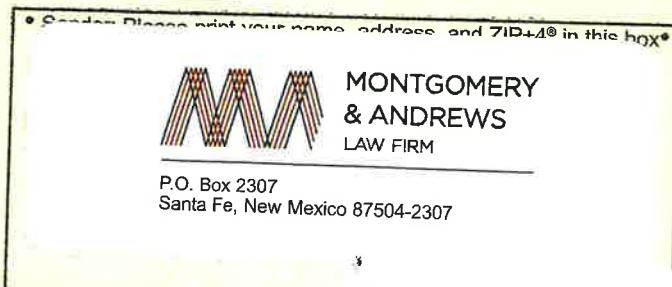
USPS TRACKING#



7590 9403 0913 5223 4426 60

United States  
Postal Service

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



Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Coll, Trustee  
Testamentary Trust, Max W. Coll II  
83 La Barberia Trail  
Santa Fe, NM 87505

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*P. J. George - Agent*  Agent  
 Addressee

B. Received by (Printed Name)

*P. J. George - 11/1-24-19*  C. Date of Delivery

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



9590 9403 0913 5223 4426 60

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1009

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

Domestic Return Receipt

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"/> International Mail                      |   |

Mail Restricted Delivery  
(0)



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

OFFICIAL USE

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

SANTA FE NM  
NOV 2 2019  
Postmark  
Here  
USPS 87505

Catherine Coll, Trustee  
Testamentary Trust, Max W. Coll II  
83 La Barberia Trail  
Santa Fe, NM 87505

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

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4426 46

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

CBR Oil Properties, LLC  
PO.Box 1518  
Roswell, NM 88202



9590 9403 0913 5223 4426 46

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

7014 0150 0000 5153 1023

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent Addressee

## B. Received by (Printed Name)

M. Novak

## C. Date of Delivery

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

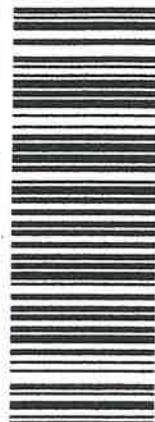
## 3. Service Type

- |  |   |
|--|---|
| <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"/> Mail Restricted Delivery                |   |
| (10)   |   |

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

Domestic Return Receipt

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS; FOLD AT DOTTED LINE1023  
5153  
5153  
0150  
0150  
7014  
7014U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	SANTA FE NM
Certified Fee		Nov 22 2019
Return Receipt Fee (Endorsement Required)		Postmarked Here
Restricted Delivery Fee (Endorsement Required)		USPO 87504
Total		

Send To:  
CBR Oil Properties, LLC  
PO Box 1518  
Roswell, NM 88202

PS Form

Instructions

USPS TRACKING#



9590 9403 0913 5223 4541 13

United States  
Postal Service

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



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Christine V. Merchant  
PO Box 1453  
Roswell, NM 88202



9590 9403 0913 5223 4541 13

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1054

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Sosa*

Agent

Addressee

B. Received by (Printed Name)

*Kellie Kressel*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below: *26  
2019  
88201*

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"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Total                                   |   |

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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OF THE RETURN ADDRESS FOLD AT DOTTED LINE

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OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total

SANTA FE NM  
NOV 22 2019  
Postmark  
USPS 87504

Christine V. Merchant  
PO Box 1453  
Roswell, NM 88202

PS Form 3800, August 2006

See reverse for instructions

USPS TRACKING#



9590 9403 0913 5223 4541 20

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.



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

Cimarex Energy Co.  
600 N. Marienfeld Street  
Suite 600  
Midland, TX 79701



9590 9403 0913 5223 4541 20

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Janet Garnett*

Agent  
 Addressee

B. Received by (Printed Name)

JANET GARNETT

C. Date of Delivery  
11/25/19

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 |
| <i>Mail</i>  |   |
| <i>Mail Restricted Delivery</i>                                  |   |
| <i>(0)</i>   |   |

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1061

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

Domestic Return Receipt



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



5153 1061  
5153 1061  
0000 0000  
0000 0000  
0150 0150  
7014 0150

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

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

**OFFICIAL USE**

Postage	\$	<i>SANTA FE NM NOV 22 2019 Hancock USPS 87504</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Cimarex Energy Co.  
Street: 600 N. Marienfeld Street  
City, St: Suite 600  
Midland, TX 79701

PS Form

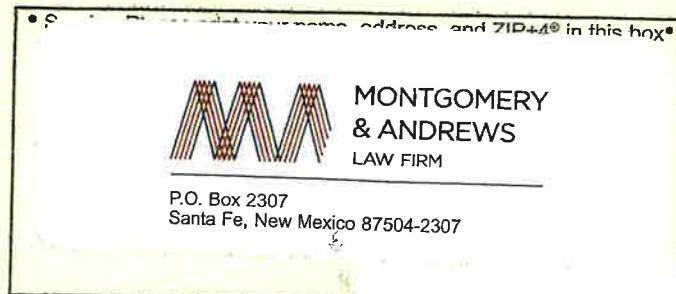
USPS TRACKING#



9590 9403 0913 5223 4541 37

United States  
Postal Service

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



Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Clark C. Coll  
PO Box 1818  
Roswell, NM 88202



9590 9403 0913 5223 4541 37

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1078

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Allie Bishop*

Agent  
 Addressee

B. Received by (Printed Name)

*Allie Bishop*

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 |
| (all)  | (all)   |
| (all)  | (all)   |

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

Domestic Return Receipt



U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total

SANTA FE NM  
Nov 26 2019  
Postmark  
Here  
USPS 87504

Sent to:  
Clark C. Coll  
PO Box 1818  
Roswell, NM 88202

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

See Reverse for Instructions

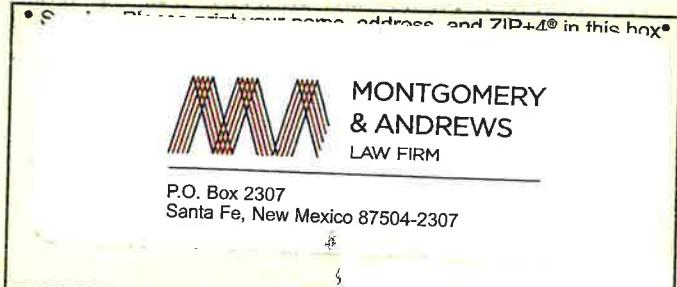
USPS TRACKING#



9590 9403 0913 5223 4541 51

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

United States  
Postal Service



Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1 Article Addressed to:

Connie Hernandez  
3528 Grandi Road  
Carlsbad, NM 88220

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Diane Montoya*  Agent  Addressee

## B. Received by (Printed Name)

Diane Montoya

## C. Date of Delivery

11-25

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"/> In Delivery Restricted Delivery     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| Mail   |   |
| Mail Restricted Delivery                                     |   |
- (over \$500)



9590 9403 0913 5223 4541 51

7014 0150 0000 5153 1092

- Postage  
 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; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage	\$	SANTA FE NM	
Certified Fee		NOV 22 2014	
Return Receipt Fee (Endorsement Required)		Postmark Here	
Restricted Delivery Fee (Endorsement Required)		USPS 87804	
Tc			
Sen	Connie Hernandez		
Street or F City	3528 Grandi Road		
	Carlsbad, NM 88220		

PS Form 3800, August 2006 See Reverse for Instructions

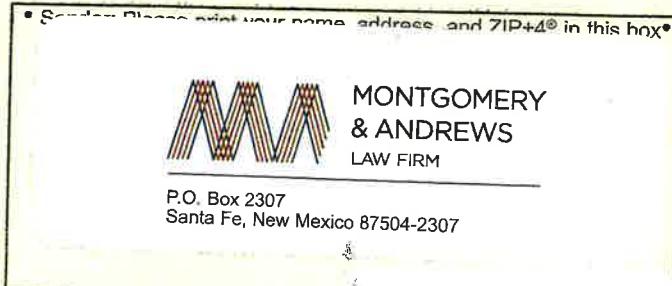
USPS TRACKING#



9590 9403 0913 5223 4541 68

United States  
Postal Service

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



Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Curtis K. Skeen  
1508 West Riverside Drive  
Carlsbad, NM 88220



9590 9403 0913 5223 4541 68

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1108

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 |
| Mail   |   |
| Restricted Delivery (0)  |   |

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

Domestic Return Receipt



U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

SANTA FE NM  
NOV 22 2019  
Postmark  
USPS 87504

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

Sent: Curtis K. Skeen  
Street: 1508 West Riverside Drive  
City: Carlsbad, NM 88220

PS Form 3811

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4428 13

United States  
Postal Service

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



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

Damar Energy Company  
1416 J Avenue  
Plano, TX 75074

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X C. Snow  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
C. SNOw 11/26/19

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 |
| Mail   |   |
| Mail Restricted Delivery   |   |
| (0)  |   |

9590 9403 0913 5223 4428 13  
2017 3040 0000 8684 6903

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

Domestic Return Receipt

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

**CERTIFIED MAIL**



9590 9403 0913 5223 4428 13  
2017 3040 0000 8684 6903  
2017 3040 0000 8684 6903

**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

\$ Sent

Street

City, S

PS Form

7530-02-000-9047

See Reverse for Instructions

SANTA FE NM  
NOV 22 2019  
Postmark  
Here  
USPS 87504



USPS TRACKING#



9590 9403 0913 5223 4540 76

United States  
Postal Service

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

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

**MONTGOMERY  
& ANDREWS  
LAW FIRM**

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Devon Energy Production Company  
33 West Sheridan Avenue  
Oklahoma City, OK 73102



9590 9403 0913 5223 4540 76

2. Article Number (Transfer from service label)

7017 3040 0000 8684 6934

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*David Carrillo*

Agent  
Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



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
- 0)

- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt



6934  
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**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

\$

Sent

Street

City, S

Devon Energy Production Company  
33 West Sheridan Avenue  
Oklahoma City, OK 73102

*SANTA FE NM  
NOV 26 2019  
Postmark  
Here  
USPO 87504*



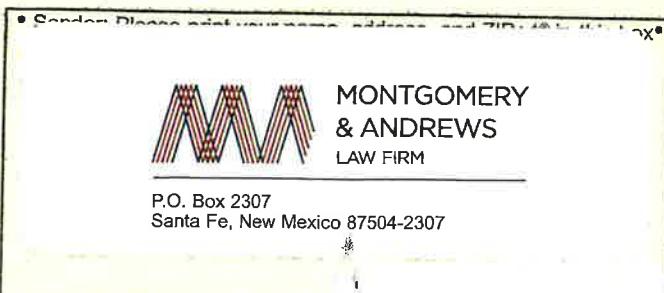
USPS TRACKING#



9590 9403 0913 5223 4540 90

United States  
Postal Service

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



Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David T. Sorenson  
2709 Coronado Drive  
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Sorenson*

Agent  
 Addressee

B. Received by (Printed Name)

*Kelli Gross*

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 |

ed Delivery



2. Article Number (Transfer from service label)

7017 3040 0000 8684 6958

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

Domestic Return Receipt

7017 3040 0000 8684 6958



7017 3040 0000 8684 6958

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 \$ \_\_\_\_\_

SANTA FE NM  
NOV 22 2019  
Postmark  
Here  
USPS 87504

Postage

\$

Total

\$

Sent

Street

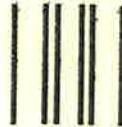
City

David T. Sorenson  
2709 Coronado Drive  
Roswell, NM 88201

PS F

See reverse for instructions

USPS TRACKING#



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

9590 9403 0913 5223 4431 79

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Diane Montoya  
3414 Grandi Road  
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Diane Montoya  Agent  
 Addressee

B. Received by (Printed Name)

Diane Montoya

C. Date of Delivery

11-25

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



9590 9403 0913 5223 4431 79

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7009

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

Domestic Return Receipt

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



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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 \$ _____

Postage

\$

Total \$

Sent 1

Street

City, S

Diane Montoya  
3414 Grandi Road  
Carlsbad, NM 88220

SANTA FE NM  
NOV 22 2019  
Postmark  
Here  
USPS 87504

USPS TRACKING#



9590 9403 0913 5223 4540 69

United States  
Postal Service

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

• Sender: Please print your name, address, and ZIP code in the box.



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Diamond Lil Properties, LLC  
PO Box 1818  
Roswell, NM 88202



9590 9403 0913 5223 4540 69

2. Article Number (Transfer from service label)

7017 3040 0000 8684 6927

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Allie Bush*

Agent  
 Addressee

B. Received by (Printed Name)

*Allie Bush*

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
  - O
- 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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**



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7017

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

\$

Sen

Stre

City

PS

Diamond Lil Properties, LLC  
PO Box 1818  
Roswell, NM 88202

*SANTA FE NM  
NOV 28 2019  
Postmark  
Here  
USPS 87504*

Instructions

USPS TRACKING#



9590 9403 0913 5223 4431 86

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Diamond Petroleum Group  
1416 J. Avenue  
Plano, TX 74074

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X C. Snow

Agent  
 Addressee

B. Received by (Printed Name)

C. Snow

C. Date of Delivery

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



9590 9403 0913 5223 4431 86

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7016

3. Service Type

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

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

Domestic Return Receipt

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

**CERTIFIED MAIL**



7017 3040 0000 8684 7016

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 U.S. POSTAL SERVICE**

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

\$

To

\$

Sc

St

Ci

Diamond Petroleum Group  
1416 J. Avenue  
Plano, TX 74074

SANTA FE NM  
Nov 22 2013  
Postmark  
USPO 87504

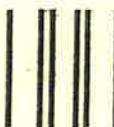
PS Form 3811, April 2013 PSN 7530-02-000-9053

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4446 64



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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Donald W. McClure  
500 West Texas Avenue  
Suite 700  
Midland, TX 79701



9590 9403 0913 5223 4446 64

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

7017 3040 0000 8684 6996

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Jonaeus*

Agent  
 Addressee

## B. Received by (Printed Name)

*Aricella Bueno* 11/25/19

## 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 |
| Mail   |   |
| Mail Restricted Delivery   |   |
| JO)  |   |

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

Domestic Return Receipt



6 996  
6 996  
8 84  
8 84  
8 84  
8 84  
0 0 0 0  
0 0 0 0  
0 0 0 0  
0 0 0 0  
7 017 3040  
7 017 3040  
4 4 4 4

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 | \$ _____ |

## Postage

\$

Tot

\$

Ser

Sire

City

Donald W. McClure  
500 West Texas Avenue  
Suite 700  
Midland, TX 79701

*SANTA FE NM*  
NOV 22 2019  
Postmark Here  
USPS 87504

PS

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4427 83

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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 Article Addressed To:  
 Billie Dixon, SSP  
 1061 NM 267  
 Portales, NM 88310

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent Addressee

## B. Received by (Printed Name)

Billie Dixon

C. Date of Delivery  
11.26.19D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

9590 9403 0913 5223 4427 83

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

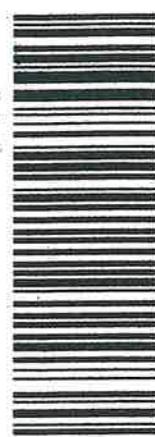
7014 0150 0000 5153 0880

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

Domestic Return Receipt

## 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"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Other                                   |   |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**0880 0880  
0000 5153  
0000 5153  
0150 0150  
0150 0150  
7014 7014

## U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage

Sent To

Street, Apt.  
or PO Box

City, State

Billie Dixon, SSP  
1061 NM 267  
Portales, NM 88310

PS Form 3880, August 2006

Options



USPS TRACKING#



9590 9403 0913 5223 4425 92

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EGL Resources, Inc.  
PO Box 10886  
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Barbids*

Agent  
 Addressee

B. Received by (Printed Name)

*Janell*

C. Date of Delivery

*11/26/08*

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



9590 9403 0913 5223 4425 92

2 Article Number (Transfer from service label)

7017 3040 0000 8684 6965

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 |
| Mail   |   |
| Mail Restricted Delivery   |   |

Mail

Mail Restricted Delivery

(over 300g)

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

Domestic Return Receipt

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

**CERTIFIED MAIL®**



6965  
8684  
8684  
8684  
0000  
0000  
0000  
3040  
3040  
7017  
7017

**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

\$

- |  |    |
|--|----|
| <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 a.

City, Sta

EGL Resources, Inc.  
PO Box 10886  
Midland, TX 79702

*SANTA FE NM  
Nov 22 2019  
Postmark  
USPS 87504*

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

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4431 93

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Cecil R. Strasner  
514 East Yucca Drive  
Hobbs, NM 88240



9590 9403 0913 5223 4431 93

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

7017 3040 0000 8684 7023

## COMPLETE THIS SECTION ON DELIVERY

## A.) Signature

Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

12-21-19

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"/> Mail Restricted Delivery                |   |
| (0)  |   |

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

Domestic Return Receipt

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



7023  
8684 7023  
8684 0000  
8684 0000  
7017 3040  
7017 3040

## 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 \$	

## Postage

\$

Total

\$

Sent

Street

City

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



Estate of Cecil R. Strasner  
514 East Yucca Drive  
Hobbs, NM 88240

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4432 09

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Eric J. Coll PO Box 1818 Roswell, NM 88202		Allie Bishop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9590 9403 0913 5223 4432 09		D. Is delivery address different from item 1? If YES, enter delivery address below: 	
2. Article Number (Transfer from service label)		3. Service Type	
7017 3040 0000 8684 7030		<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"/> Mail <input type="checkbox"/> Mail 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			



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

**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:**

\$ **7030**      \$ **7030**

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**

\$ **3040**      \$ **3040**

**Total**

\$ **7017**      \$ **7017**

**Sent**

Eric J. Coll  
PO Box 1818  
Street  
Roswell, NM 88202  
City

**SANTA FE NM**  
Nov 26 2019  
Postmark  
Here  
USPS 87504

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

USPS TRACKING#



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

9590 9403 0913 5223 4432 23

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EMG Oil Properties, Inc.  
1000 West Fourth Street  
Roswell, NM 88201



9590 9403 0913 5223 4432 23

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7047

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

John

C. Date of Delivery

11-25-15

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

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

Domestic Return Receipt



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

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 \$

SANTA FE NM

NOV 22 2015

USPS 87504

Postage

\$

Total \$

\$

Sent 1

Street

City, S

EMG Oil Properties, Inc.

