

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

APPLICATION OF PRINCIPAL PROPERTIES
FOR APPROVAL OF A NON-STANDARD GAS
SPACING AND PRORATION UNIT, EDDY
COUNTY, NEW MEXICO.

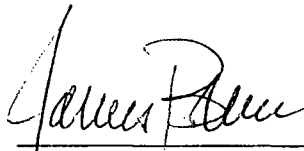
Case No. 14,755

AFFIDAVIT OF NOTICE

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


James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Principal Properties.
3. *Principal Properties*
~~Purvis Operating Co.~~ has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibits A and B.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of November, 2011 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 7
Exhibit No. 7

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

October 20, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

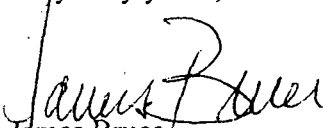
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, filed with the New Mexico Oil Conservation Division by Principal Properties, regarding the SW¼ of Section 1 and the NW¼ of Section 2, Township 21 South, Range 21 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 10, 2011, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset operator or lessee, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, November 3, 2011 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Principal Properties

EXHIBIT **A**

**HILLTOP FEDERAL #1 & NASSER FED. #1
SEC. 1-T21S-R21E
EDDY CO., NEW MEXICO**

OWNER NAME AND ADDRESS

NADEL AND GUSSMAN PERMIAN, L.L.C.
610 N. MARIENFELD, SUITE 508
MIDLAND, TEXAS 79701

RIO PECOS CORPORATION
4501 GREEN TREE BLVD.
MIDLAND, TEXAS 79707-1607

HOLLYHOCK CORPORATION
4105 BAYBROOK DRIVE
MIDLAND, TEXAS 79707-1433

TARA-JON CORPORATION
6003 MEADOWVIEW LANE
MIDLAND, TEXAS 79707-1661

MARK D. WILSON
4501 GREENTREE BLVD.
MIDLAND, TEXAS 79701

OXY Y-1
OXY Y-1 -JIB'S
P.O. BOX 27570
HOUSTON, TEXAS 77227

D & D PARTNERSHIP
830 EAST BIG BRIAR WAY
LACANADA, CALIFORNIA 91011-1819

ABO PETROLEUM CORPORATION
P.O. BOX 900
ARTESIA, NEW MEXICO 88211-0900

MYCO INDUSTRIES, INC.
P.O. BOX 840
ARTESIA, NEW MEXICO 88211

PRESIDIO RESOURCES, INC.
3918 FAIRWOOD COURT
MIDLAND, TEXAS 79707

APACHE CORP.
303 VETERIANS AIR PARK LANE
MIDLAND, TEXAS 79705

JOEL MARTIN OIL & GAS, INC
6301 HAYWOOD DRIVE
MIDLAND, TEXAS 79707

DORALEX ENERGY, INC.
3619 SOUTH JACKSON
SAN ANGELO, TEXAS 76904-5598

OWNER NAME AND ADDRESS

SCOTT E. MUEHLBRAD
2511 TERRACE
MIDLAND, TEXAS 79705

CAL-MON OIL COMPANY
500 WEST TEXAS AVENUE, SUITE 1200
MIDLAND, TEXAS 79701

ANDREWS OIL L.P.
1015 BEE CAVE WOODS DRIVE, SUITE 300 A
AUSTIN, TEXAS 78746

ESTATE OF SIDNEY W. COWAN,
DAVID CLAY COWAN, EXECUTOR
1010 SOUTH MAIN
DEL RIO, TEXAS 78840

MARY BETH BARTON
5506 NORTH COUNTY ROAD 1260
MIDLAND, TEXAS 79707

JAMES A MCCLATCHY
3411 MEADOWRIDGE LANE
MIDLAND, TEXAS 79707

KEN MACHO AND KLM PETRO CORP.
1720 CROSS POINT ROAD
MCKINNEY, TEXAS 75070

DON MCCLUNG
4110 EAST 37TH STREET
ODESSA, TEXAS 79762

PARTNERSHIP MANAGEMENT, INC.
6003 MEADOWVIEW LANE
MIDLAND, TEXAS 79707

KLM PETROLEUM CORPORATION
1305 TERRA COURT
MIDLAND, TEXAS 79705

JAMES B WOODARD
