

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Judah Oil LLC
P.O. Box 568
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

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

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7008 3230 0000 2318 8526

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Article Addressed to:

Yeso Energy, Inc.
P.O. Box 2248
Roswell, NM 88202-0028

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
Gene Lee *8-25-10*

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7008 3230 0000 2318 8502

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

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

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7008 3230 0000 2318 8533

102595-02-M-1540

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Scott Hall
Attorney for COG
Montgomery & Andrews,
P.O. Box 2307
Santa Fe, NM 87504

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

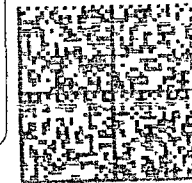
Affidavit of
Gail MacQuesten
Case 14547
Exhibit B

CERTIFIED MAIL

OIL CONSERVATION DIVISION
ENERGY MINERALS AND
NATURAL RESOURCES DEPARTMENT
1220 SOUTH SAINT FRANCIS DRIVE
SANTA FE, NEW MEXICO 87505



7008 3230 0000 2318 8519



Hasler

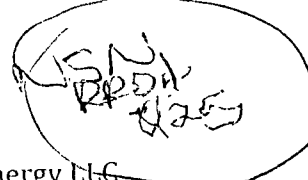
016H16507300

\$05.71

08/24/2010

Mailed From 87505
US POSTAGE

- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted, Not Known
- ☐ No Such Street Number
- ☐ Vacant ☐ Inhabitable
- ☐ No Mail Receptacle
- ☐ Box Closed No Order
- ☐ Delivered For Return Address
- ☐ Postage Due

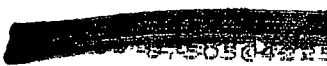
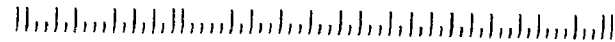


Chica Energy LLC
3003 McPherson Road
Roswell, NM 88201

NIXIE 871 DE 1 00 08/26/10

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 87505422599 *0960-02879-24-42



SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

James Bruce
Attorney for Yeso and
P.O. Box 1056
Santa Fe, NM 87504

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Bruce*☐ Agent☒ Addressee

B. Received by (Printed Name)

James Bruce

C. Date of Delivery

*8/25/10*D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

AUG 25 2010

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 3230 0000 2318 8540

PS Form 3811, February 2004

Domestic Return Receipt

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1. Article Addressed to:

BLM Carlsbad Field Office
Attn: Jim Stovall, Field Manager
620 E. Greene St.
Carlsbad, NM

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jim Stovall*☐ Agent☐ Addressee

B. Received by (Printed Name)

Jim Stovall

C. Date of Delivery

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

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 3230 0000 2318 8557

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540