1000 West Fourth Street

Roswell, NM 88201

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

Instructions

USPS TRACKING#



9590 9403 0913 5223 4432 16

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

En Plat III, LLC  
PO Box 2078  
Abilene, TX 79604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Josh Ensor*

Agent  
 Addressee

B. Received by (Printed Name)

*Josh Ensor*

C. Date of Delivery

11-26-19

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



9590 9403 0913 5223 4432 16

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7061

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

Domestic Return Receipt



7017 3040 0000 8684 7061  
7017 3040 0000 8684 7061  
7017 3040 0000 8684 7061  
7017 3040 0000 8684 7061  
7017 3040 0000 8684 7061

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

\$

Sent

Street

City

En Plat III, LLC  
PO Box 2078  
Abilene, TX 79604

SANTA FE NM  
Postmark  
Nov 22 2019  
Here  
USPO 87504

USPS TRACKING#



9590 9403 0913 5223 4432 30

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.



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

First Century Oil, Inc.  
PO Box 1518  
Roswell, NM 88202



9590 9403 0913 5223 4432 30

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7054

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

M. Novak

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>Mail</small>  |   |
| <small>Mail Restricted Delivery</small>                          |   |
| <small>(O)</small>   |   |

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

Domestic Return Receipt



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



7054  
8684  
8684  
0000  
0000  
0000  
7017 3040  
7017 3040  
7054

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

\$

Tot

\$

Sen

Stre

City

First Century Oil, Inc.  
PO Box 1518  
Roswell, NM 88202

SANTA FE NM  
NOV 22 2019  
USPS 87504  
Postmark Here

USPS TRACKING#



9590 9403 0913 5223 4432 85

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FISCO, Inc.  
PO Box 1  
Hondo, NM 88336



9590 9403 0913 5223 4432 85

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

N Stevens 10/15/19

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"/> Mail Restricted Delivery                |   |

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7115

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 | \$ _____ |

Postage

\$

Tot:

\$

Ser:

Site:

City:

FISCO, Inc.  
PO Box 1  
Hondo, NM 88336



PS

Instructions

USPS TRACKING#



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

9590 9403 0913 5223 4432 61

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Forni Revocable Trust  
Thomas Earl and Pamela A. Forni, Trustees  
1013 South Country Club Drive  
Carlsbad, NM 88220



9590 9403 0913 5223 4432 61

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7092

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 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"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |

Domestic Return Receipt

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



7017 3040 0000 8684 7092  
7017 3040 0000 8684 7092  
7017 3040 0000 8684 7092  
7017 3040 0000 8684 7092

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 \$	
Postage	
\$	
Total	

SANTA FE NM  
NOV 2 2019  
Postmark  
Here  
USPS 87004

Forni Revocable Trust  
Thomas Earl and Pamela A. Forni, Trustees  
1013 South Country Club Drive  
Carlsbad, NM 88220

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

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4432 47

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\*

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Fortress Energy Delaware, LLC  
PO Box 4695  
Midland, TX 79704



9590 9403 0913 5223 4432 47

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

7017 3040 0000 8684 7078

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent  
 Addressee

## B. Received by (Printed Name)

Christopher P. Burns

## 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 checked="" 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                    |
| ail  | Restricted Delivery  |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**



7078  
8684 7078  
8684 7078  
0000 0000  
0000 0000  
3040 0000  
7017 3040  
7017 3040

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor 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	\$ _____

## Postage

\$

Tot

\$

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Oli

Fortress Energy Delaware, LLC  
PO Box 4695  
Midland, TX 79704

SANTA FE NM  
NOV 2 2015  
USPS 87504

USPS TRACKING#



9590 9403 0913 5223 4432 54

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Forth Worth Mineral Company, LLC  
500 Main Street, Suite 1200  
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Susie Dany

Agent  
 Addressee

B. Received by (Printed Name)

Susie Dany

C. Date of Delivery

11-26-19

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



9590 9403 0913 5223 4432 54

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7085

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

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

Domestic Return Receipt



7017 3040 0000 8684 7085

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
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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

\$

Sent

Street

City

Forth Worth Mineral Company, LLC  
500 Main Street, Suite 1200  
Fort Worth, TX 76102



PS Form

Instructions

USPS TRACKING#



9590 9403 0913 5223 4448 00

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fulfer Oil & Cattle, LLC  
PO Box 1224  
Jal, NM 88252



9590 9403 0913 5223 4448 00

2. Article Number (Transfer from service label)

2017 3040 0000 8684 7184

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jenny Edwards

Agent

Addressee

B. Received by (Printed Name)

Jenny Edwards

C. Date of Delivery

11-27-19

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
- 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



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	\$ _____

Postage

\$

Total P

\$

Sent To

Street

City, S.

Fulfer Oil & Cattle, LLC  
PO Box 1224  
Jal, NM 88252



PS Form

Instructions

USPS TRACKING#



9590 9403 0913 5223 4448 17

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gary W. Walterscheid  
1206 West Riverside Drive  
Carlsbad, NM 88220



9590 9403 0913 5223 4448 17

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  
11-26-9

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  
(10)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7160

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 P

\$

Sent 7

Gary W. Walterscheid  
1206 West Riverside Drive  
Carlsbad, NM 88220

PS Form



STRUCTIONS

USPS TRACKING#



9590 9403 0913 5223 4448 31

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.



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

Hector Montoya  
3528 Grandi Road  
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Diane Montoya* Agent

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

*Diane Montoya* 11-25

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



9590 9403 0913 5223 4448 31

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7153

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

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

Domestic Return Receipt



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

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 \$ \_\_\_\_\_

SANTA FE NM  
NOV 22 2019  
Postmark  
Here  
USPS 87504

Postage

\$

Tot:

\$

Se:

Hector Montoya  
3528 Grandi Road  
Carlsbad, NM 88220

Str:

City:

PS

See reverse for Instructions

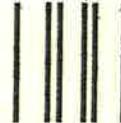




USPS TRACKING#



9590 9403 0913 5223 4447 94



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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jennifer McIlvain  
134 Leaf Dale Trail  
Dripping Springs, TX 78620

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

- |  |   |
|--|---|
| <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"/> tall                                    |   |
| <input type="checkbox"/> tall Restricted Delivery                |   |
| <input type="checkbox"/> D)                                      |   |



9590 9403 0913 5223 4447 94

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7191

Domestic Return Receipt

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

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

**CERTIFIED MAIL®**



7191  
7191  
8684  
8684  
0000  
0000  
3040  
3040  
7017  
7017  
City,

**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 \$ \_\_\_\_\_

**SANTA FE NM**  
**NOV 22 2010**  
**USPO 87504**

Postage

\$

Total

\$

Serial

\$

Street

\$

City

\$

PS F

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4447 87

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jerry Rickler  
PO Box 7225  
Midland, TX 79708



9590 9403 0913 5223 4447 87

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7214

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jerry Rickler

Agent  
 Addressee

B. Received by (Printed Name)

Jerry Rickler

C. Date of Delivery

11-20-19

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
- 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

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

**CERTIFIED MAIL**



7214 8684 7214  
0000 0000 0000  
3040 3040 3040  
7017 7017 7017

**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

\$

Tot:

\$

Sen:

Stre:

City:

PS

SANTA FE NM  
Nov 22 2019  
Postmark  
HHS  
USPS 87504

Jerry Rickler  
PO Box 7225  
Midland, TX 79708

See Reverse for Instructions

USPS TRACKING#

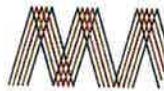


9590 9403 0913 5223 4447 56

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jon F. Coll, II  
7335 Walla Walla Drive  
San Antonio, TX 78250



9590 9403 0913 5223 4447 56

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7245

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michelle Coll*  Agent  
 Addressee

B. Received by (Printed Name)

*Michelle Coll* 11/25/19

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
- 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



7245  
7245  
8684  
8684  
0000  
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0000  
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3040  
3040  
7017  
7017

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
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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

\$

Sen

Stre

City

Jon F. Coll, II  
7335 Walla Walla Drive  
San Antonio, TX 78250

SANTA FE NM  
NOV 22 2019  
USPS 87504

PS

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4447 70

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Judith B. Pate  
151 South Country Club Circle  
Carlsbad, NM 88220



9590 9403 0913 5223 4447 70

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7221

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Judith B. Pate  Agent  
 Addressee

B. Received by (Printed Name)

Judith B. Pate

C. Date of Delivery

11-27-19

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 |
| Mail   |   |
| Mail Restricted Delivery   |   |
| (J)  |   |

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)

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| <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

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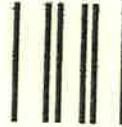
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USPS TRACKING#

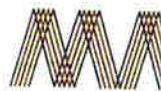


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9403 0913 5223 4447 63

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Juan Haro  
11800 Gwen Evans Lane  
El Paso, TX 79936

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 A?  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



9590 9403 0913 5223 4447 63

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7238

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 \$

SANTA FE NM Postmark

NOV 22 2013

USPO 87504

Postage

\$

To:

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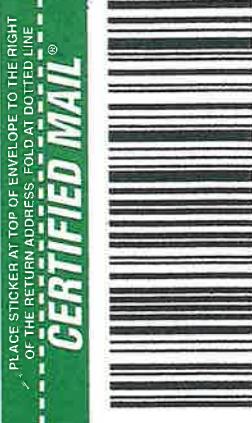
\$

St:

C:

Juan Haro  
11800 Gwen Evans Lane  
El Paso, TX 79936

CERTIFIED MAIL



7238 7238  
8684 8684  
0000 0000  
3040 3040  
7017 7017

PS

Instructions

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

USPS TRACKING#



9590 9403 0913 5223 4447 01

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kellie M. McCoy  
PO Box 1453  
Roswell, NM 88202



9590 9403 0913 5223 4447 01

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7290

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Kross*

Agent  
 Addressee

B. Received By (Printed Name)

*Kellie Kross*

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL®**



8684 7290  
8684 7290  
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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

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PS

Kellie M. McCoy  
PO Box 1453  
Roswell, NM 88202

SANTA FE NM  
NW 26 2019  
USPO 87504

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4447 32

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Larry Long  
PO Box 1777  
Kilgore, TX 75663



9590 9403 0913 5223 4447 32

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7269

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Shelly Whisenhunt

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Yes

No

NOV 25 2019

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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt



7269  
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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

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Larry Long  
PO Box 1777  
Kilgore, TX 75663

SANTA FE NM  
NOV 22 2019  
Postmark  
Here  
USPS 87504

See Reverse for Instructions

## USPS TRACKING#



9590 9403 0913 5223 4448 79

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Laura Mijangos-Rapp Revocable  
2355 Oakland Bend  
San Antonio, TX 78258



9590 9403 0913 5223 4448 79

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

7017 3040 0000 8684 7344

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Steve Rapp

Agent  
 Addressee

## B. Received by (Printed Name)

Steve Rapp

C. Date of Delivery  
11-29-19

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 |

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

Domestic Return Receipt

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

CERTIFIED MAIL®

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

## Certified Mail Fee

\$ Extra Services &amp; Fees (check box, add fee as appropriate)

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|--|----------|
| <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

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To

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Laura Mijangos-Rapp Revocable  
2355 Oakland Bend  
San Antonio, TX 78258

SANTA FE NM  
NOV 29 2019  
Postmark Here  
USPS 87504

USPS TRACKING#



9590 9403 0913 5223 4446 71

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD\_1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Linda Ann Jurva/Curtis Kelly Skeen  
Trustees, LWT of Kelly Skeen  
321 Canyon Street  
Carlsbad, NM 88220



9590 9403 0913 5223 4446 71

Article Number (Transfer from service label)

7017 3040 0000 8684 7320

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kathy Roberts*

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

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

Domestic Return Receipt



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



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8684 7320  
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7017 3040 0000 8684 7320  
7017 3040 0000 8684 7320

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 \$ _____

Postage

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Linda Ann Jurva/Curtis Kelly Skeen  
Trustees, LWT of Kelly Skeen  
321 Canyon Street  
Carlsbad, NM 88220

SANTA FE NM  
Postmark  
Nov 22 2018  
USPS 87504

PS Form 3811, July 2015 PSN 7530-02-000-9053  
For more information, see instructions

USPS TRACKING#



9590 9403 0913 5223 4448 86

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed To:

Lee and Wilma Voigt, or successor(s)  
Trustee of the Lee B. Voigt and Wilma  
E. Voigt Revocable Trust UTA  
113 North Shore Drive  
Carlsbad, NM 88220



9590 9403 0913 5223 4448 86

2 Article Number (Transfer from service label)

7017 3040 0000 8684 7337

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
- 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

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

**CERTIFIED MAIL®**



7337  
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7017 3040

**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 \$

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Lee and Wilma Voigt, or successor(s)  
Trustee of the Lee B. Voigt and Wilma  
E. Voigt Revocable Trust UTA  
113 North Shore Drive  
Carlsbad, NM 88220

SANTA FE NM  
NOV 22 2019  
USPO 87504

See reverse for Instructions



USPS TRACKING#



9590 9403 0913 5223 4445 65

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

Lucinda Loveless Revocable Trust  
PO Box 8  
Honda, NM 88336

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Lucinda Loveless*

Agent

Addressee

B. Received by (Printed Name)

*Lucinda Loveless* SS 12/2/19

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"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |

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

9590 9403 0913 5223 4445 65  
2017 3040 0000 8684 7382

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

Domestic Return Receipt

**CERTIFIED MAIL**

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

Postage

\$

To

St

City

Lucinda Loveless Revocable Trust  
PO Box 8  
Honda, NM 88336



USPS TRACKING#



9590 9403 0913 5223 4448 48

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\*

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Marathon Oil Permian, LLC  
5555 San Felipe Street  
Houston, TX 77056

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Jenny Moreno*  Agent  
 Addressee

## B. Received by (Printed Name)

*Jenny Moreno* *11/26/19*  C. Date of Delivery

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



9590 9403 0913 5223 4448 48

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

7017 3040 0000 8684 7375

- |  |   |
|--|---|
| <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 |
| <i>lall</i>  |   |
| <i>lall Restricted Delivery</i>                                  |   |

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

Domestic Return Receipt



7375  
8684 7375  
0000 8684 7375  
0000 0000 0000  
7017 3040 0000  
7017 3040 0000

**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	\$

**Postage**  
\$

**Marathon Oil Permian, LLC**  
5555 San Felipe Street  
Houston, TX 77056

*SANTA FE NM  
NOV 22 2019  
Postmark Here  
USPS 87504*

PS Form 3800, April 2010  
or Instructions

USPS TRACKING#



9590 9403 0913 5223 4448 62

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

Matt McDonald  
PO Box 1632  
Levelland, TX 79336



9590 9403 0913 5223 4448 62

2 Article Number (Transfer from service label)

7017 3040 0000 8684 7351

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Matt McDonald*  Agent  
*Matt McDonald*  Addressee

B. Received by (Printed Name)

C. Date of Delivery

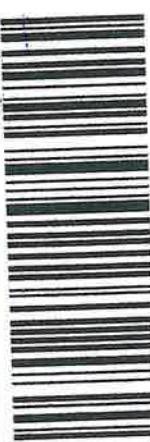
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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
  - (O)
- 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



8684 7351  
8684 7351  
0000 0000  
0000 0000  
7017 3040  
7017 3040  
7017 3040  
7017 3040

**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



Matt McDonald  
PO Box 1632  
Levelland, TX 79336

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4445 58

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Matthew N. Sorenson  
PO Box 1453  
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

*Matthew N. Sorenson*

- Agent  
 Addressee

C. Date of Delivery

2019  
88201

- 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



9590 9403 0913 5223 4445 58

9 Article Number (Transfer from service label)

7017 3040 0000 8684 7399

Domestic Return Receipt

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



8684 7399  
8684 7399  
7017 3040 0000  
7017 3040 0000  
7017 3040 0000  
7017 3040 0000

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

Matthew N. Sorenson  
PO Box 1453  
Roswell, NM 88202



USPS TRACKING#



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

9590 9403 0913 5223 4445 41

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow Reta SWD1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Max W. Coll, III  
7625 El Centro Boulevard #2  
Las Cruces, NM 88012



9590 9403 0913 5223 4445 41

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7405

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)

Elizabeth Coll

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"/> Mail                                    |   |
| <input type="checkbox"/> 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



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 | \$ _____ |

Postage

Max W. Coll, III  
7625 El Centro Boulevard #2  
Las Cruces, NM 88012



See Reverse for Instructions



USPS TRACKING#



9590 9403 0913 5223 4445 10

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

McVay Drilling Company  
PO Box 2450  
Hobbs, NM 88241



9590 9403 0913 5223 4445 10

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9853

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kayre Muno

Agent  
 Addressee

B. Received by (Printed Name)

KAYRE MUNOZ

C. Date of Delivery  
11-26-19

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                            |   |
|  |   |
|  |   |

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

Domestic Return Receipt



9853  
5152  
9853  
5152  
9853  
0000  
0000  
0000  
0150  
0150  
0150

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees



Sent To:  
McVay Drilling Company  
PO Box 2450  
Hobbs, NM 88241

PS Form

Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 85

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Melanie Coll DeTemple  
5653 Tobias Avenue  
Van Nuys, CA 91411



9590 9403 0913 5223 4449 85

## 2. Number (Transfer from service label)

7014 0150 0000 5152 9860

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent Addressee

## B. Received by (Printed Name)

Mike

## C. Date of Delivery

11/25

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 |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE7014 0150 0000 5152 9860  
7014 0150 0000 5152 9860U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

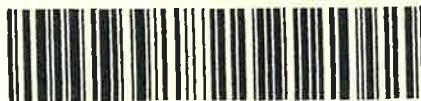


Se Melanie Coll DeTemple  
5653 Tobias Avenue  
Van Nuys, CA 91411

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

Instructions

USPS TRACKING#



9590 9403 0913 5223 4431 62

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\*

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Michael D. McDonald  
PO Box 1632  
Levelland, TX 79336



9590 9403 0913 5223 4431 62

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

7014 0150 0000 5152 9877

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Andrea Howard*

 Agent Addressee

## B. Received by (Printed Name)

*Andrea Howard*

## C. Date of Delivery

11/26

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"/> Domestic Mail                           |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| (0)  |   |

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

Domestic Return Receipt



7014 0150 0000 5152 9877  
7014 0150 0000 5152 9877

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees



Michael D. McDonald  
PO Box 1632  
Levelland, TX 79336

See reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4431 55

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Morris E. and Holly K. Schertz  
PO Box 2588  
Roswell, NM 88202



9590 9403 0913 5223 4431 55

2. Article Number (Transfer from service label)  
7014 0150 0000 5152 9884

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Patti Stock  Agent  Addressee

B. Received by (Printed Name)

Patti Stock  25/19

C. Date of Delivery

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

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL™**



4 9884  
9884  
5152 5152  
0000 0000  
0150 0150  
7014 7014

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

SANTA FE NM  
NOV 22 2019  
Postmark  
Here  
USPO 87504

Morris E. and Holly K. Schertz  
PO Box 2588  
Roswell, NM 88202

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4431 48

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Murchinson Oil & Gas, LLC  
7250 Dallas Parkway  
Suite 1400  
Plano, TX 75024