3405 FELDSPAR LANE
MIDLAND, TEXAS 79707-2404

DILLARD FISHER DILLARD PRIN
415 WEST WALL, SUITE 1510
MIDLAND, TEXAS 79701

YATES PETROLEUM CORPORATION
105 SOUTH FORTH STREET
ARTESIA, NEW MEXICO 88210

MULE DEER ATU FEDERAL COM
SEC. 11-T21S-R21E
EDDY CO., NEW MEXICO

OWNER NAME AND ADDRESS

YATES PETROLEUM CORPORATION (Operator) (W/2 and SE/4)
105 SOUTH FORTH STREET
ARTESIA, NEW MEXICO 88210

EXXON MOBIL CORPORATION (NE/4)
P.O. BOX 4610
CORP. - WGR-706
HOUSTON, TEXAS 77210-4610
ATTN: DYLAN BOYER

SEC. 12, N/2 - T21S-R21E
EDDY CO., NEW MEXICO

ORR EXPLORATION LTD.
3600 STENERIDGE ROAD, # A-101
AUSTIN, TEXAS 78746-7720

Section 2 N/2 - T21S - R21E
EDDY CO., NEW MEXICO

STATE OF NEW MEXICO - OPEN

SEC. 2, S/2 - T21S-R21E
EDDY CO., NEW MEXICO

ORR EXPLORATION LTD.
3600 STENERIDGE ROAD, # A-101
AUSTIN, TEXAS 78746-7720

Section 12 S/2 - T21S - R21E
EDDY CO., NEW MEXICO

OWNER NAME AND ADDRESS

NADEL AND GUSSMAN PERMIAN, L.L.C.
601 N. MARIENFELD, SUITE 508
MIDLAND, TX 79701

HEATHER WILSON ECHOLS
6003 MEADOWVIEW LANE
MIDLAND, TX 79707-1661

TARA-JON CORPORATION
6003 MEADOWVIEW LANE
MIDLAND, TX 79707-1661

J. CLEO THOMPSON AND JAMES
CLEO THOMPSON JR., L.P.
325 NORTH ST. PAUL, SUITE 4300
DALLAS, TX 75201

MCCOMBS ENERGY, LTD
5599 SAN FELIPE, SUITE 1200
HOUSTON, TX 77056-2794

GERONIMO HOLDING CORPORATION
P.O. BOX 804
MIDLAND, TX 79702-0804

RIO PECOS CORPORATION
4501 GREEN TREE BLVD.
MIDLAND, TX 79701-1607

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.

1. Article Addressed to:

TARA-JON CORPORATION
6003 MEADOWVIEW LANE
MIDLAND, TEXAS 79707-1661

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melissa Culp*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Melissa Culp

C. Date of Delivery

10-26-11

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

**U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

AUSTIN, TX 78746

OFFICIAL USE

Postage	\$	\$0.64	0500
Certified Fee		\$2.85	
Return Receipt Fee (Endorsement Required)		\$2.00	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.79	

Sent To ANDREWS OIL L.P.

1015 BEE CAVE WOODS DRIVE, SUITE 300 A
AUSTIN, TEXAS 78746

Street, Apt. No. or PO Box
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79707

OFFICIAL USE

Postage	\$	\$0.64	0500
Certified Fee		\$2.85	
Return Receipt Fee (Endorsement Required)		\$2.39	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.79	

Sent To TARA-JON CORPORATION
6003 MEADOWVIEW LANE
MIDLAND, TX 79707-1661

Street, Apt. No. or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

ANDREWS OIL L.P.
1015 BEE CAVE WOODS DRIVE, SUITE 300 A
AUSTIN, TEXAS 78746

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David S. Andrews*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

David S. Andrews

C. Date of Delivery

11-1-11

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

If YES, enter delivery address below: ☐ No

Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7008 1140 0003 5864 5071

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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.