9590 9403 0913 5223 4431 48

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9891

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Elaine Bacon

Agent  
 Addressee

B. Received by (Printed Name)

Elaine Bacon

C. Date of Delivery  
11/25/14

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

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS; FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



9891  
5152  
5152  
0000  
0000  
0150  
0150  
7014  
7014

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

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

**OFFICIAL USE**

SANTA FE NM  
NOV 22 2014 Postmark  
USPS 87504

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

**Sent**  
Murchinson Oil & Gas, LLC  
7250 Dallas Parkway  
Suite 1400  
Plano, TX 75024

Street or PC  
City:  
PS Form 3811, July 2015 PSN 7530-02-000-9053  
See reverse for instructions

USPS TRACKING#



9590 9403 0913 5223 4449 92

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

National Bank of Carlsbad  
202 West Stevens Street  
Carlsbad, NM 88220



9590 9403 0913 5223 4449 92

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

7014 0150 0000 5152 9907

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

Ran 11/25

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"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Return Receipt for Merchandise          |   |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**CERTIFIED MAIL™**7014 0150 0000 5152 9907  
7014 0150 0000 5152 9907

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

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

**OFFICIAL USE**

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

**Sent:** National Bank of Carlsbad  
202 West Stevens Street  
Carlsbad, NM 88220

**Street  
or P.  
City**

PS Form 3800, August 2006

NOV 22 2019  
SANTA FE NM  
Postmark  
Here  
U.S. POSTAL SERVICE

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 78

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

New Mexico State Highway and  
Transportation Department  
PO Box 1149  
Santa Fe, NM 87504



9590 9403 0913 5223 4449 78

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9914

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

- |  |   |
|--|---|
| <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 |
| Mail   |   |
| Mail 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; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

SANTA FE NM  
NOV 22 2014  
Postmark Here  
USPS 87504

New Mexico State Highway and  
Transportation Department  
PO Box 1149  
Santa Fe, NM 87504

PS Form 3800, August 2006

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 30

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

NGX Company  
PO Box 1834  
Roswell, NM 88202



9590 9403 0913 5223 4449 30

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9952

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X / Scott

RO  
2010  
8201

Agent

Addressee

B. Received by (Printed Name)

SHAWN SPOTH

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

Domestic Return Receipt

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

CERTIFIED MAIL™



9952 9952  
9952 9952  
5152 5152  
0000 0000  
0000 0000  
7014 0150 0000  
7014 0150 0000

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Amount Due

SANTA FE NM

NOV 23 2019  
Postmark  
Here

USPS 87504

Se NGX Company  
St PO Box 1834  
or Roswell, NM 88202  
Ci  
PS

Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 54

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Olkwick Corp.  
101 Brookline Dr.  
Ashville, NC 28803



9590 9403 0913 5223 4449 54

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

7014 0150 0000 5152 9938

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  
12-3-19D. 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"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |

Domestic Return Receipt



9938  
5152 9938  
0000 5152 9938  
0000 0000 0000  
0150 0150 0150  
7014 7014 7014

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

SANTA FE NM  
Postmark  
NOV 22 2019  
Here  
USPO 87504

Olkwick Corp.  
101 Brookline Dr.  
Ashville, NC 28803

PS Form 3800, August 2006

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4433 15

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

<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 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
1. Article Addressed to:  Oral C & Phyllis S. Nichols Irrevocable Trust B – Oral C Nichols Jr., Trustee 2002 Westridge Road – Apt. #508 Carlsbad, NM 88220		B. Received by (Printed Name)  	C. Date of Delivery												
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
<p>9590 9403 0913 5223 4433 15</p> <p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr></table>				<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"/> 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														
2. Article Number (Transfer from service label)		7014 0150 0000 5153 1177													

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

Domestic Return Receipt

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

**CERTIFIED MAIL™**

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Postmark Here

SANTA FE NM  
NOV 19 2019  
USPS 87504

Oral C & Phyllis S. Nichols Irrevocable  
Trust B – Oral C Nichols Jr., Trustee  
2002 Westridge Road – Apt. #508  
Carlsbad, NM 88220

for Instructions

USPS TRACKING#



9590 9403 0913 5223 4425 23

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Oral C & Phyllis S. Nichols Revocable  
Trust UTA-Oral C. Nichols Jr. Trustee  
2002 Westridge Road, Apt. #508  
Carlsbad, NM 88220



9590 9403 0913 5223 4425 23

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

7014 0150 0000 5153 0002

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *J. J. Petsha*

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                            |   |
|  | (0)   |

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

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

*SANTA FE NM*

NOV 22 2019

Postmark  
Here  
USPO 87504

Oral C & Phyllis S. Nichols Revocable  
Trust UTA-Oral C. Nichols Jr. Trustee  
2002 Westridge Road, Apt. #508  
Carlsbad, NM 88220

for Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 61

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Opportunity House, Inc.  
206 North Turner Street  
Hobbs, NM 88240



9590 9403 0913 5223 4449 61

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Linda Gross

Agent  
 Addressee

B. Received by (Printed Name)

Linda Gross 11-25-19

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 |

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9921

(over 5000)

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

Domestic Return Receipt



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



U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

9921  
5152 9921  
5152 9921  
0150 0150

Postage	\$	<p>SANTA FE NM NOV 22 2019 USPSO 87504</p>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Opportunity House, Inc.  
206 North Turner Street  
Hobbs, NM 88240

for Instructions

USPS TRACKING#



9590 9403 0913 5223 4448 93

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oscura Resources, Inc.  
105 West 3<sup>rd</sup> Street  
Suite 314  
Roswell, NM 88201



9590 9403 0913 5223 4448 93

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9990

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"/> Mail                                    |   |
| <input type="checkbox"/> Mail 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; No Insurance Coverage Provided)

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

**OFFICIAL USE**

7014 0150 0000 5152 9990

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Santa Fe, NM  
Nov 22 2019  
Postmark Help  
USPS 87504

Oscura Resources, Inc.  
105 West 3<sup>rd</sup> Street  
Suite 314  
Roswell, NM 88201

PS Form 3800, August 2000  
See reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 23

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Patsy S. Pate, Executrix  
 Estate of Theodore H. Pate, Jr.  
 1708 Remuda Court  
 Belton, TX 76513



9590 9403 0913 5223 4449 23

^ Article Number (Transfer from service label)

7014 0150 0000 5152 9969

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

- |  |   |
|--|---|
| <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"/> All Restricted Delivery                 |   |
| <input type="checkbox"/> )                                       |   |

- |  |   |
|--|---|
| <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                            |   |
| <input type="checkbox"/> All Restricted Delivery                 |   |
| <input type="checkbox"/> )                                       |   |

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
 5152 9969  
 5152 9969  
 0150 0150  
 7014 0150
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

Postage	\$	<i>SANTA FE NM</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		<i>NOV 23 2009</i>
Restricted Delivery Fee (Endorsement Required)		
Total		<i>USPO 87504</i>

 S Patsy S. Pate, Executrix  
 Estate of Theodore H. Pate, Jr.  
 1708 Remuda Court  
 Belton, TX 76513

PS

See reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 16

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed To:

Pauline Montanez  
PO Box 1234  
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Pauline Montanez  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
  - all Restricted Delivery
  - (over \$500)

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



9590 9403 0913 5223 4449 16

7014 0150 0000 5152 9976

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



9976  
5152  
9976  
5152  
0000  
0000  
0000  
0000  
0150  
0150  
7014  
7014

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

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

**OFFICIAL USE**

Postage

\$

SANTA FE NM

Certified Fee

NOV 22 2019

Here

USPS 87504

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Se Pauline Montanez  
St or  
Ci  
PO Box 1234  
Eunice, NM 88231

PS Form 3811-6000-0000-0000

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4428 68

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.



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

PBEX Resources, LLC  
PO Box 10250  
Midland, TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

~~X-11~~ ~~Abd'l~~

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 0053

**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 \$ \_\_\_\_\_

SANTA FE NM  
Postmark  
Date  
NOV 28 2019  
USPO 87504

Postage \$

Total \_\_\_\_\_

\$ Sent PBEX Resources, LLC \_\_\_\_\_

Street PO Box 10250 \_\_\_\_\_

City Midland, TX 79702 \_\_\_\_\_

City \_\_\_\_\_

PSF 047 See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4428 51

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

PBEX Resources, LLC  
223 West Wall Street  
Suite 900  
Midland, TX 79702



9590 9403 0913 5223 4428 51

2. *(Transfer from service label)*

7017 3040 0000 8684 7627

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

11/25/15

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 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 (over \$500) |   |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.7627  
8684 7627  
0000 8684  
0000 0000  
3040 0000  
7017 3040  
7017U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

## 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 \$ _____

## Postage

\$

PBEX Resources, LLC  
223 West Wall Street  
Suite 900  
Midland, TX 79702

000-9047

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4434 07

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Platform Energy III  
PO Box 2078  
Abilene, TX 79604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

*Vash E. NOK*

C. Date of Delivery  
*15-06-19*

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



9590 9403 0913 5223 4434 07

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7603

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 |

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

Domestic Return Receipt



7017 3040 0000 8684 7603  
7017 3040 0000 8684 7603

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 \$	

Postage

Total Postage and Fees

\$

Sent To:

Platform Energy III  
PO Box 2078  
Abilene, TX 79604

*SANTA FE NM  
NOV 22 2019  
USPO 87504*

USPS TRACKING#



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

9590 9403 0913 5223 4433 39

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Pocahontas Oil Company, LLC  
P.O. Box 52667  
Midland, TX 79710



9590 9403 0913 5223 4433 39

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

## B. Received by (Printed Name)

*Recepient*

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

*P.O. Box 52667**79710*

## 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"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> O                                       |   |

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

7014 0150 0000 5153 1184

*Mail*

Domestic Return Receipt

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

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		<i>SANTA FE NM NOV 2 2015 USPS</i>
Total Postage & Fees		

4 Pocahontas Oil Company, LLC  
0 P.O. Box 52667  
0 Midland, TX 79710

See Instructions

USPS TRACKING#



9590 9403 0913 5223 4428 20

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®



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Read and Stevens, Inc.  
PO Box 1518  
Roswell, NM 88202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*M. M. Macek*

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 |
| All  |   |
| Mail   |   |
| Mail Restricted Delivery   |   |
| IO)  |   |



9590 9403 0913 5223 4428 20

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7597

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

Domestic Return Receipt



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

**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 | \$ _____ |

Postage

\$

Total Postage and Fees

\$

Ser

Site

City

Read and Stevens, Inc.  
PO Box 1518  
Roswell, NM 88202

*SANTA FE NM  
NOV 22 2019  
USPO 87504*

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

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4428 44

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address and ZIP code in the box.

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Richardson Mineral & Royalty, LLC  
PO Box 2423  
Roswell, NM 88202



9590 9403 0913 5223 4428 44

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

7017 3040 0000 8684 7634

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent  
 Addressee

## B. Received by (Printed Name)

Michael S Richardson 11/26/19

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 |
| sured Mail   |   |
| ured Mail Restricted Delivery (over \$500)                       |   |

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

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

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                       | \$ |

## Postage

\$

Richardson Mineral & Royalty, LLC  
PO Box 2423  
Roswell, NM 88202

SANTA FE NM  
Nov 22 2019  
Postmark  
Here  
USPO 87504

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

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4428 75

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 E. Eubanks  
PO Box 1522  
Midland, TX 79702



9590 9403 0913 5223 4428 75

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

7017 3040 0000 8684 7658

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Robert E. Eubanks

Agent  
 Addressee

## B. Received by (Printed Name)

Robert E. Eubanks

C. Date of Delivery  
11-27-19D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

P.O. Box 1522

## 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 |
| 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)
<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 \$

SANTA FE NM  
NOV 24 2019  
Postmark Here  
USPS 87504

## Postage

## Total Postage and Fees

Robert E. Eubanks  
PO Box 1522  
Midland, TX 79702

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

See Reverse for Instructions

USPS TRACKING#



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

9590 9403 0913 5223 4429 50

United States  
Postal Service



Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roy T. Townsend  
PO Box 5295  
Carlsbad, NM 88221



9590 9403 0913 5223 4429 50

2. Article Number (Transfer from service label)

7015 1730 0000 9793 8752

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Roy Townsend*  Agent  
 Addressee

B. Received by (Printed Name)

*Roy Townsend*

C. Date of Delivery

11-26-19

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 |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**



7015 1730 0000 9793 8752  
7015 1730 0000 9793 8752

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

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

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

\$

To:

\$

Se:

St:

Cl:

Roy T. Townsend  
PO Box 5295  
Carlsbad, NM 88221

USPS 87504  
Postmark  
Date  
Nov 22 2019  
SANTA FE NM

00-9047

See Reverse for Instructions



USPS TRACKING#



9590 9403 0913 5223 4429 74

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®

 MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Skeen Partnership  
d/b/a Skeen Farms & Ranches, LLC  
PO Box 696  
Loving, NM 88256



9590 9403 0913 5223 4429 74

7015 1730 0000 9793 8738

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent

Addressee

B. Received by (Printed Name)

Charles A. Skeen

C. Date of Delivery

11/27/15

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®
- Return Receipt for Merchandise
- Adult Signature Required
- Signature Confirmation™
- Adult Signature Restricted Delivery
- Signature Confirmation Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery
- Mail Restricted Delivery (J0)

Domestic Return Receipt

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

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

**CERTIFIED MAIL®**

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

Domestic Mail Only

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

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

\$

0.00

0.00

0.00

0.00

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Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9403 0913 5223 4429 81

United States  
Postal Service



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Slash Four Enterprises, Inc.  
PO Box 1433  
Roswell, NM 88202



9590 9403 0913 5223 4429 81

7015 1730 0000 9793 8714

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Sheri McCool*

Agent  
 Addressee

B. Received by (Printed Name)

*Sheri McCool*

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 |
| sured Mail   |   |
| sured Mail Restricted Delivery                                   |   |
| over \$500)  |   |

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

Domestic Return Receipt



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

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

*Domestic Mail Only*

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

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 \_\_\_\_\_

Slash Four Enterprises, Inc.

PO Box 1433

Roswell, NM 88202

*SANTA FE NM  
NW 22019  
USPO 87504*

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4429 98

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.



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Southwest Petroleum Land Services  
1901 West 4<sup>th</sup> Street  
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Danile Schut*  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



9590 9403 0913 5223 4429 98

2015 1730 0000 9793 8707

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).

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

\$

Southwest Petroleum Land Services  
1901 West 4<sup>th</sup> Street  
Roswell, NM 88201

SANTA FE NM

Postmark

NOV 22 2010

USPO 8750

for Instructions

USPS TRACKING#



9590 9403 0913 5223 4429 43

United States  
Postal Service

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

• *Please print your name, address, and ZIP code in this box.*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Spectrum 7 1984-85 Private Drilling  
Partnership  
1100 Louisiana Street, Suite 2950  
Houston, TX 77002



9590 9403 0913 5223 4429 43

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

7015 1730 0000 9793 8769

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

Agent  
 Addressee

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

**C. Date of Delivery**

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

**3. Service Type**

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

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

Domestic Return Receipt

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

**CERTIFIED MAIL®**



9793 8769  
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0000 9793 8769  
1730 1730 0000 9793 8769  
7015 1730 0000 9793 8769  
7015 1730 0000 9793 8769

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

*Domestic Mail Only*

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

**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**

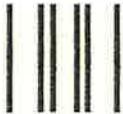
\$

Spectrum 7 1984-85 Private Drilling  
Partnership  
1100 Louisiana Street, Suite 2950  
Houston, TX 77002

*SANTA FE NM  
Nov 12 2019  
USPO 87504*

[View Sample for Instructions](#)

USPS TRACKING#



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

9590 9403 0913 5223 4429 29

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Spectrum 7 1984 Drilling Program  
1100 Louisiana Street  
Suite 2950  
Houston, TX 77002



9590 9403 0913 5223 4429 29

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

- |  |   |
|--|---|
| <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 |

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7719

cted Delivery

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

Domestic Return Receipt

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

**CERTIFIED MAIL®**



7719  
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**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

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<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

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*SANTA FE NM  
Nov 22 2019  
HHS  
USPO 87504*

Spectrum 7 1984 Drilling Program  
1100 Louisiana Street  
Suite 2950  
Houston, TX 77002

See instructions

USPS TRACKING#



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

9590 9403 0913 5223 4428 82

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Spectrum 7 Energy Corporation  
1100 Louisiana Street  
Suite 2950  
Houston, TX 77002



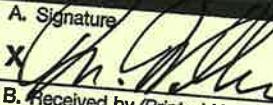
9590 9403 0913 5223 4428 82

2. Article Number (Transfer from service label)

7015 1730 0000 9793 8691

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
B. Received by (Printed Name)	<input type="checkbox"/> Addressee	
		C. Date of Delivery

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

3. Service Type
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| <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 |

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**



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

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

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

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Spectrum 7 Energy Corporation  
1100 Louisiana Street  
Suite 2950  
Houston, TX 77002

SANTA FE NM  
NM 22019  
USPO 87504

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4429 36

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Spectrum 7 Institutional Drilling  
Partnership  
1100 Louisiana Street, Suite 2950  
Houston, TX 77002



9590 9403 0913 5223 4429 36

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7702

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  
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 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

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

**CERTIFIED MAIL**



7702  
8684 7702  
0000 8684  
0000 0000  
3040 0000  
7017 3040  
7017 3040  
7017 3040

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	\$ _____

Postage

\$

Total

\$

Sent

Street

City

State

Zip

Spectrum 7 Institutional Drilling  
Partnership  
1100 Louisiana Street, Suite 2950  
Houston, TX 77002

SANTA FE NM

Postmark  
Now 2 2019

USPO 87504

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

Instructions



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

9590 9403 0913 5223 4430 63

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Spectrum 7 1983 B Drilling Program  
1100 Louisiana Street  
Suite 2950  
Houston, TX 77002



9590 9403 0913 5223 4430 63

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7726

**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

- |  |   |
|--|---|
| <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



**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 | \$ _____ |

Postage

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**SANTA FE NM**  
Nov 22 2019  
Postmark  
Here  
USPO 87504

Spectrum 7 1983 B Drilling Program  
1100 Louisiana Street  
Suite 2950  
Houston, TX 77002

or Instructions

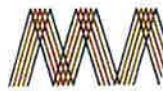
USPS TRACKING#



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

9590 9403 0913 5223 4430 49

United States  
Postal Service



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Spirit Trail, LLC  
PO Box 1818  
Roswell, NM 88202



9590 9403 0913 5223 4430 49

? Article Number (Transfer from service label)