1. Article Addressed to:

JOEL MARTIN OIL & GAS, INC
6301 HAYWOOD DRIVE
MIDLAND, TEXAS 79707

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 5118

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

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 ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

OFFICIAL USE

Postage \$ 0.64
Certified Fee \$2.85
Return Receipt Fee (Endorsement Required) \$2.30
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$ 5.79

0500
Postmark Here
OCT 21 2011
SANTA FE NM 87501

Sent To: DON MCCLUNG
Street, Apt. No. or PO Box No. 4110 EAST 37TH STREET
City, State, ZIP+4® ODESSA, TEXAS 79762

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

Postage \$ 0.64
Certified Fee \$2.85
Return Receipt Fee (Endorsement Required) \$2.30
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$ 5.79

0500
Postmark Here
OCT 21 2011
SANTA FE NM 87501

Sent To: JOEL MARTIN OIL & GAS, INC
Street, Apt. No. or PO Box No. 6301 HAYWOOD DRIVE
City, State, ZIP+4® MIDLAND, TEXAS 79707

PS Form 3800, August 2006 See Reverse for Instructions

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.

1. Article Addressed to:

DON MCCLUNG
4110 EAST 37TH STREET
ODESSA, TEXAS 79762

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 5026

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

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 ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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.

1. Article Addressed to:

MYCO INDUSTRIES, INC.
P.O. BOX 840
ARTESIA, NEW MEXICO 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *[Signature]*

B. Received by (Printed Name)
Colby Hamilton

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 1140 0003 5864 5149

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

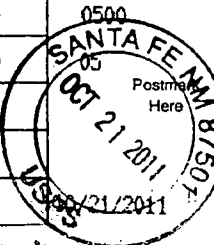
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

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

MIDLAND, TX 79707

OFFICIAL USE

Postage	\$ 0.64	0500
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.79	



Sent To

JAMES B WOODARD
3405 FELDSPAR LANE
MIDLAND, TEXAS 79707-2404

Street, Apt. No.,
or PO Box No.
City, State, ZIP+

PS Form 3800, August 2005

See Reverse for Instructions

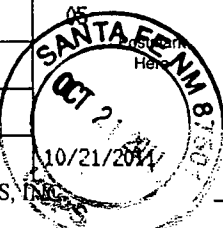
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

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

ARTESIA, NM 88211

OFFICIAL USE

Postage	\$ 0.64	0500
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.79	



Sent To

MYCO INDUSTRIES, INC.
P.O. BOX 840
ARTESIA, NEW MEXICO 88211

Street, Apt. No.,
or PO Box No.
City, State, ZIP+

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

JAMES B WOODARD
3405 FELDSPAR LANE
MIDLAND, TEXAS 79707-2404

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 4999

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *[Signature]*

B. Received by (Printed Name)
JAMES WOODARD

C. Date of Delivery
11-2-11

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

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.

1. Article Addressed to:

PARTNERSHIP MANAGEMENT, INC.
6003 MEADOWVIEW LANE
MIDLAND, TEXAS 79707

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 5019

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Melissa Culp* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Melissa Culp* C. Date of Delivery *10-26-11*

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

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MIDLAND, TX 79702

OFFICIAL USE

Postage	\$ 0.64
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.79

0500
05
OCT 21 2011
SANTA FE, NM
Postmark Here

Sent To GERONIMO HOLDING CORPORATION
P.O. BOX 804
MIDLAND, TX 79702-0804
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

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

MIDLAND, TX 79707

OFFICIAL USE

Postage	\$ 0.64
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Po:	\$5.79

0500
05
OCT 21 2011
SANTA FE, NM
Postmark Here

Sent To PARTNERSHIP MANAGEMENT, INC.
6003 MEADOWVIEW LANE
MIDLAND, TEXAS 79707
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

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.

1. Article Addressed to:

GERONIMO HOLDING CORPORATION
P.O. BOX 804
MIDLAND, TX 79702-0804

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 4906

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Christi Guadarrama* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Christi Guadarrama* C. Date of Delivery *10-28-11*

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

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.