7017 3040 0000 186H17740

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Allie Bishop*

Agent  
 Addressee

B. Received by (Printed Name)

*Allie Bishop*

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



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

\$ \_\_\_\_\_

To \_\_\_\_\_

\$ \_\_\_\_\_

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Si \_\_\_\_\_

CI \_\_\_\_\_

Spirit Trail, LLC  
PO Box 1818  
Roswell, NM 88202

SANTA FE NM  
Postmark  
Nov 22 2019  
USPO 87504

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4430 32

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

State Highway Commission of New  
Mexico  
PO Bos 1149  
Santa Fe, NM 87502



9590 9403 0913 5223 4430 32

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7757

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

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

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

\$

**SANTA FE NM**  
Nov 22 2019  
Here  
USPO 87504

State Highway Commission of New  
Mexico  
PO Bos 1149  
Santa Fe, NM 87502

PS Form 3800, April 2013 PSN 7530-02-000-8847

for Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 47

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Norman L. Stevens, Jr. Irrevocable Trust  
Norman L. Stevens, III, Trustee c/o  
Foley Gardere  
1000 Louisiana St., Suite 2000  
Houston, TX 77002



9590 9403 0913 5223 4449 47

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X N.G. WILKINSON  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 |
| (over \$500)   |   |

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9945

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

Domestic Return Receipt



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



9945  
5152 9945  
0000 0000 0000 0000  
7014 0150 0000 5152 9945

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	<p>SANTA FE NM NOV 27 2010 USPS 87504</p>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Payment		

St Norman L. Stevens, Jr. Irrevocable Trust  
Si Norman L. Stevens, III, Trustee c/o  
Or Foley Gardere  
Cl 1000 Louisiana St., Suite 2000  
Houston, TX 77002

PS

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4430 25

United States  
Postal Service

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

\* Standard Please print your name, address, and ZIP code® in this box\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Steven C. Walterscheid  
1706 East Wood Avenue  
Carlsbad, NM 88220



9590 9403 0913 5223 4430 25

2. Article Number (Transfer from service label)

2017 3040 0000 8684 7764

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Logan Riley

Agent

Addressee

C. Date of Delivery

11-25

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

3. Service Type

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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted

Delivery

Return Receipt for

Merchandise

Signature Confirmation™

Signature Confirmation

Restricted Delivery

(over \$500)

Domestic Return Receipt

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

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

**CERTIFIED MAIL**



7764 7764 8684 8684 7764  
7017 3040 0000 8684 7764  
7017 3040 0000 8684 7764

**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 \$ _____

Postage

\$

To

\$

Si

SI

C

Steven C. Walterscheid  
1706 East Wood Avenue  
Carlsbad, NM 88220

SANTA FE NM  
7/10/2015  
USPS 87504  
Postmark  
Here

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

for Instructions

USPS TRACKING#



9590 9403 0913 5223 4430 18

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10Overflow/Rita SWD 1  
15408-1901/STS

<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>		<p>A. Signature <i>Susan T. Johnson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SCHUYLER J. HARRIS</i> <i>11-28-19</i></p> <p>C. Date of Delivery <i>11-28-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <i>✓</i></p>	
<p>1. Article Addressed to:</p> <p>Susan T. Johnson 11290 North St. Matthews Mountain Road Prescott Valley, AZ 86315</p> <p><b>9590 9403 0913 5223 4430 18</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" 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</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 3040 0000 8684 7771</p>		<p>Domestic Return Receipt</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			

<p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.</p> <p><b>CERTIFIED MAIL</b></p>	<p><b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p>	
	<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p>	
<p><b>OFFICIAL USE</b></p>		
<p><b>Certified Mail Fee</b></p> <p>\$ <i>1.00</i></p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ <i>0.00</i>  <input type="checkbox"/> Return Receipt (electronic) \$ <i>0.00</i>  <input type="checkbox"/> Certified Mail Restricted Delivery \$ <i>0.00</i>  <input type="checkbox"/> Adult Signature Required \$ <i>0.00</i>  <input type="checkbox"/> Adult Signature Restricted Delivery \$ <i>0.00</i></p>		
<p><b>Postage</b></p> <p>\$ <i>1.00</i></p>		
<p>Susan T. Johnson 11290 North St. Matthews Mountain Road Prescott Valley, AZ 86315</p>		
<p><i>SANTA FE NM NOV 22 2019 USPS 87504</i></p>		
<p>See Reverse for Instructions</p>		

USPS TRACKING#



9590 9403 0913 5223 4430 94

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Burlington Northern and Santa Fe Railway Company  
Attn: Blaine Bilderback  
2500 Lou Menk Drive  
Fort Worth, TX 76131



9590 9403 0913 5223 4430 94

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7849

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X AOB/GL MAILROOM  
FORT WORTH, TX

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/25/19

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

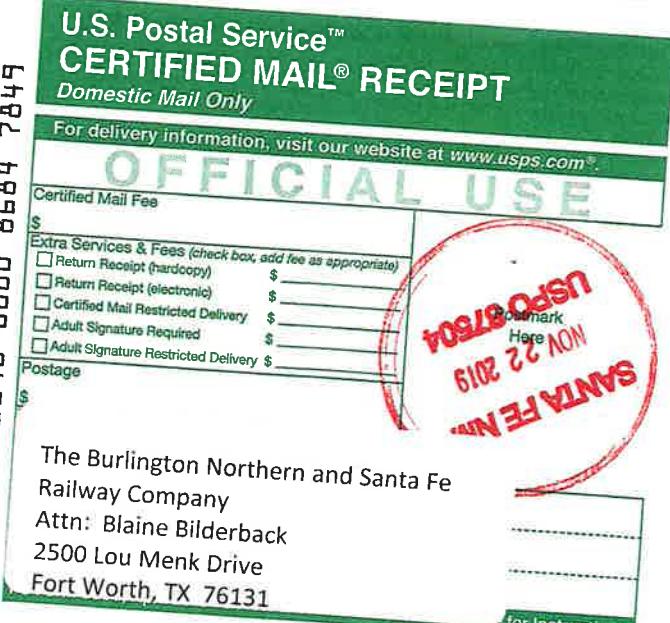
Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt



USPS TRACKING#



9590 9403 0913 5223 4431 17

United States  
Postal Service

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

\* Sender: Please print your name, address

TX\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Thomas E. Forni  
1013 South Country Club Drive  
Carlsbad, NM 88220



9590 9403 0913 5223 4431 17

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7825

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

- |  |   |
|--|---|
| <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



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

**CERTIFIED MAIL**

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

\$

<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 Fees

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Thomas E. Forni  
1013 South Country Club Drive  
Carlsbad, NM 88220

SANTA FE NM  
Nov 24 2019  
Postmark Here  
USPS 8604

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4431 24

United States  
Postal Service

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

\* Sender: Please print your name, address and ZIP code. *7X\**

MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Tumbler Energy Partners, LLC  
PO Box 50938  
Midland, TX 79710



9590 9403 0913 5223 4431 24

2 Article Number (Transfer from service label)

7017 3040 0000 8684 7818

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ally Custer

- Agent  
 Addressee

B. Received by (Printed Name)

Ally Custer

C. Date of Delivery

11/26/19

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  
 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



7017 3040 0000 8684 7818  
7017 3040 0000 8684 7818

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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

\$

\_\_\_\_\_

Tumbler Energy Partners, LLC  
PO Box 50938  
Midland, TX 79710

SANTA FE NM  
Postmark  
Here  
NOV 22 2019  
USPS 87504

for Instructions

USPS TRACKING#



9590 9403 0913 5223 4431 31

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

Uplift Energy, LLC  
PO Box 10702  
Midland, TX 73102



9590 9403 0913 5223 4431 31

2 Article Number (Transfer from service label)

7017 3040 0000 8684 7801

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jared Forush*

Agent  
 Addressee

B. Received by (Printed Name)

Jared Forush

C. Date of Del:

NOV 25 2015  
DOWNTOWN  
MIDLAND  
79701-4595

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

10702

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

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



7801  
8684  
0000  
0000  
3040  
3040  
7017  
7017

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

\$

Uplift Energy, LLC  
PO Box 10702  
Midland, TX 73102

SANTA FE NM  
NOV 22 2015  
Here  
USPS 87504

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4427 90

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.

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Bill Waldrop  
100 West Bender Boulevard  
Hobbs, NM 88240



9590 9403 0913 5223 4427 90

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

7014 0150 0000 5153 0873

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 Agent  
 Addressee

## B. Received by (Printed Name)

CHELSEA PATTERSON 11/25/19

## 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 |
| <i>All</i>   |   |
| <i>All Restricted Delivery</i>                                   |   |

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

Domestic Return Receipt



0873  
0873  
5153  
5153  
0000  
0000  
0150  
0150  
7014  
7014

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

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

**OFFICIAL USE**

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

**SANTA FE NM**  
NOV 22 2019  
Postmark  
Here  
**USPS 67504**

Bill Waldrop  
100 West Bender Boulevard  
Hobbs, NM 88240

PS Form 3800, August 2000  
See reverse for instructions

USPS TRACKING#



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

9590 9403 0913 5223 4430 87

United States  
Postal ServiceMONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Willischild Oil & Gas Corp.  
c/o Jackie D. Willis  
904 G. Street  
Snyder, OK 73566



9590 9403 0913 5223 4430 87

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

7014 0150 0000 5153 0439

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Jackie D. Willis*  Agent  
 Addressee

## B. Received by (Printed Name)

*Jackie D. Willis*

## C. Date of Delivery

*25 Nov 19*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 Deliver Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

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

**CERTIFIED MAIL™**

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee  
(Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee  
(Endorsement Required) \_\_\_\_\_

Willischild Oil & Gas Corp.  
c/o Jackie D. Willis  
904 G. Street  
Snyder, OK 73566

POSTAGE PAID AUGUST 2000

See for Instructions

*SANTA FE NM  
NOV 22 2019*

USPS TRACKING#



9590 9403 0913 5223 4425 85

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Wildcat Energy, LLC  
PO Box 13323  
Odessa, TX 79768



9590 9403 0913 5223 4425 85

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

7014 0150 0000 5153 0460

## 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

- Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

7014 0150 0000 5153 0460

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE****NO POSTAGE PAID**

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

SANTA FE NM  
Nov 29 2019  
Postmark  
Here  
USPO 87504

Wildcat Energy, LLC  
PO Box 13323  
Odessa, TX 79768

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4433 60

United States  
Postal Service

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



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</p> <p>X</p> <p>B. Received by (Printed Name)</p> <p>Duke Edens</p> <p>C. Date of Delivery</p> <p>11-26-19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>11-26-19</p>	
1. Article Addressed to:		3. Service Type	
White Star Energy, Inc. PO Box 51108 Midland, TX 79710		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail 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	
9590 9403 0913 5223 4433 60		<input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number / Transfer from service label		(over 3500)	
7014 0150 0000 5153 0477			

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

Domestic Return Receipt

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

**CERTIFIED MAIL™**

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

7014 0150 0000 5153 0477

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

SANTA FE NM  
NOV 26 2019  
USPS 87504

White Star Energy, Inc.  
PO Box 51108  
Midland, TX 79710

PS Form 3800, August 2006

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4433 84

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Waterscheid Family Minerals  
3129 Hepler Road  
Carlsbad, NM 88220



9590 9403 0913 5223 4433 84

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1139

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*James Waterscheid*  Agent  Addressee

B. Received by (Printed Name)

*James Waterscheid*  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

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



5153 1139  
5153 1139  
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7014 7014

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

*SANTA FE NM  
NOV 22 2015  
USPS 87504*

Waterscheid Family Minerals  
3129 Hepler Road  
Carlsbad, NM 88220

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

for Instructions

USPS TRACKING#



9590 9403 0913 5223 4433 91

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Warwick-Acres, LLC  
6608 North Western Avenue  
Box 417  
Oklahoma City, OK 73116



9590 9403 0913 5223 4433 91

## 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
- |  |   |
|--|---|
| <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 |

## 2. Article Addressed to:

7014 0150 0000 5153 1146

Restricted Delivery

(over 6000)

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com).**OFFICIAL USE**

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

Warwick-Acres, LLC  
6608 North Western Avenue  
Box 417  
Oklahoma City, OK 73116

See Instructions

USPS TRACKING#



9590 9403 0913 5223 4433 08

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WPX Energy Permian, LLC  
3500 One Williams Center  
Suite 2600  
Tulsa, OK 74172



9590 9403 0913 5223 4433 08

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1160

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  
11-26-19

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                     |   |

- 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

Adult Signature

Collect on Delivery

Collect on Delivery Restricted Delivery

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**RETURNED ENVELOPES**

USPS TRACKING#



7590 9403 0913 5223 4429 67

United States  
Postal Service

Returned  
Envelope  
12/3/19

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sally H. Wheeler and Richard Jaqua  
Holmes, Trustees of the Holmest Trust  
PO Box 667  
Hobbs, NM 88240



9590 9403 0913 5223 4429 67

2. Article Number (Transfer from service label)

7015 1730 0000 9793 8745

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 |

Restricted Delivery

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL**®

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

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

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

\$

To

\$

Si

Si

C

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

Sally H. Wheeler and Richard Jaqua  
Holmes, Trustees of the Holmest Trust  
PO Box 667  
Hobbs, NM 88240

or Instructions

SANTA FE NM  
MM 32/2019  
Postmark  
Here  
USPO 87504

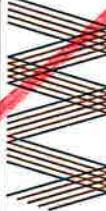
AMERICAN  
EXPRESS

7015 1730 0000 9793 8745



MAILED FRO  
021P  
000092912,



**MONTGOMERY  
& ANDREWS**  
  
LAW FIRM

P.O. Box 2307

Santa Fe, New Mexico 87504-2307

Sally H. Wheeler and Richard Jaqua  
Holmes, Trustees of the Holmest Trust  
PO Box 667  
Hobbs, NM 88240

1st NOTICE 11/26  
2nd NOTICE \_\_\_\_\_  
RETURNED \_\_\_\_\_

NIXIE 731 SE 1 0112/03/19

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
MAILER UNKNOWN



PRINTED MAIL



7017 3040 0000 9684 7108



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307

Santa Fe, New Mexico 87504-2307

Foreman Enterprises, Inc.  
PO Box 5115  
Edmond, OK 73083

ANK

MXTE 731 DE 1 0112/03/19

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN

USPS TRACKING#



7590 9403 0913 5223 4448 55

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

Returned  
Envelope  
12/6/19

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Martha W. Skeen  
6505 Porter Road  
Carlsbad, NM 88220



9590 9403 0913 5223 4448 55

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

7017 3040 0000 8684 7368

## 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

- |  |   |
|--|---|
| <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"/> Mail Restricted Delivery                |   |

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7017 3040 0000 8684 7368

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor 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	\$ _____

## Postage

\$

Martha W. Skeen  
6505 Porter Road  
Carlsbad, NM 88220



PS FORM 3811, APRIL 2015, PSN 7530-02-000-9053

for Instructions



CENTRAL RECORDS

78017 3040 0040 0000 4898 79367



**\$ 008.95**  
02 1P 0000929124 NOV 22 2019  
MAILED FROM ZIP CODE 87501

NOV 22 2019

300929124

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ZIP CODE 81501

FILED FROM

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**MONTGOMERY  
& ANDREWS**  
LAW FIRM

LAW FIRM

BO BOY 207

Santa Fe New Mexico 87501-2307

Martha W. Skeen  
6505 Porter Road  
Carlsbad, NM 88220

"B-T-8" 882205047-1N 12/06/19

RETURN TO SENDER  
NO SUCH NUMBER  
UNABLE TO FORWARD

卷之三



**CERTIFIED MAIL**



2014 0150 0000 5153 1115



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307

Santa Fe, New Mexico 87504-2307



W U C P 12 / 03 / 19

R - T - S - 875295209-1N

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

11-23 8A  
11-28  
12-8

K36

11-23

USPS TRACKING#



9590 9403 0913 5223 4431 00

United States  
Postal Service

• Sender Please print your name, address, and ZIP+4 in the box.



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Returned  
Envelope  
12/7/19

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Gertrude M. Walterscheid Revocable Trust-Gertrude M. Walterscheid, Trustee  
2103 Westridge Road  
Carlsbad, NM 88220

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



9590 9403 0913 5223 4431 00

2. Article Number

2017 3040 0000 8684 7832

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

\$	
<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

\$

The Gertrude M. Walterscheid Revocable Trust-Gertrude M. Walterscheid, Trustee  
2103 Westridge Road  
Carlsbad, NM 88220

SANTA FE NM  
12/7/19  
Postmark  
Here  
NO USPO USPS

for Instructions

STICKER AT TOP OF ENVELOPE  
OF THE JOHN ADDRESS LINE

**CERTIFIED MAIL®**



7017 3040 0000 8684 7832



UNITED STATES POSTAL SERVICE  
02 1P \$ 008.950  
0000929124 NOV 22 2019  
MAILED FROM ZIP CODE 87501

**MONTGOMERY  
& ANDREWS  
LAW FIRM**

P.O. Box  
Santa Fe, N.M.