1. Article Addressed to:

MCCOMBS ENERGY, LTD
5599 SAN FELIPE, SUITE 1200
HOUSTON, TX 77056-2794

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 4913

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

S. McDonald

☐ Agent

☒ Addressee

B. Received by (Printed Name)

S. McDonald

C. Date of Delivery

10/24/2011

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

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79707

Postage \$ 0.64

0500

Certified Fee \$2.85

Return Receipt Fee (Endorsement Required) \$2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 5.79

Sent To

HEATHER WILSON ECHOLS
6003 MEADOWVIEW LANE
MIDLAND, TX 79707-1661

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON, TX 77056

Postage \$ 0.64

0500

Certified Fee \$2.85

Return Receipt Fee (Endorsement Required) \$2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 5.79

Sent To

MCCOMBS ENERGY, LTD
5599 SAN FELIPE, SUITE 1200
HOUSTON, TX 77056-2794

Street, Apt. or PO Box

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

HEATHER WILSON ECHOLS
6003 MEADOWVIEW LANE
MIDLAND, TX 79707-1661

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 4944

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Melissa Echols

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Melissa Echols

C. Date of Delivery

10-26-11

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

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.

1. Article Addressed to:

TARA-JON CORPORATION
6003 MEADOWVIEW LANE
MIDLAND, TX 79707-1661

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 4937

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Melissa Cup

☐ Agent☐ Addressee

B. Received by (Printed Name)

Melissa Cup

C. Date of Delivery

10-26-11

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

U.S. Postal Service™

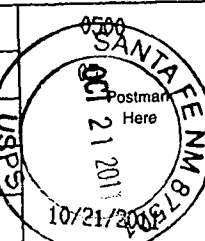
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	\$0.64
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.79



Sent To APACHE CORP.
303 VETERIANS AIR PARK LANE
Street, Apt. No. or PO Box No. MIDLAND, TEXAS 79705
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

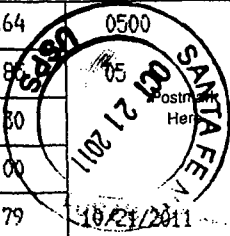
(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79707

OFFICIAL USE

Postage	\$	\$0.64
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.79



Sent To TARA-JON CORPORATION
6003 MEADOWVIEW LANE
Street, Apt. No. or PO Box No. MIDLAND, TEXAS 79707-1661
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

APACHE CORP.
303 VETERIANS AIR PARK LANE
MIDLAND, TEXAS 79705

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 5125

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jemie Dalagr

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jemie Dalagr

C. Date of Delivery

10/24/11

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>D & D</i> <i>* [Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. De Grey</i></p> <p>C. Date of Delivery <i>10-24-11</i></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>1. Article Addressed to:</p> <p>D & D PARTNERSHIP 830 EAST BIG BRIAR WAY LACANADA, CALIFORNIA 91011-1819</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number 7008 1140 0003 5864 5163 (Transfer from service label)</p>			

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 0.64
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.79
<p>Sent To SCOTT E. MUEHLBRAD 2511 TERRACE MIDLAND, TEXAS 79705</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 0.64
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.79
<p>Sent To D & D PARTNERSHIP 830 EAST BIG BRIAR WAY LACANADA, CALIFORNIA 91011-1819</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C. MUEHLBRAD</i></p> <p>C. Date of Delivery <i>10/26</i></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>1. Article Addressed to:</p> <p>SCOTT E. MUEHLBRAD 2511 TERRACE MIDLAND, TEXAS 79705</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number 7008 1140 0003 5864 5095 (Transfer from service label)</p>			

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

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:

JAMES A MCCLATCHY
3411 MEADOWRIDGE LANE
MIDLAND, TEXAS 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee
B. Received by (Printed Name) *J. McClatchy* C. Date of Delivery *10/24*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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 1140 0003 5864 5040

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

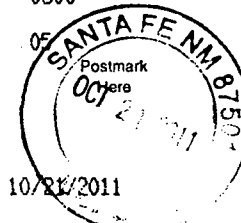
U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

MCKINNEY, TX 75070

OFFICIAL USE

Postage	\$ 0.64	0500
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.79	10/21/2011



Sent To KEN MACHO AND KLM PETRO CORP.
Street, Apt. N or PO Box No 1720 CROSS POINT ROAD
City, State, ZIP+4 MCKINNEY, TEXAS 75070

PS Form 3800, August 2006

See Reverse for Instructions

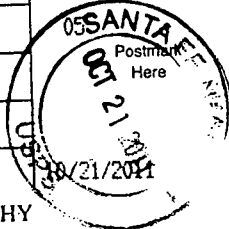
U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79707

OFFICIAL USE

Postage	\$ 0.64	0500
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.79	10/21/2011



Sent To JAMES A MCCLATCHY
Street, Apt. N or PO Box No 3411 MEADOWRIDGE LANE
City, State, ZIP+4 MIDLAND, TEXAS 79707

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

KEN MACHO AND KLM PETRO CORP.
1720 CROSS POINT ROAD
MCKINNEY, TEXAS 75070

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
B. Received by (Printed Name) *Ken Macho* C. Date of Delivery *10-25-11*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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 1140 0003 5864 5033

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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.

1. Article Addressed to:

YATES PETROLEUM CORPORATION
105 SOUTH FORTH STREET
ARTESIA, NEW MEXICO 88210

2. Article Number
(Transfer from serv.)

7008 1140 0003 5864 4975

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alindenmull*☐ Agent☐ Addressee

B. Received by (Printed Name)

Alindenmull

C. Date of Delivery

*10-24-11*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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

DALLAS TX 75201 OFFICIAL USE

Postage \$ \$0.64

Certified Fee \$2.85

Return Receipt Fee
(Endorsement Required) \$2.30Restricted Delivery Fee
(Endorsement Required) \$0.00

Total Postage & Fees \$ \$5.79

Sent To

J. CLEO THOMPSON AND JAMES

CLEO THOMPSON JR., L.P.

Street, Apt. No.,
or PO Box No.

325 NORTH ST. PAUL, SUITE 4300

City, State, ZIP+4

DALLAS, TX 75201

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

ARTESIA NM 88210 OFFICIAL USE

Postage \$ \$0.64

Certified Fee \$2.85

Return Receipt Fee
(Endorsement Required) \$2.30Restricted Delivery Fee
(Endorsement Required) \$0.00

Total Postage & Fees \$ \$5.79

Sent To

YATES PETROLEUM CORPORATION

Street, Apt. No.,
or PO Box No.105 SOUTH FORTH STREET
ARTESIA, NEW MEXICO 88210

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

J. CLEO THOMPSON AND JAMES
CLEO THOMPSON JR., L.P.
325 NORTH ST. PAUL, SUITE 4300
DALLAS, TX 75201

2. Article Number
(Transfer from service)

7008 1140 0003 5864 4920

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Poliv*☐ 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

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>10-24-11</u></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>1. Article Addressed to:</p> <p>ORR EXPLORATION LTD. 3600 STENERIDGE ROAD, # A-101 AUSTIN, TEXAS 78746-7720</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number: <u>7008 1140 0003 5864 4951</u> (Transfer from service label)</p>			

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
MIDLAND, TX 79701 OFFICIAL USE	
Postage	\$ \$0.64
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ \$5.79
<p>Sent To: NADEL AND GUSSMAN PERMIAN, L.L.C. 610 N. MARIENFELD, SUITE 508 MIDLAND, TEXAS 79701</p> <p>Street, Apt. N or PO Box No. _____ City, State, ZIP+4 _____</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
AUSTIN, TX 78746 OFFICIAL USE	
Postage	\$ \$0.64
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ \$5.79
<p>Sent To: ORR EXPLORATION LTD. 3600 STENERIDGE ROAD, # A-101 AUSTIN, TEXAS 78746-7720</p> <p>Street, Apt. No. or PO Box No. _____ City, State, ZIP+4 _____</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Mandi Bralc</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Mandi Bralc</u> C. Date of Delivery <u>10-25-11</u></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>1. Article Addressed to:</p> <p>NADEL AND GUSSMAN PERMIAN, L.L.C. 610 N. MARIENFELD, SUITE 508 MIDLAND, TEXAS 79701</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number: <u>7008 1140 0003 5864 4333</u> (Transfer from service label)</p>			

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

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.