The Gertrude M. Walterscheid Revocable  
Trust-Gertrude M. Walterscheid, Trustee  
2103 Westridge Road  
Carlsbad, NM 88220

BC: 88220357203 002326N33203-00259  
C0017\*

UNAMENABLE TO FORWARD REVERSE C0017/19

WITNESS 731 SEC 1 0112/07/19

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

SC: 87504230707 2326N341213-02569

USPS TRACKING#

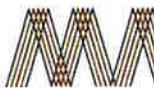


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9403 0913 5223 4448 24

United States  
Postal Service

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Returned 12/19  
Envelope

Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Gertrude M. Walterscheid  
2103 Westridge Road  
Carlsbad, NM 88220



9590 9403 0913 5223 4448 24

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

7017 3040 0000 8684 7177

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 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                |   |
| (10)   |   |

 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™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor 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	\$ _____

## Postage

\$

Tot:

\$

Ser:

Sinc:

City:

PS:

Gertrude M. Walterscheid  
2103 Westridge Road  
Carlsbad, NM 88220



See Reverse for Instructions

**CERTIFIED MAIL**



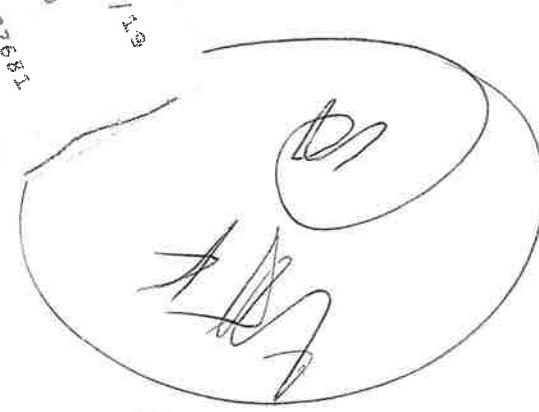
7017 3040 0000 8684 7177



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Gertrude M. Walterscheid  
2103 Westridge Road  
Carlsbad, NM 88220

RECEIVED  
NOV 22 2019  
U.S. POSTAL SERVICE  
CARLSBAD, NM  
MAILED FROM ZIP CODE 87501







21 \* R E S \*

7014 0150 0000 5153 0767

-R-T-S- 02210-RFSS-1N 11/26/19

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD  
RETURN TO SENDER

MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Aeneas Energy Corporation  
600 Atlantic Avenue  
Boston, MA 2210

USPS TRACKING#



9590 9403 0913 5223 4427 45

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Bob Calhoon  
500 East Zia Drive  
Hobbs, NM 88240

**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  
(0)
- Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery



9590 9403 0913 5223 4427 45

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0927

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

Domestic Return Receipt



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



5153 0927  
0000 0000 0000 0000  
0150 0150 0150 0150  
7014 7014 7014 7014

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

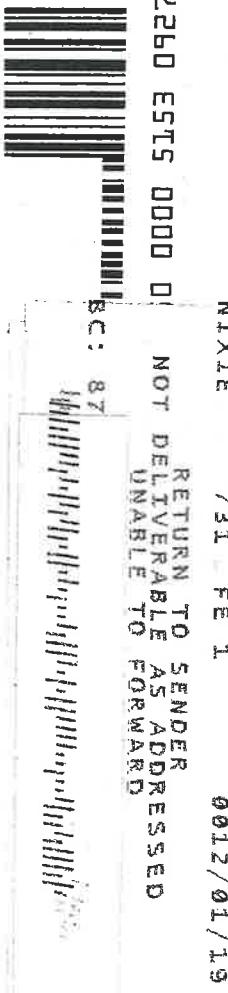
For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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



Bob Calhoon  
500 East Zia Drive  
Hobbs, NM 88240



MONTGOMERY  
& ANDREWS

LAW FIRM

P.O. Box 2307

Santa Fe, New Mexico 87504-2307

Bob Calhoon  
500 East Zia Drive  
Hobbs, NM 88240

FOE

USPS TRACKING#



9590 9403 0913 5223 4426 53

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CBF Company  
c/o Wells Fargo Bank of Hobbs  
PO Box 5614  
Hobbs, NM 88240



9590 9403 0913 5223 4426 53

2. Article Number (Transfer from service label)

7014 0150 0000 5153 1016

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 |
| Mail   | (10)  |
| Mail Restricted Delivery   |   |

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

CERTIFIED MAIL™  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT.  
OF THE RETURN ADDRESS; FOLD AT DOTTED LINE.



7014 0150 0000 5153 1016  
7014 0150 0000 5153 1016

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

Cent

CBF Company

c/o Wells Fargo Bank of Hobbs

PO Box 5614

Hobbs, NM 88240

SANTA FE NM

NOV 22 2014

USPS 87504

PS Form

Instructions



02 1P \$ 008.95  
0000929124 NOV 22 2019  
MAILED FROM ZIP CODE 87501

三



731 DE 1 6011/30/1  
RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

MONTGOMERY  
& ANDREWS  
LAW FIRM



P.O. Box 2307  
Santa Fe, New

**MONTGOMERY  
& ANDREWS**  
LAW FIRM

LAW FIRM

CBF Company  
c/o Wells Fargo Bank of Hobbs  
PO Box 5614  
Hobbs, NM 88240

2nd NOTICE

卷之三

USPS TRACKING#



9590 9403 0913 5223 4541 99

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

United States  
Postal Service



Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Cyprus Gas Corporation  
9100 East Mineral Circle  
Englewood, CO 80112

**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"/> Domestic Mail                           |   |
| <input type="checkbox"/> International Mail                      |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> P.O.                                    |   |

9590 9403 0913 5223 4541 99

2. Article Number (Transfer from service label)

7017 3040 0000 8684 6897

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

\$	
<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	\$

SANTA FE NM  
NOV 22 2010  
Postmark  
Here  
USPS 87504

Cypress Gas Corporation  
9100 East Mineral Circle  
Englewood, CO 80112

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

SEE REVERSE FOR INSTRUCTIONS



7017 3040 0000 8684 6897



8611/30/19  
NXXE 808 721

NOT RETURN TO SENDER  
UNDELIVERABLE AS ADDRESSED  
TO ENDER

MONTGOMERY  
& ANDREWS  
LAW FIRM



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

*[Handwritten signature]*

Cyprus Gas Corporation  
9100 East Mineral Circle  
Englewood, CO 80112

UTF

USPS TRACKING#



9590 9403 0913 5223 4444 80

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Howard Family Resources, LLC  
 Margaret Howard, Manager  
 6807 NE 69<sup>th</sup> Circle  
 Vancouver, WA 98661



9590 9403 0913 5223 4444 80

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

7017 3040 0000 8684 7146

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

**X**
 Agent  
 Addressee
 

## B. Received by (Printed Name)

## C. Date of Delivery

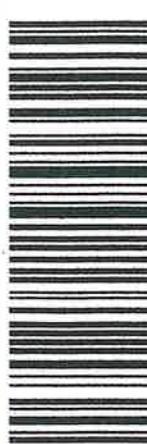
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 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"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Mail Restricted Delivery 0)             |   |

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

Domestic Return Receipt


 7146  
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 7146  
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 3040  
 7017  
 3040  
 7146
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor 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 | \$ _____ |

Postage

\$

Tot

\$

Se

Stn

Cty

 Howard Family Resources, LLC  
 Margaret Howard, Manager  
 6807 NE 69<sup>th</sup> Circle  
 Vancouver, WA 98661

 SANTA FE NM  
 NOV 22 2019  
 Postmark  
 Here  
 USPO 87504

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

See Reverse for Instructions



7017 3040 0000 8684 71



02 1P  
0000929124 NOV 22 2019  
MAILED FROM ZIP CODE 87501

02 1P  
0000929124 NOV 22 2019  
MAILED FROM ZIP CODE 87501

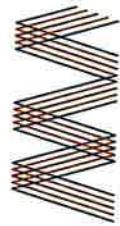
NIXIE

980 CC 1

NOT RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

[REDACTED]

MONTGOMERY  
& ANDREWS  
LAW FIRM



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Howard Family Resources, LLC  
Margaret Howard, Manager  
6807 NE 69<sup>th</sup> Circle  
Vancouver, WA 98661

*ML*

USPS TRACKING#



9590 9403 0913 5223 4447 18

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Khody Land and Minerals Company  
210 Park Avenue  
Suite 710  
Oklahoma City, OK 73102



9590 9403 0913 5223 4447 18

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7283

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"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Restricted Delivery                     |   |

Domestic Return Receipt



8684 7283  
0000 0000  
0000 0000  
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7017 3040  
7017 3040  
7017 3040

**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 | \$ _____ |

Postage

\$

Tot

\$

Se

Stn

Cty

PS

Khody Land and Minerals Company  
210 Park Avenue  
Suite 710  
Oklahoma City, OK 73102

SANTA FE NM  
Nov 24 2019  
Postmark  
USPO 87504

See Reverse for Instructions



NO. 1. DELIVERABLE AS KODAKRESSED  
UNABLE TO FORWARD

0112/01/19 NIXIE 131 LEI

MONTGOMERY  
 & ANDREWS  
 LAW FIRM



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

**Khody Land and Minerals Company**  
210 Park Avenue  
Suite 710  
Oklahoma City OK 73102

87584236767 23268335193-00461

USPS TRACKING#



9590 9403 0913 5223 4430 56

United States  
Postal Service

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



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

Spindletop Exploration Company  
PO Box 50787  
Midland, TX 79710



9590 9403 0913 5223 4430 56

2. Article Number from service label

7017 3040 0000 8684 7733

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

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

**CERTIFIED MAIL**®



7733  
8684 8684  
0000 0000  
7017 3040  
7017 3040

**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 U.S.**

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 \$

Postage

\$

Spindletop Exploration Company  
PO Box 50787  
Midland, TX 79710

*SANTA FE NM  
NOV 22 2010  
Postmark  
Here  
USPO 87504*

See Reverse for Instructions

2017 3040 0000 8684 7733



UNITED STATES POSTAL SERVICE  
PITNEY BOWES  
02 1P \$ 008.95  
0000929124 NOV 22 2019  
MAILED FROM ZIP CODE 87501

27  
W  
J

H

Spindletop Exploration Company  
PO Box 50787  
Midland, TX 79710



MONTGOMERY  
& ANDREWS

LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

MXTE 731 FEE 1 0012/01/19

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

8c

USPS TRACKING#



9590 9403 0913 5223 4430 70

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender Please Print

X\*

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 V. and Ida Oaks  
416 East Alto Drive  
Hobbs, NM 88240



9590 9403 0913 5223 4430 70

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

7014 0150 0000 5153 0446

## 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 |

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

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

William V. and Ida Oaks  
416 East Alto Drive  
Hobbs, NM 88240



See Reverse for Instructions



02 1P  
0000929124 NOV 22 2019  
MAILED FROM ZIP CODE 87501

7014 0150 0000 5153 0446



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

William V. and Ida Oaks  
416 East Alto Drive

"R-T-S" 882402006 "IN" 11/30/19

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

RECORDED MAIL

USPS TRACKING#



9590 9403 0913 5223 4433 77

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

Westbrook Oil Corporation  
1320 County Road  
Suite 66A  
Hobbs, NM 88240



9590 9403 0913 5223 4433 77

2. Article Number (Transfer from service label)

2014 0150 0000 5153 1122

## 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 |

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

Domestic Return Receipt



### U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
<input type="checkbox"/>		
Certified Fee		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Return Receipt Fee (Endorsement Required)		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Restricted Delivery Fee (Endorsement Required)		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**SANTA FE NM**  
NOV 25 2019  
Postmark Here  
**USPS 87504**

Westbrook Oil Corporation  
1320 County Road  
Suite 66A  
Hobbs, NM 88240

PS Form 3800, August 2006

See Reverse for Instructions



\$ 008.950  
02 1P  
0000929124 NOV 22 2019  
MAILED FROM ZIP CODE 87501



731 52 1 0111/30/19

NIXIE

7014 0150 0000 5153 1122

RETURN TO SENDER  
NO MAIL RECEPACLE  
UNABLE TO FORWARD

BC: 87504230707  
7326N335015-01347

MONTGOMERY  
& ANDREWS  
LAW FIRM



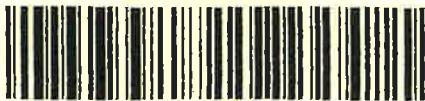
P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Clark

Westbrook Oil Corporation  
1320 County Road  
Suite 66A  
Hobbs, NM 88240

**UNSIGNED CARDS**

USPS TRACKING#



9590 9403 0913 5223 4542 81

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Abel Montoya  
304 East Chapman Road  
Carlsbad, NM 88229



9590 9403 0913 5223 4542 81

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
  - O

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

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0743

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

Domestic Return Receipt



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



U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total F

SANTA FE NM  
NOV 22 2010  
Postmark  
Here  
USPS 87504

Sent To Abel Montoya  
Street, 304 East Chapman Road  
or PO E  
City, St Carlsbad, NM 88229

PS Form 3811-6 (August 2000)

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4542 43

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

American Energy Resources, LLC  
2100 Arapahoe Trail  
Woodland Park, CO 80863



9590 9403 0913 5223 4542 43

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0781

**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"/> Domestic Mail                           |   |
| <input type="checkbox"/> International Mail                      |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> O                                       |   |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



7014 0150 0000 5153 0781  
7014 0150 0000 5153 0781  
7014 0150 0000 5153 0781  
7014 0150 0000 5153 0781

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

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

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total

American Energy Resources, LLC  
2100 Arapahoe Trail  
Woodland Park, CO 80863

Sen  
Street or P.O.  
City  
PS Form 3811

Instructions



USPS TRACKING#



9590 9403 0913 5223 4542 29

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

April Westbrook  
c/o Westbrook Oil Corporation  
1320 County Road, Suite 66A  
Hobbs, NM 88240



9590 9403 0913 5223 4542 29

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0804

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 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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



0804  
0804  
5153  
5153  
0000  
0000  
0150  
0150  
7014  
7014

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total

SANTA FE NM  
NOV 22 2019  
USPS 87504  
Postmark  
Here

April Westbrook  
c/o Westbrook Oil Corporation  
1320 County Road, Suite 66A  
Hobbs, NM 88240

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

USPS TRACKING#



9590 9403 0913 5223 4542 12

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Argo Energy Partners  
500 West 3<sup>rd</sup> Avenue, Suite 2  
PO Box 1808  
Corsicana, TX 75110



9590 9403 0913 5223 4542 12

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0811

**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 |
| (Mail<br>Mail Restricted Delivery<br>IO)                         |   |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL™**

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

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

OFFICIAL USE

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

SANTA FE NM  
NOV 22 2010  
USPS Here

Argo Energy Partners  
500 West 3<sup>rd</sup> Avenue, Suite 2  
PO Box 1808  
Corsicana, TX 75110

PS Form 3811, August 2006

2006 Revision Instructions

USPS TRACKING#



9590 9403 0913 5223 4542 05

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 the "box".



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ascent Energy  
1125 17<sup>th</sup> Street  
Suite 410  
Denver, CO 80202



9590 9403 0913 5223 4542 05

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0828

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"/> Mail Restricted Delivery                |   |
| (0)  |   |

USPS TRACKING#



9590 9403 0913 5223 4543 11

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307overflow/Rita SWD1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Ascent Energy, LLC  
14982 Melco Ave.  
Parker, CO 80134

## 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



9590 9403 0913 5223 4543 11

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

7014 0150 0000 5153 0835

## 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 |

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

Domestic Return Receipt

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

## U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Ascent Energy, LLC 14982 Melco Ave. Parker, CO 80134		
Sent	Street or PC	Instructions
City, I		
PS Form		

USPS TRACKING#



9590 9403 0913 5223 4543 04

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307

*Overflow/Rita SWD 1*  
*15408-1901/STS*

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Axis Energy Corporation  
PO Box 219303  
Houston, TX 77218



9590 9403 0913 5223 4543 04

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0842

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

**X** Agent Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

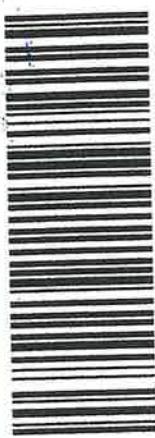
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 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 |
| <i>fail</i>  |   |
| <i>fail Restricted Delivery</i>                                  |   |

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

Domestic Return Receipt

 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

 0842  
0842  
7014 0150 0000 5153 0842  
7014 0150 0000 5153 0842  
7014 0150 0000 5153 0842  
7014 0150 0000 5153 0842
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com).**OFFICIAL USE**

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

 SANTA FE NM  
 NOV 22 2013  
 Postmark  
 87504

 Sent To  
 Axis Energy Corporation  
 PO Box 219303  
 Houston, TX 77218

PS Form 38

USPS TRACKING#



9590 9403 0913 5223 4427 38

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Branex Resources, Inc.  
215 West 4<sup>th</sup> Street  
Roswell, NM 88201

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 |
| Mail   | (over \$500)  |
| Mail Restricted Delivery   |   |

9590 9403 0913 5223 4427 38

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0934

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

Domestic Return Receipt



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



0934  
5153 0934  
0000 5153  
0000 0000  
0150 0150  
7014 7014

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

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



Sent To:  
Branex Resources, Inc.  
215 West 4<sup>th</sup> Street  
Roswell, NM 88201

PS Form

SEE REVERSE FOR INSTRUCTIONS

USPS TRACKING#



9590 9403 0913 5223 4427 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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carlsbad Irrigation District  
5117 Grandi Road  
Carlsbad, NM 88220

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 |
| <i>(All)</i>   |   |
| <i>(All Restricted Delivery)</i>                                 |   |
| <i>(None)</i>  |   |



9590 9403 0913 5223 4427 14

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0958

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

Domestic Return Receipt



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



0958  
ESTS 0953 0958  
0000 0000 0000 0000  
0150 0150 0000 0000  
7014 0150 0000 5153 0958

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Carlsbad Irrigation District  
5117 Grandi Road  
Carlsbad, NM 88220

USPS TRACKING#



9590 9403 0913 5223 4426 77

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Gaye Taylor  
4031 Harmon Lane  
Carlsbad, NM 88220

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 |

9590 9403 0913 5223 4426 77

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0996

Mail  
Mail Restricted Delivery  
(0)

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

Domestic Return Receipt



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

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

To\* Carolyn Gaye Taylor

4031 Harmon Lane

Carlsbad, NM 88220

Ser

Stn

Off

City

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



SEE REVERSE FOR INSTRUCTIONS

## USPS TRACKING#



9590 9403 0913 5223 4426 39

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

United States  
Postal ServiceOverflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Centralia Permian, LLC  
1701 River Run  
Suite 306  
Fort Worth, TX 76107



9590 9403 0913 5223 4426 39

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

7014 0150 0000 5153 1030

## 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

- |  |   |
|--|---|
| <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"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> J                                       |   |

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

Domestic Return Receipt



**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE****SANTA FE NM**

NOV 22 2019

Postmark

USPS 87504

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

Sent 1

Street  
or PO  
Box  
City, S

PS Form

Centralia Permian, LLC  
1701 River Run  
Suite 306  
Fort Worth, TX 76107

Instructions  
Signature  
Address  
Delivery  
Information  
Comments

USPS TRACKING#



9590 9403 0913 5223 4541 75

United States  
Postal ServiceFirst-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10P.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Curtis R. Taylor  
507 East Russell Street  
Carlsbad, NM 88220



9590 9403 0913 5223 4541 75

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

7017 3040 0000 8684 6873

## 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

- |  |   |
|--|---|
| <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 |
| (<br>ail<br>ail Restricted Delivery<br>0)                        |   |

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

Domestic Return Receipt



8684 6873  
8684 6873  
0000 0000 0000 0000  
3040 0000 0000 0000  
7017 3040 0000 8684 6873  
7017 3040 0000 8684 6873

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor 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	\$ _____

## Postage

\$

Total

\$

Sent:

Street:

City, S

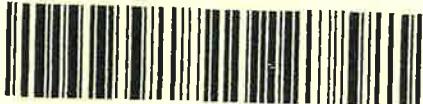
PS Form

Curtis R. Taylor  
507 East Russell Street  
Carlsbad, NM 88220

SANTA FE NM  
NOV 22 2019  
Postmark  
LEPO 87504

Instructions

USPS TRACKING#



9590 9403 0913 5223 4541 82

United States  
Postal Service

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



P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Cynthia Cary Mladenka  
1413 Bedford Drive  
Midland, TX 79701