1. Article Addressed to:

RIO PECOS CORPORATION
4501 GREEN TREE BLVD.
MIDLAND, TEXAS 79707-1607

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 4340

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mary Lou Wilson ☐ Agent ☒ Addressee

B. Received by (Printed Name)

MARY LOU WILSON 10-24

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)

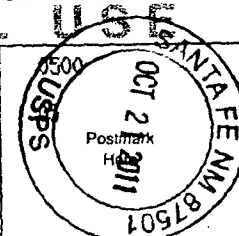
☐ YesU.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND-TX 79701

Postage	\$	\$0.64
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.79



10/21/2011

Sent To

MARK D. WILSON

Street, Apt.
or PO Box

4501 GREENTREE BLVD.

City, State

MIDLAND, TEXAS 79701

PS Form 3800, August 2006

See Reverse for Instructions

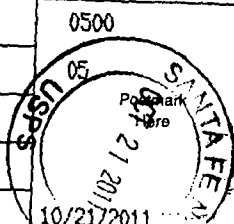
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND-TX 79701

Postage	\$	\$0.64
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.79



Sent To

RIO PECOS CORPORATION

Street, Apt. No.
or PO Box No.

4501 GREEN TREE BLVD.

City, State, ZIP+4

MIDLAND, TEXAS 79707-1607

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

MARK D. WILSON
4501 GREENTREE BLVD.
MIDLAND, TEXAS 79701

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 5187

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mary Lou Wilson ☐ Agent ☒ Addressee

B. Received by (Printed Name)

MARY LOU WILSON 10-24

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

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.

1. Article Addressed to:

OXY Y-1
OXY Y-1 -JIB'S
P.O. BOX 27570
HOUSTON, TEXAS 77227

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 5170

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

James B...

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

James B...

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

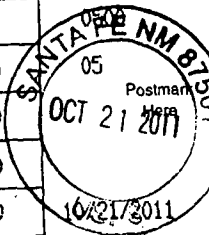
(Domestic Mail Only; No Insurance Coverage Provided)

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

SAN ANGELO, TX 76904

OFFICIAL USE

Postage	\$	\$0.64
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.79



Sent To DORALEX ENERGY, INC.
3619 SOUTH JACKSON
or PO Box No. SAN ANGELO, TEXAS 76904-5598
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

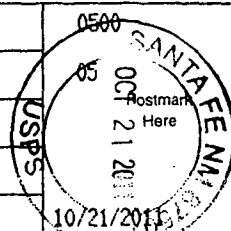
(Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON, TX 77227

OFFICIAL USE

Postage	\$	\$0.64
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.79



Sent To OXY Y-1
OXY Y-1 -JIB'S
Street, Apt. No., or PO Box No. P.O. BOX 27570
City, State, ZIP+4 HOUSTON, TEXAS 77227

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

DORALEX ENERGY, INC.
3619 SOUTH JACKSON
SAN ANGELO, TEXAS 76904-5598

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 5101

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Becky Miller

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Becky Miller

C. Date of Delivery

10/25/11

- 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

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.

1. Article Addressed to:

ABO PETROLEUM CORPORATION
P.O. BOX 900
ARTESIA, NEW MEXICO 88211-0900

2. Article Number
(Transfer from service label) **7008 1140 0003 5864 5156**

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

COMPLETE THIS SECTION ON DELIVERY

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

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

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

20 Box 900

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

OFFICIAL USE

Postage \$ **\$0.64** 0500

Certified Fee **\$2.85**

Return Receipt Fee (Endorsement Required) **\$2.30**

Restricted Delivery Fee (Endorsement Required) **\$0.00**

Total Postage & Fees \$ **\$5.79**

Sent To **CAL-MON OIL COMPANY**
500 WEST TEXAS AVENUE, SUITE 1200
MIDLAND, TEXAS 79701

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

Postage \$ **\$0.64**

Certified Fee **\$2.85**

Return Receipt Fee (Endorsement Required) **\$2.30**

Restricted Delivery Fee (Endorsement Required) **\$0.00**

Total Postage & Fees \$ **\$5.79**

Sent To **ABO PETROLEUM CORPORATION**
P.O. BOX 900
ARTESIA, NEW MEXICO 88211-0900

PS Form 3800, August 2006 See Reverse for Instructions

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.