9590 9403 0913 5223 4541 82

2. Article Number (Transfer from service label)

7017 3040 0000 8684 6880

**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 |
| Mail   |   |
| Mail 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

\$

Send

Street

City

Cynthia Cary Mladenka  
1413 Bedford Drive  
Midland, TX 79701

NOV 2 2014  
Ruston  
MS  
USPS 87504

## USPS TRACKING#



9590 9403 0913 5223 4426 08

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®

MONTGOMERY  
& ANDREWS  
LAW FIRMP.O. Box 2307  
Santa Fe, New Mexico 87504-2307Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Edward J. and Mary Lou Walterscheid  
701 West Riverside Drive  
Carlsbad, NM 88220



9590 9403 0913 5223 4426 08

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

7017 3040 0000 8684 6972

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 |
| (over \$500)   |   |

Domestic Return Receipt

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
 6 972  
6 972  
8 684  
8 684  
0 000  
0 000  
0 000  
0 000  
3 040  
3 040  
7 017  
7 017
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor 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 | \$ _____ |

## Postage

\$

To:

\$

Se:

Sii:

Ch:

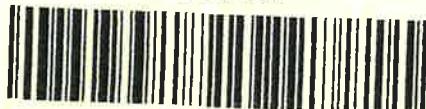
PS:

 Edward J. and Mary Lou Walterscheid  
 701 West Riverside Drive  
 Carlsbad, NM 88220

 NOV 22 2019  
 Postmark  
 SANTA FE NM  
 USPO 87504

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4541 06

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

United States  
Postal Service



Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Jase Minerals, LP  
PO Box 904  
Midland, TX 79702



9590 9403 0913 5223 4541 06

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7122

**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 |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Q                                       |   |

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

Domestic Return Receipt



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



7122  
8684  
8684  
0000  
0000  
0000  
7017  
3040  
7017  
3040

**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 | \$ |

Postage

\$

Tot

\$

Se

Jase Minerals, LP

PO Box 904

Midland, TX 79702

PS



Instructions

USPS TRACKING#



9590 9403 0913 5223 4447 49

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John "Mike" Westbrook  
c/o Westbrook Oil Corporation  
1320 County Road, Suite 66A  
Hobbs, NM 88240



9590 9403 0913 5223 4447 49

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7252

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

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

Domestic Return Receipt



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



7252  
8684 7252  
8684 7252  
0000  
0000  
7017 3040  
7017 3040  
7017 3040

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

\$

/

SANTA FE NM  
NOV 22 2019  
Postmark  
Here  
USPS 87504

John "Mike" Westbrook  
c/o Westbrook Oil Corporation  
1320 County Road, Suite 66A  
Hobbs, NM 88240

for instructions

USPS TRACKING#



9590 9403 0913 5223 4447 25

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lacy Resort Properties, Inc.  
PO Box 2191  
Alto, NM 88312



9590 9403 0913 5223 4447 25

2. Article Number (Transfer from envelope)

7017 3040 0000 8684 7276

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

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

Domestic Return Receipt

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

**CERTIFIED MAIL**

**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

\$

To:

\$

Se:

St:

Co:

Lacy Resort Properties, Inc.  
PO Box 2191  
Alto, NM 88312



USPS TRACKING#



9590 9403 0913 5223 4446 88

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Loveless Land Holdings, LLC  
4024 Goodfellos Drive  
Dallas, TX 75209



9590 9403 0913 5223 4446 88

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7313

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
- 10)
- 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

\$

<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

Loveless Land Holdings, LLC  
4024 Goodfellos Drive  
Dallas, TX 75209

SANTA FE NM  
NOV 22 2019  
Postmark  
Here  
USPS 87504

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

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4445 27

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MCR Permian Company  
5400 LBJ Freeway  
Suite 1500  
Dallas, TX 75240



9590 9403 0913 5223 4445 27

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9846

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"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |

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

Domestic Return Receipt



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

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

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



MCR Permian Company  
5400 LBJ Freeway  
Suite 1500  
Dallas, TX 75240

PS Form 3811, August 2000

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4449 09

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Patricia Crawford  
58 Flora Hills Lane  
Fulshear, TX 77441



9590 9403 0913 5223 4449 09

2. Article Number (Transfer from service label)

7014 0150 0000 5152 9983

**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 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



9983  
5152 9983  
5152 9983  
0000 0000  
0150 0150  
7014 0150  
7014 0150

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

SANTA FE NM  
Nov 12 2019  
Postmark  
Here  
USPS 87504

Patricia Crawford  
58 Flora Hills Lane  
Fulshear, TX 77441

PS

For Instructions

USPS TRACKING#



9590 9403 0913 5223 4428 37

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Leon Walterscheid  
2103 Westridge Road  
Carlsbad, NM 88220



9590 9403 0913 5223 4428 37

2. Article Number (Transfer from service label)

7017 3040 0000 8684 7665

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

PS Form 3811, July 2015 PSN 7530-02-000-9052

Domestic Return Receipt



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



5 7665  
8684 7665  
0000 0000  
0000 0000  
7017 3040  
7017 3040

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 \$	
Postage	
\$	
Total \$	
Sent	Robert Leon Walterscheid
Street	2103 Westridge Road
City	Carlsbad, NM 88220

SANTA FE NM  
NW 21-2019  
Postmark  
Here  
USPS 87504

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

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4429 12

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®



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 F. Duke  
Trustee  
PO Box 3729  
Midland, TX 79702



9590 9403 0913 5223 4429 12

2. Article Number (Transfer from service label)

7015 1730 0000 9793 8660

nd Delivery

Priority Mail Express®  
Priority Mail™  
Priority Mail Restricted  
Delivery

- 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

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

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

Domestic Return Receipt



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



7015 1730 0000 9793 8660  
7015 1730 0000 9793 8660

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

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

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

\$

To

SSN

City

State

Zip

Robert F. Duke  
Trustee  
PO Box 3729  
Midland, TX 79702

SANTA FE NM  
MAY 22 2019  
USPS 87504

PS Form 3800, April 2013 PSN 7530-02-000-9047

See Reverse for Instructions



9590 9403 0913 5223 4429 05

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Daniel Williams  
1200 Hollow Creek Drive  
No. 103  
Austin, TX 78604



9590 9403 0913 5223 4429 05

7015 1730 0000 9793 8677

## 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<br>(over \$500) |   |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL®**



9793 8677  
0000 9793 8677  
0000 9793 8677  
7015 1730 0000 9793 8677  
7015 1730 0000 9793 8677

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

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

## 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

Robert Daniel Williams  
1200 Hollow Creek Drive  
No. 103  
Austin, TX 78604

SANTA  
FE NM  
MAY 2019  
USPSO 87504  
Postmark  
Here

USPS TRACKING#



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

9590 9403 0913 5223 4428 99

United States  
Postal Service

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



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RKI Exploration and Production, LLC  
210 Park Avenue, Suite 710  
Oklahoma City, OK 73102



9590 9403 0913 5223 4428 99

0 Article Number (Standard form number below)  
7015 1730 0000 9793 8684

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<br>(over \$500) |   |

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

Domestic Return Receipt

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

**CERTIFIED MAIL®**



9793 8684  
0000 9793 8684  
7015 1730 0000 9793 8684  
7015 1730 0000 9793 8684

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

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

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 Fees

\$

RKI Exploration and Production, LLC  
210 Park Avenue, Suite 710  
Oklahoma City, OK 73102

SANTA FE NM  
Postmark  
Nov 22 2019  
USPO 87504

See Reverse for Instructions



USPS TRACKING#



9590 9403 0913 5223 4425 61

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Vrooman Energy, LLC  
109 Charleston Boulevard  
Isle of Palms, SC 28451



9590 9403 0913 5223 4425 61

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

7017 3040 0000 8684 7795

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt



**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

Vrooman Energy, LLC  
109 Charleston Boulevard  
Isle of Palms, SC 28451

**SANTA FE NM**  
Postmark  
NOV 22 2018  
USPO 87504

See Reverse for Instructions

USPS TRACKING#



9590 9403 0913 5223 4425 78

United States  
Postal Service

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



Overflow/Rita SWD 1  
15408-1901/STS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 R. Townsend  
110 Rio Vista Drive  
Hereford, TX 79045



9590 9403 0913 5223 4425 78

2. Article Number (Transfer from service label)

7014 0150 0000 5153 0453

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"/> Tracted Delivery                        |   |

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

Domestic Return Receipt



USPS TRACKING#



9590 9403 0913 5223 4432 92

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\*



MONTGOMERY  
& ANDREWS  
LAW FIRM

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Overflow/Rita SWD 1  
15408-1901/STS

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee												
1. Article Addressed to:		<input checked="" type="checkbox"/> X													
Southwest Petroleum Corporation 10551 Barkley Street Suite 108 Overland Park, KS 66212		B. Received by (Printed Name)	C. Date of Delivery												
 9590 9403 0913 5223 4432 92		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
<p>Transfer from service label</p> <p>7014 0150 0000 5153 1153</p> <p>all all Restricted Delivery</p> <p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr></table>				<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"/> 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

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

**CERTIFIED MAIL**

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

SANTA FE NM  
Nov 2019  
Postmark Here  
USPS 67004

Southwest Petroleum Corporation  
10551 Barkley Street  
Suite 108  
Overland Park, KS 66212

For Instructions

## WELLBORE SCHEMATIC

(not to scale)

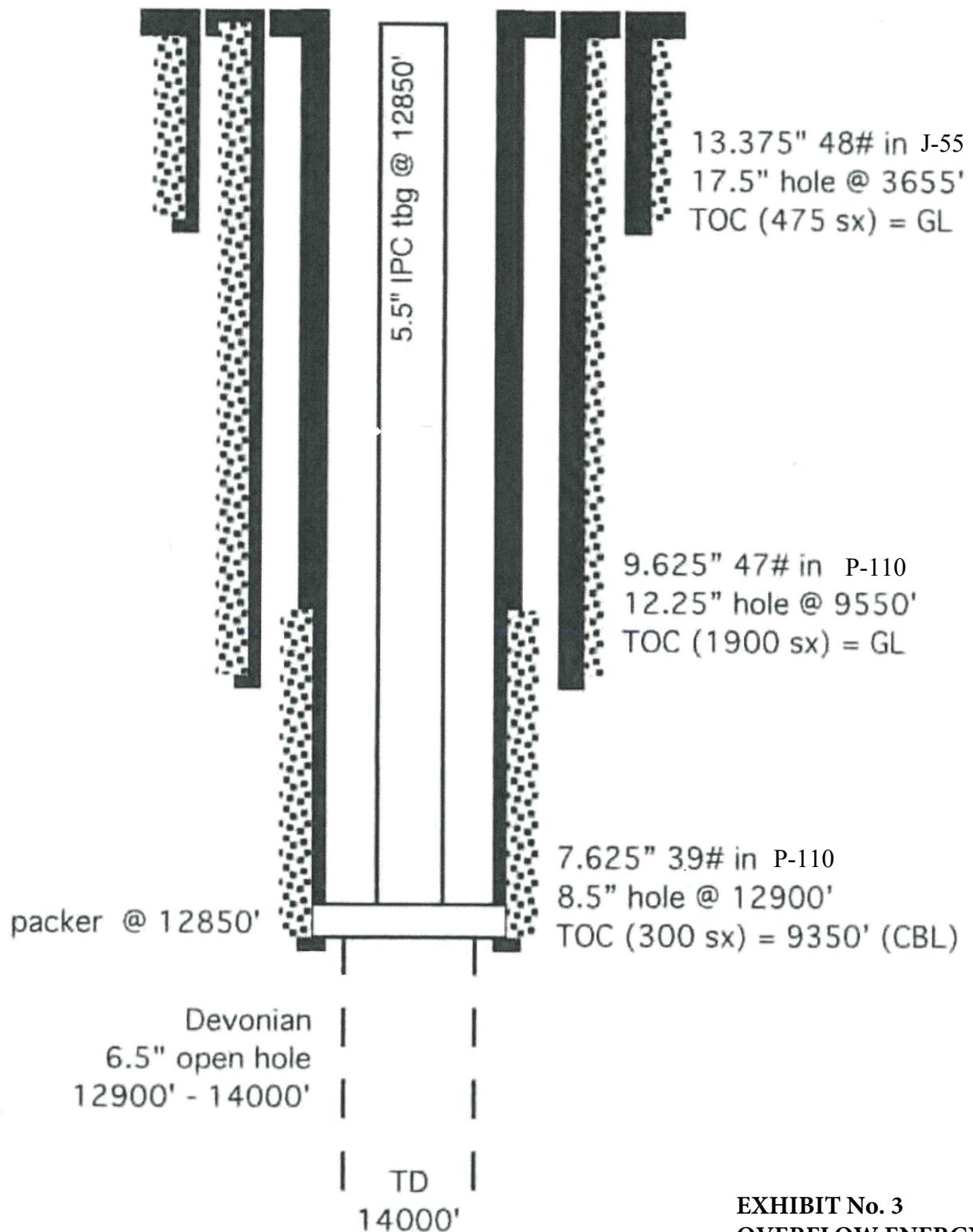


EXHIBIT No. 3  
OVERFLOW ENERGY, LLC  
Rita SWD 1 Well  
NMOCD Case No. 20964  
December 12, 2019 Hearing

Seismic Review of Rita SWD #1

Location

27-22S-27E

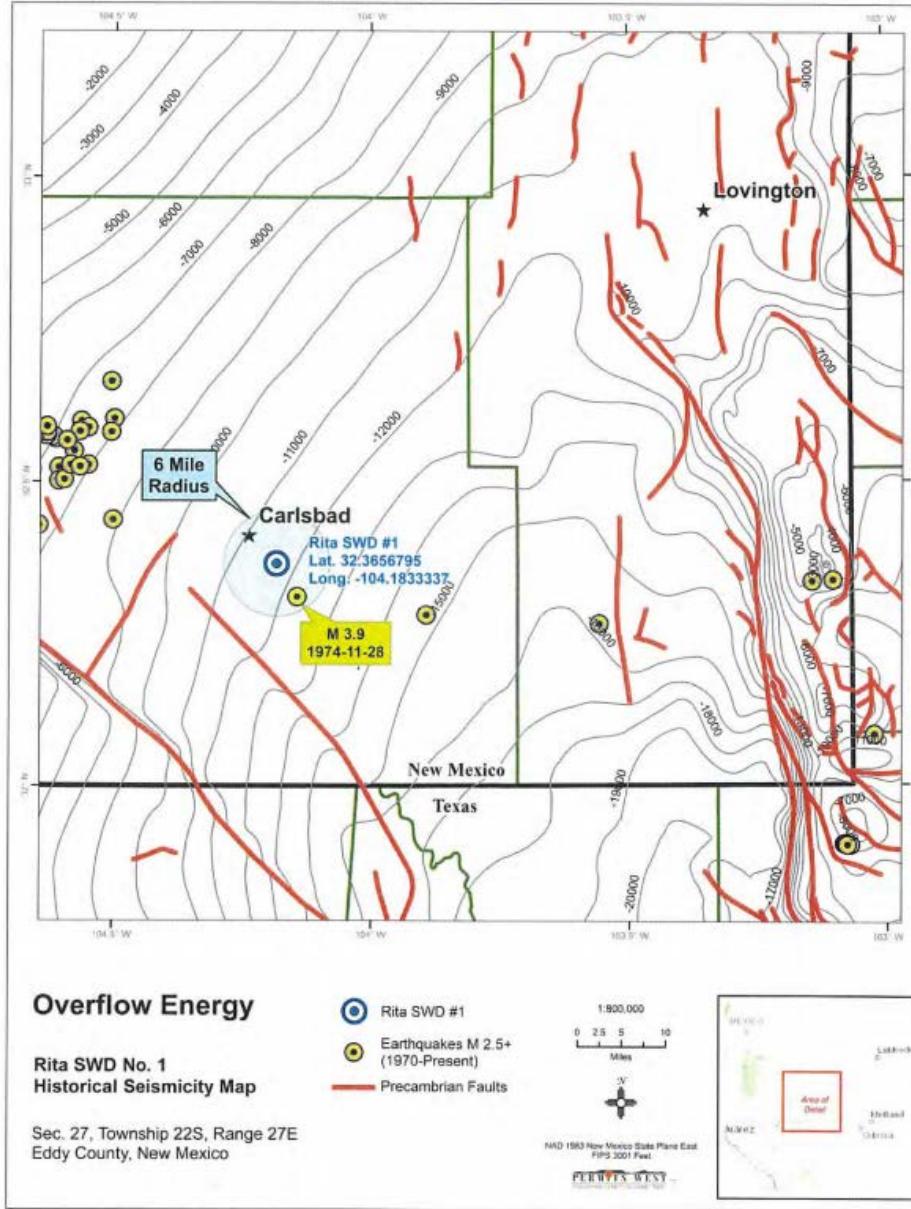


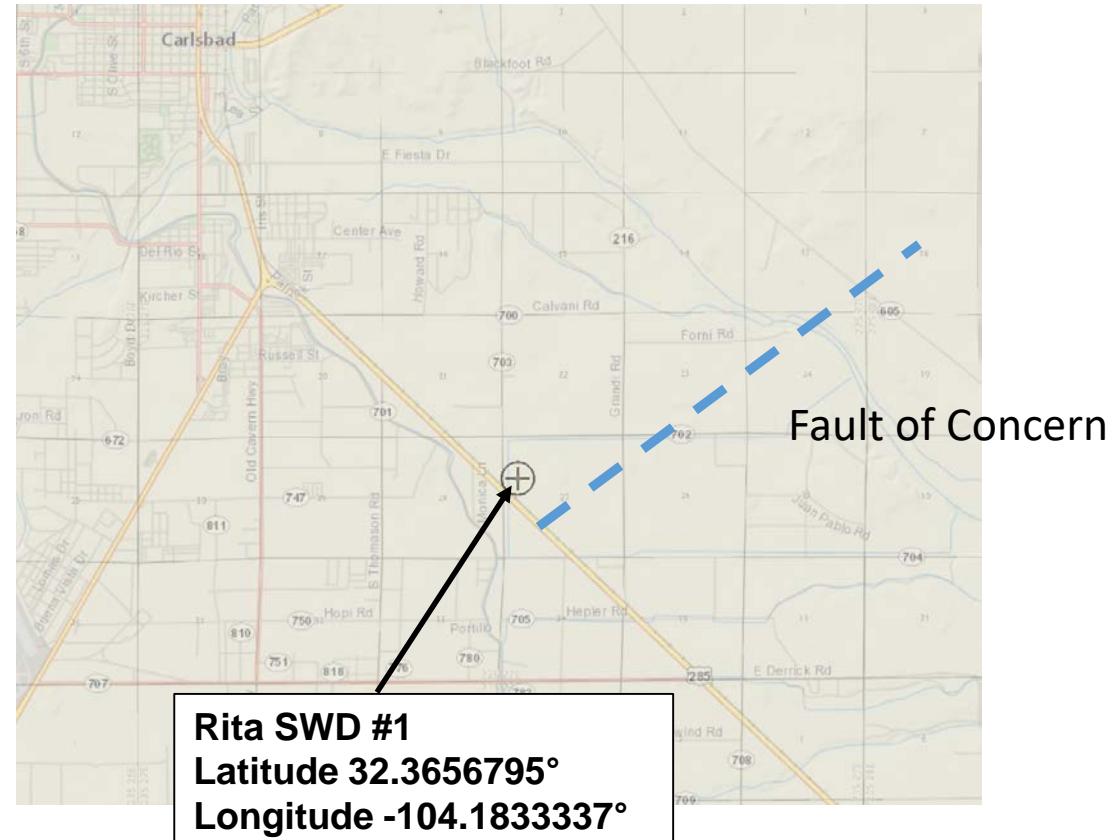
Figure 1. Structural contour map of the Precambrian basement in feet below sea level. Red lines represent the locations of Precambrian basement-penetrating faults (Ewing et al., 1990). The Rita SWD #1 well lies ~9 miles NE of the closest deeply penetrating fault and 4 miles from the closest historic earthquake.