1. Article Addressed to:

CAL-MON OIL COMPANY
500 WEST TEXAS AVENUE, SUITE 1200
MIDLAND, TEXAS 79701

2. Article Number
(Transfer from service label) **7008 1140 0003 5864 5088**

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **Debra King** C. Date of Delivery **10-25**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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.

1. Article Addressed to:

ESTATE OF SIDNEY W. COWAN,
DAVID CLAY COWAN, EXECUTOR
1010 SOUTH MAIN
DEL RIO, TEXAS 78840

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 5064

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery 10-25-11

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

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

OFFICIAL USE

Postage \$ \$0.64 0500

Certified Fee \$2.85 05

Return Receipt Fee (Endorsement Required) \$2.30 05

Restricted Delivery Fee (Endorsement Required) \$0.00 05

Total Postage & Fees \$ \$5.79 10/21/2011

Sent To MARY BETH BARTON
 5506 NORTH COUNTY ROAD 1260
 MIDLAND, TEXAS 79707

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

Postage \$ \$0.64 0500

Certified Fee \$2.85 05

Return Receipt Fee (Endorsement Required) \$2.30 05

Restricted Delivery Fee (Endorsement Required) \$0.00 05

Total Postage \$ \$5.79 10/21/2011

Sent To ESTATE OF SIDNEY W. COWAN,
 DAVID CLAY COWAN, EXECUTOR
 1010 SOUTH MAIN
 DEL RIO, TEXAS 78840

PS Form 3800, August 2006 See Reverse for Instructions

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.

1. Article Addressed to:

MARY BETH BARTON
 5506 NORTH COUNTY ROAD 1260
 MIDLAND, TEXAS 79707

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 5057

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10/25/11

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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.

1. Article Addressed to:

DILLARD FISHER DILLARD PRTN
415 WEST WALL, SUITE 1510
MIDLAND, TEXAS 79701

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 4982

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10/17*

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

CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79705 **OFFICIAL USE**

Postage	\$ 0.64	0500
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.79	

Sent To: KLM PETROLEUM CORPORATION
1305 TERRA COURT
MIDLAND, TEXAS 79705

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79701 **OFFICIAL USE**

Postage	\$ 0.64	0500
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.79	

Sent To: DILLARD FISHER DILLARD PRTN
415 WEST WALL, SUITE 1510
MIDLAND, TEXAS 79701

PS Form 3800, August 2006 See Reverse for Instructions

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.

1. Article Addressed to:

KLM PETROLEUM CORPORATION
1305 TERRA COURT
MIDLAND, TEXAS 79705

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 5002

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *WENDY MATHIS* C. Date of Delivery *10-24-11*

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

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.

1. Article Addressed to:

EXXON MOBIL CORPORATION
P.O. BOX 4610
CORP. - WGR-706
HOUSTON, TEXAS 77210-4610
ATTN: DYLAN BOYER

2. Article Number

(Transfer from service lab)

7008 1140 0003 5864 4968

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *James Felder*☐ Agent☐ Addressee

B. Received by (Printed Name)

JAMES FELDER

C. Date of Delivery

OCT 21 2011

Does delivery address differ from item 1?

YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND TX 79707

OFFICIAL USE

Postage	\$ \$0.64	0500
Certified Fee	\$2.85	05
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ \$5.79	10/21/2011

Postmark
Here

Sent To PRESIDIO RESOURCES, INC.

3918 FAIRWOOD COURT

Street, Apt. No. or PO Box No. MIDLAND, TEXAS 79707

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON TX 77210

OFFICIAL USE

Postage	\$ \$0.64	0500
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ \$5.79	10/21/2011



EXXON MOBIL CORPORATION

Sent To

P.O. BOX 4610

CORP. - WGR-706

Street, Apt. No. or PO Box No. HOUSTON, TEXAS 77210-4610

City, State, ZIP+4 ATTN: DYLAN BOYER

PS Form 3800, August 2006

See Reverse for Instructions

0025 4985 5864 5200

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79707

OFFICIAL USE

Postage	\$	\$0.64
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.79

0500
05
OCT 21 2011
Postmark Here
10/21/2011

Sent To: HOLLYHOCK CORPORATION
 4105 BAYBROOK DRIVE
 Street, Apt. N
 or PO Box N MIDLAND, TEXAS 79707-1433
 City, State, ZIP+4

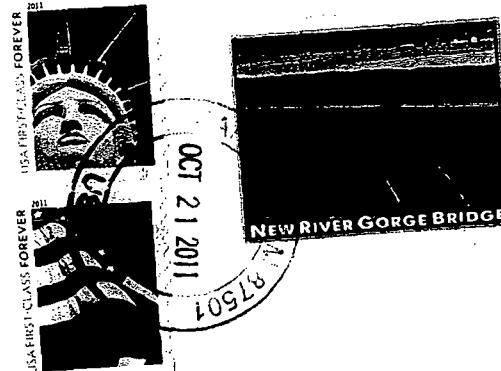
PS Form 3800, August 2006 See Reverse for Instructions

James Bruce
 P.O. Box 1056
 Santa Fe, New Mexico 87504

NOTICE
 AND NOTICE
 RETURN

7008 1140 0003 5864 5200

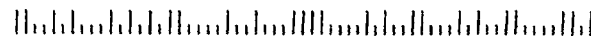
HOLLYHOCK CORPORATION
 4105 BAYBROOK DRIVE
 MIDLAND, TEXAS 79707-1433



NIXTE 799 DE-1 60 11/21/11
 RETURN TO SENDER
 UNCLAIMED

BC: 87504105656 *2255-01501-21-43

8750401056
 79707-1433



JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

October 20, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

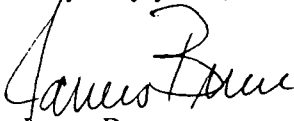
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, filed with the New Mexico Oil Conservation Division by Principal Properties, regarding the SW¼ of Section 1 and the NW¼ of Section 12, Township 21 South, Range 21 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 10, 2011, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset interest owner, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, November 3, 2011 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Principal Properties

EXHIBIT

3

EXHIBIT A

Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

Oil, Gas and Minerals Division
Commissioner of Public Lands
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

7008 1140 0003 5864 4357

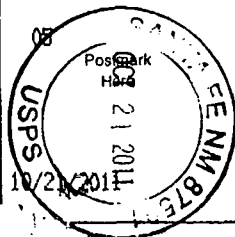
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

SANTA FE NM 87501

Postage	\$ 0.44
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.59

0500



Sent To

Oil, Gas and Minerals Division
 Commissioner of Public Lands
 or PO Box No. 310 Old Santa Fe Trail
 City, State, ZIP+4 Santa Fe, New Mexico 87501

PS Form 3800, August 2006

See Reverse for Instructions

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.

1. Article Addressed to:

Bureau of Land Management
 620 East Greene
 Carlsbad, New Mexico 88220

2. Article Number
 (Transfer from service label)

7008 1140 0003 5864 4357

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/24/11

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

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.

1. Article Addressed to:

Oil, Gas and Minerals Division
 Commissioner of Public Lands
 310 Old Santa Fe Trail
 Santa Fe, New Mexico 87501

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 4364

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

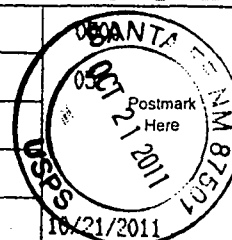
☐ Yes

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

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

CARLSBAD NM 88220

Postage	\$ 0.44
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.59



Sent To

Bureau of Land Management
 620 East Greene
 or PO Box No. Carlsbad, New Mexico 88220
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 1140 0003 5864 4357