# Summary of Seismic Observations

## 1.) Rita SWD #1:

One N-S fault pick at 3800 ft from proposed SWD well location. Seismic W-E cross section shows injecting into a faulted zone and the fault extending into basement rock.

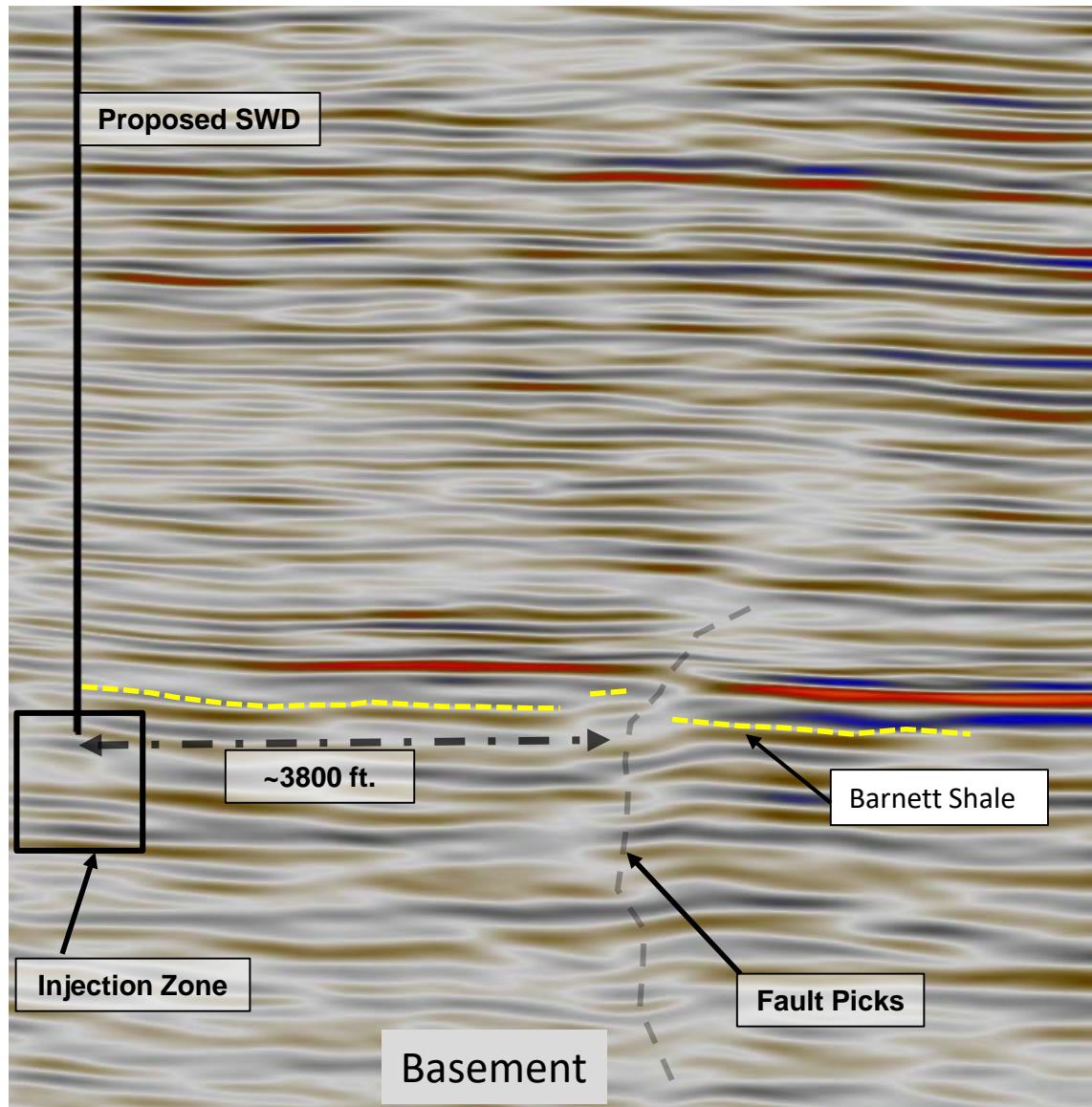
Need to analyze potential of fault slip and induced seismicity on this potential near vertical fault.



# Seismic Evaluation

## Inline View

W



E

Near vertical faults observed on seismic on inline (E-W) view at ~3800 ft. east of proposed Rita SWD #1. The major fault line can be seen in cross line and inline and it is a high angle reverse fault and would have the lowest pore pressure for fault slip in the area. This fault was active from basement to Pennsylvanian times (Canyon-Cisco-Strawn groups).

Recommend modeling pore pressure changes to evaluate slip stability of near vertical fault. Other non-vertical faults will require higher pore pressure to slip. Local fault lines are not high angle (>80 degrees) and are not basement connected.

# Fault Slip Analysis for Rita SWD #1

## Stanford News Service

FEBRUARY 27, 2017

### Stanford scientists develop new tool to reduce risk of triggering manmade earthquakes

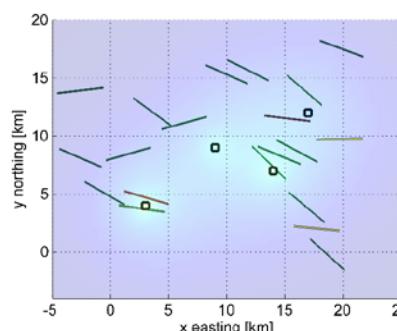
A new software tool can help reduce the risk of triggering manmade earthquakes by calculating the probability that oil and gas production activities will trigger slip in nearby faults.

BY KER THAN

A new, freely available software tool developed by Stanford scientists will enable energy companies and regulatory agencies to calculate the probability of triggering manmade earthquakes from wastewater injection and other activities associated with oil and gas production.

"Faults are everywhere in the Earth's crust, so you can't avoid them. Fortunately, the majority of them are not active and pose no hazard to the public. The trick is to identify which faults are likely to be problematic, and that's what our tool does," said [Mark Zoback](#), professor of geophysics at Stanford's [School of Earth, Energy & Environmental Sciences](#). Zoback developed the approach with his graduate student [Rall Walsh](#).

Oil and gas operations can generate significant quantities of "produced water" – brackish water that needs to be disposed of through deep injection to protect drinking water. Energy companies also dispose of water that flows back after hydraulic fracturing in the same way. This process can increase pore pressure – the pressure of groundwater trapped within the tiny spaces inside rocks in the subsurface –



#### Rita SWD #1 Input Parameters in FSP Tool

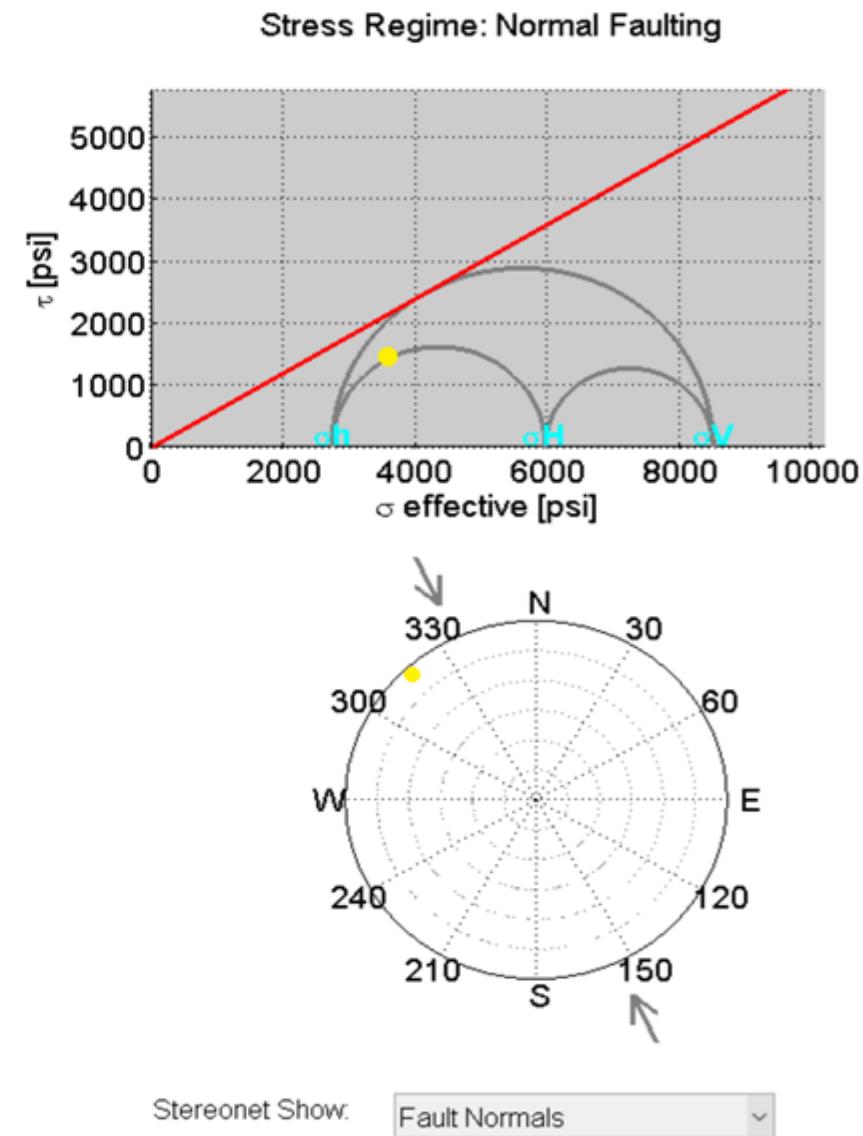
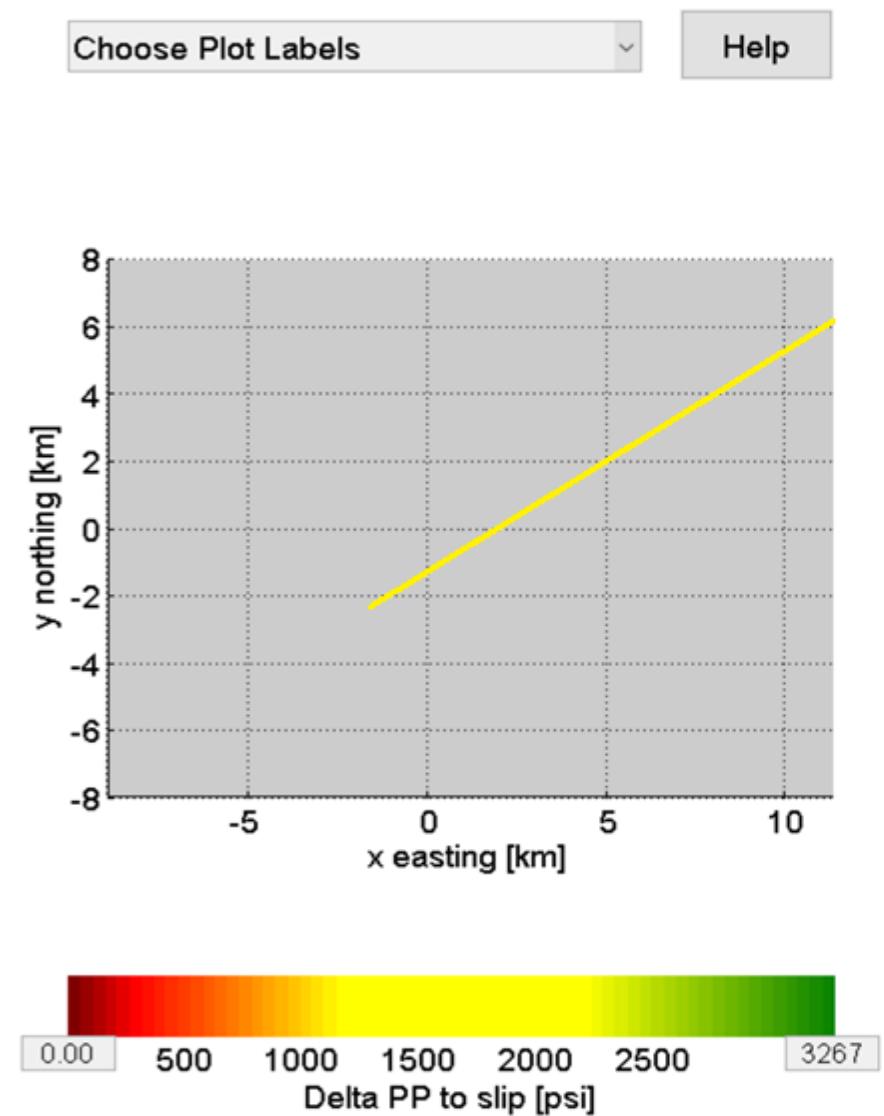
Vertical Stress Gradient [psi/ft]	1.05
Max Horiz. Stress Gradient [psi/ft]	0.86465
Min Horiz. Stress Gradient [psi/ft]	0.62875
Max Hor Stress Direction [deg N CW]	155
Initial Res. Pressure Gradient [psi/ft]	0.43
Reference Depth for Calculations [ft]	13700
Aquifer Thickness [ft]	200
Porosity [%]	5
Permeability [mD]	35
Inj. Rate [bbl/day]	25000
Start Year [yr]	2020
End Year [yr]	2045

	X [East km]	Y [North km]	Strike [Deg]	Dip [Deg]	Length [km]
1	1.1600	0	5	85	2

# Fault Slip Analysis for Rita SWD #1: Geomechanics

## Key Points

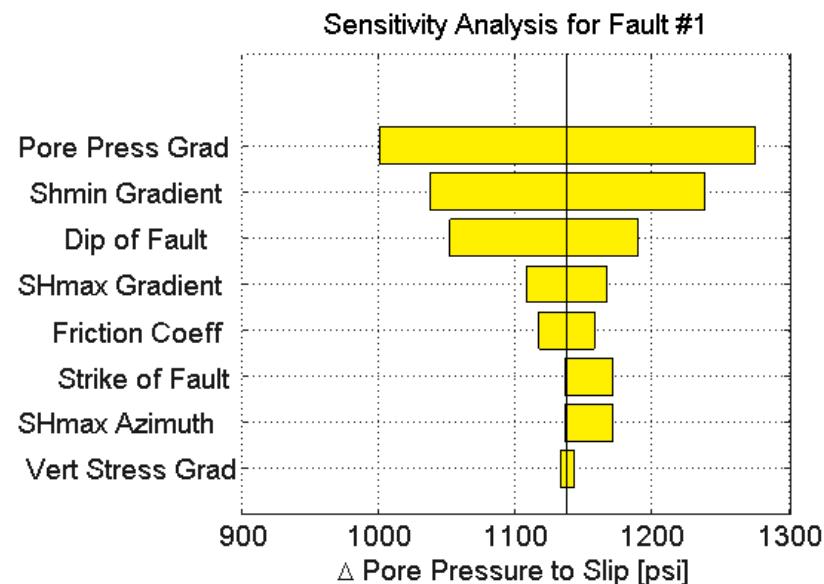
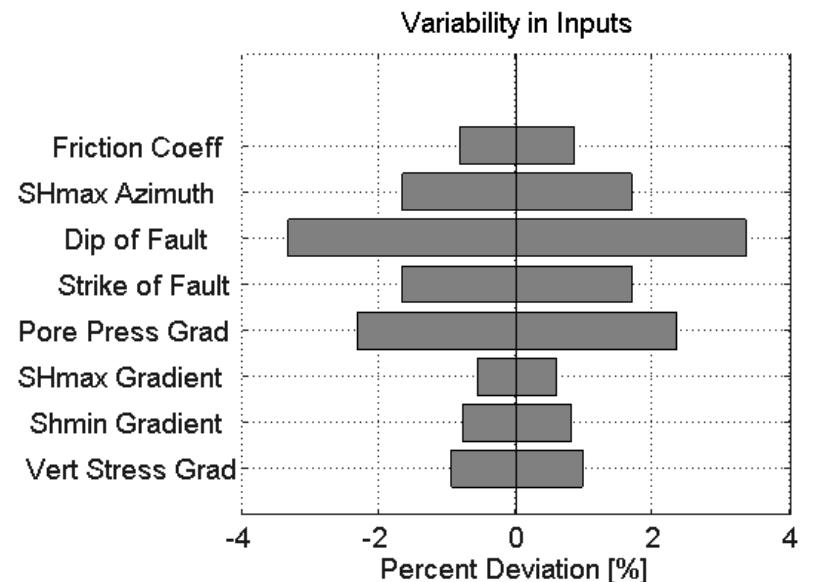
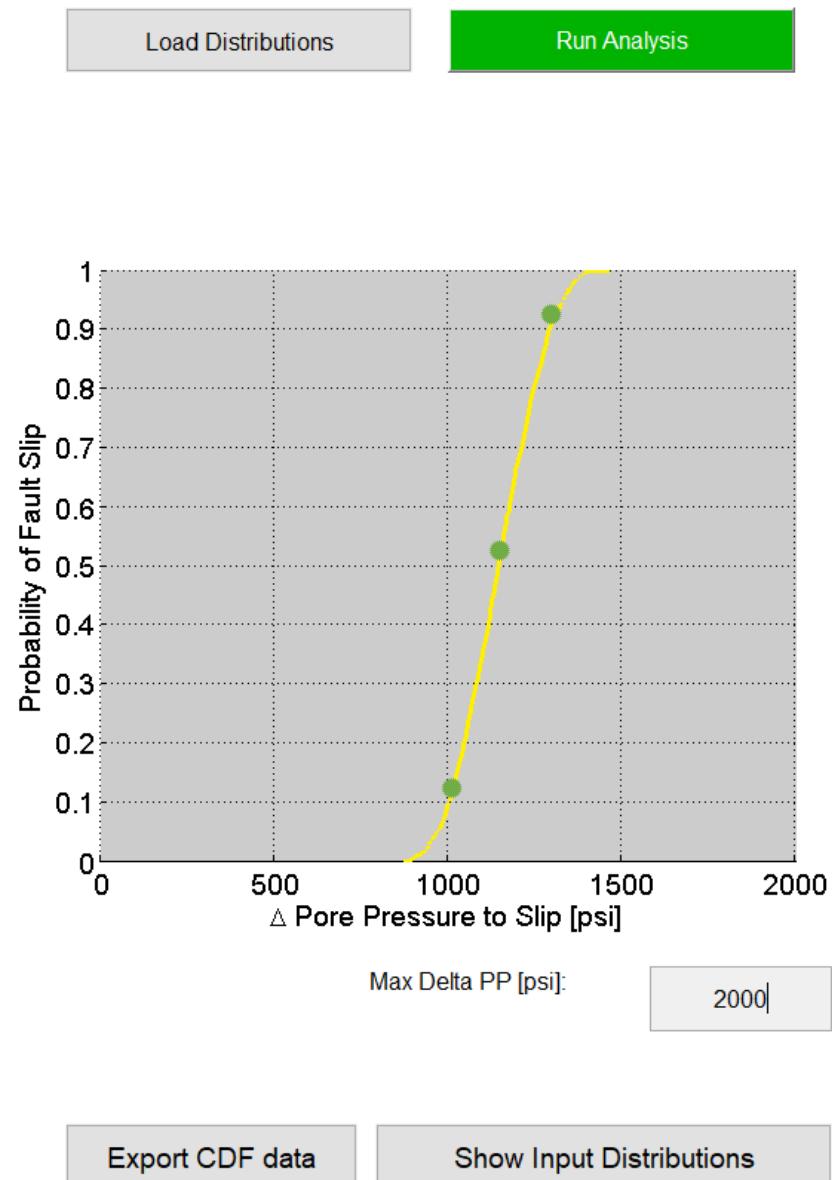
- Stress Regime below tangent line in Mohr Circle
- Assume average injection of 25,000 bbl/d over 25 straight years



# Fault Slip Analysis for Rita SWD #1: Geomechanics Probability

## Key Points

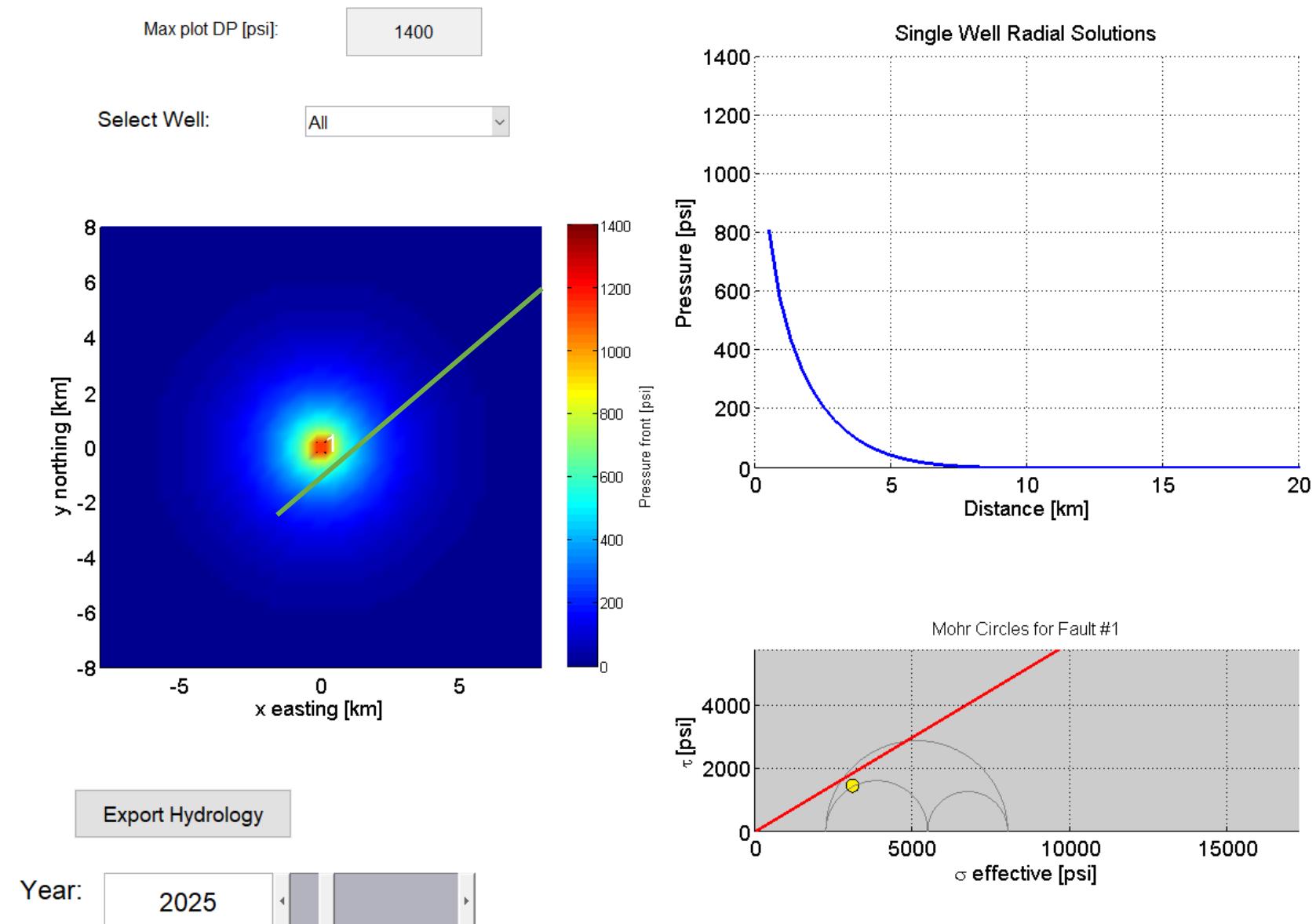
- Monte Carlo Simulation
  - o P10 @ 943 psi – 0.54 psi/foot
  - o P50 @ 1137 psi – 0.55 psi/foot
  - o P90 @ 1340 psi – 0.56 psi/foot



# Fault Slip Analysis for Rita SWD #1: Hydrology @ 5 year

## Key Points

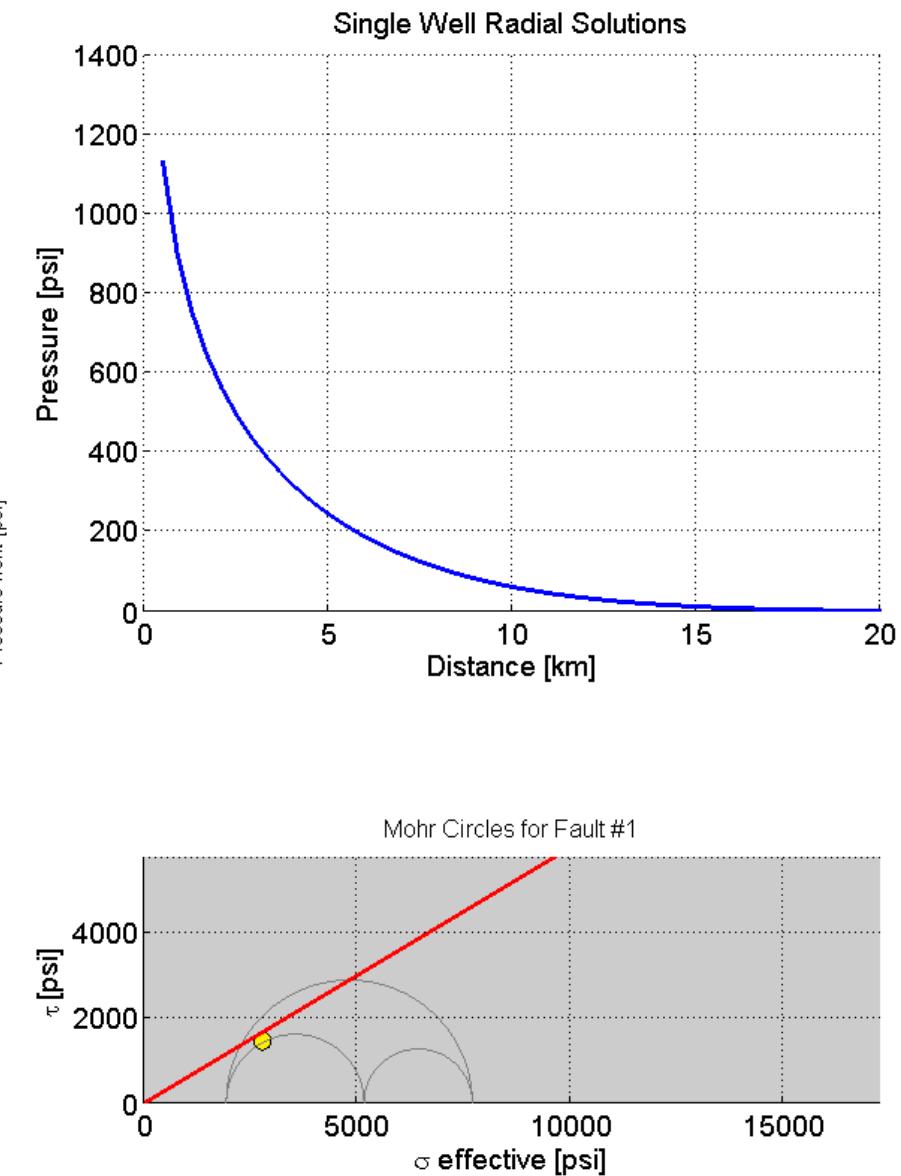
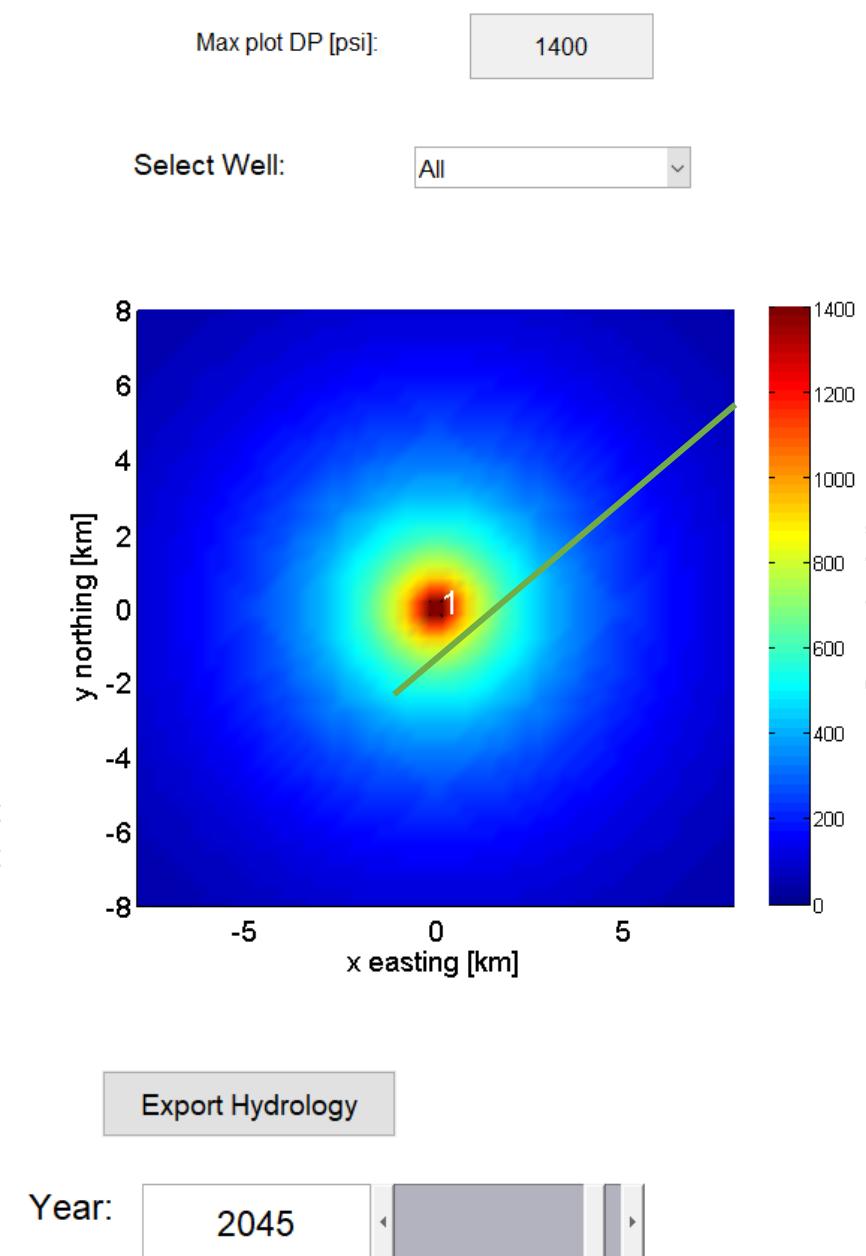
- 25,000 bbl/d rate
- Pressure at 1.16 km at major fault lines
- Assumes radial flow regime and pressure above pore pressure at ~400 psi
- **ΔP at 5 year is ~400 psi vs:**
  - o P10 @ 943 psi – 0.54 psi/foot
  - o P50 @ 1137 psi – 0.55 psi/foot
  - o P90 @ 1340 psi – 0.56 psi/foot



# Fault Slip Analysis for Rita SWD #1: Hydrology @ 25 year

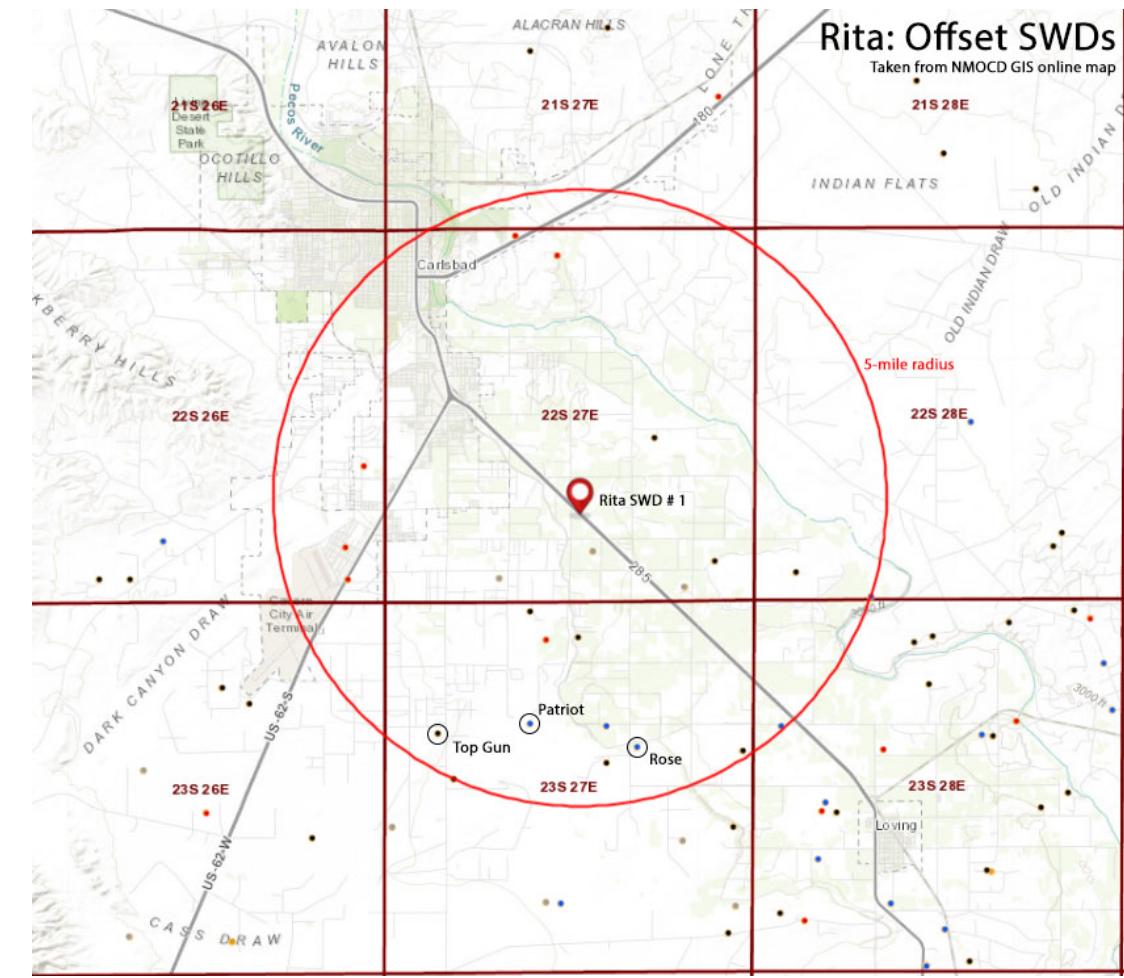
## Key Points

- 25,000 bbl/d rate
  - Pressure at 1.16 km at major fault lines
  - Assumes radial flow regime and pressure above pore pressure at ~800 psi
  - **ΔP at 25 year is ~800 psi vs:**
    - P10 @ 943 psi – 0.54 psi/foot
    - P50 @ 1137 psi – 0.55 psi/foot
    - P90 @ 1340 psi – 0.56 psi/foot



## Fault Slip Analysis for Rita SWD #1: Offset well Hydrology @ 25 year

- Offset wells:
  - Patriot SWD #8, 3.8 miles, 25,000 bpd
  - Rose SWD #1, 4.2 miles, 30,000 bpd
  - Top Gun Federal SWD #1, 4.5 miles, 20,000 bpd
- Cumulative effect at 25 years, is approximate 158 psi additional pore pressure rise assuming average porosity and permeability between wells, within safety margin of 179 psi for P50 case



# Fault Slip Analysis for Rita SWD #1: Simulation

## Key Points

- 25,000 bbl/d rate for 25 years
- Pressure at 1.16 km (3800 ft) at major fault line
- Assumes radial flow regime
- Close to zero chance of fault slip event in first 20 years
- Very low probability of fault slip during years 20 to 25 which ranges 2 – 3 %
- o P10 @ 943 psi – 0.54 psi/foot
- o P50 @ 1137 psi – 0.55 psi/foot
- o P90 @ 1340 psi – 0.56 psi/foot

