

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

IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION FOR  
THE PURPOSE OF CONSIDERING:

APPLICATION OF BURGUNDY OIL & GAS  
OF NEW MEXICO, INC. FOR COMPULSORY  
POOLING, LEA COUNTY, NEW MEXICO

CASE NO. 14807

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of Burgundy Oil & Gas of New Mexico, Inc., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

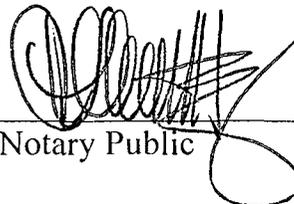


Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 25th day of April 2012 by Adam  
G. Rankin.



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 01/14/15

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

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 8  
Submitted by:  
**BURGUNDY OIL & GAS, INC.**  
Hearing Date: April 26, 2012

**EXHIBIT A**  
**BURGUNDY OIL & GAS, INC.**  
**HOMESTAKE NO. 1 WELL (AP 30-025-0543)**

Ethel Armentrout  
1475 Liberty Street  
Keyser, WV 26726

Cathie Auvenshine  
Aka Cathie Cone Mc-Kown  
Post Office Box 658  
Dripping Springs, TX 78620

Phyllis Beaver  
1112 E. Derrick Road  
Carlsbad, NM 88220

Marietta Berkhimer  
220th Street  
Humboldt, IA 50548

Wayne A. Bissett  
Post Office Box 2101  
Midland, TX 79702

Arthur Briston  
713 E. Sahara Ave., Apt. 324  
Las Vegas, NV 89104

R.W. Brown  
RR4, Box 896  
Sand Springs, OK 74063

Jennie Anderson Buck  
1900 SE Fairmont  
Salem, OR 97301

W.C. Caldwell  
1306 SE Waywin Cir  
Ankeny, IA 50021

Marilyn J. Cone  
Post Office Box 64244  
Lubbock, TX 79464

Clifford Cone  
Post Office Drawer 1629  
Lovington, NM 88260

Torn R. Cone  
Post Office Box 400  
Southwest City, MO 64863

Kenneth G. Cone  
Post Office Box 11310  
Midland, TX 79702

Glennys Croxton  
Post Office Box 1722  
Mason City, IA 50402

W.A. Drew  
425 Western Skies Drive, SE  
Albuquerque, NM 87123

Joy Evans  
4941 Sandage Ave.  
Ft. Worth, TX 76115

Joyce Anna Francis  
306 North 6th  
Wyoming, IL 61491

Freddie E. & Joyce L. Kemper  
13104 North Calle Bonita  
Hobbs, NM 88242

Douglas C. Koch  
Post Office Box 540244  
Houston, TX 77254

Arthur J. Miller  
411 4th Street North  
Humboldt, IA 50548

Leonard Arthur Miller  
411 4th Street North  
Humboldt, IA 50548

Gary E. Ogden  
5309 NW 58th Terrace  
Kansas City, MO 64151

Cheryl L. Ohden  
1220 Dancer Ave.  
Nora Springs, IA 50458

Norma Olson  
1402 Elmhurst Ave.  
Humboldt, IA 50548

Kenneth Schmitz  
11096 Oakwood Street  
Murray, IA 50174

Forrest Schmitz  
531 13th Street SE  
Mason City, IA 50401

R. Kent Standish  
209 Byron  
Waterloo, IA 50702

**EXHIBIT A**  
**BURGUNDY OIL & GAS, INC.**  
**HOMESTAKE NO. 1 WELL (AP 30-025-0543)**

June M. Thieman  
RR 2  
Newell, IA 50568

J.S. Thompson  
25764 Pond Drive  
Keene, CA 93931

John William Tiss  
328 North Wilson Ave.  
Tucson, AZ 85719

Mento Tjarks  
1402 Elmhurst Ave.  
Humboldt, IA 50548

Maxine Wendle  
713 Zafiros  
Green Valley, AZ 85614

Robert W. Woodburn  
Post Office Box 309  
Ridge, MD 20680

Jean Stone  
119 Kent Circle, Apt. 311  
Waterloo, IA 50701

February 28, 2012

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**AFFECTED PARTIES**

**Re: Application of Burgundy Oil & Gas of New Mexico, Inc. for compulsory pooling, Lea County, New Mexico.**

This letter is to advise you that Burgundy Oil & Gas of New Mexico, Inc. ("Burgundy") has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 29, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,



Adam G. Rankin

**ATTORNEY FOR**  
**BURGUNDY OIL & GAS OF NEW MEXICO, INC.**

Enclosures

7006 2760 0001 6380 1447

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

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Ethel Armentrout  
 Street, or PO: 1475 Liberty Street  
 City, State: Keyser, WV 26726

**SENDER: COMPLETE THIS SECTION** **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
 Ethel Armentrout  
 1475 Liberty Street  
 Keyser, WV 26726

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1447

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Ethel Armentrout*  
 Agent  
 Addressee

B. Received by (Printed Name): Ethel Armentrout  
 C. Date of Delivery: 3/6/12

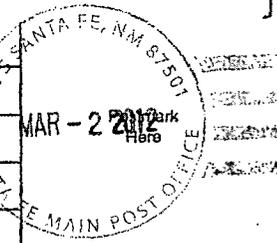
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7006 2760 0001 6380 1430

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

For delivery information visit **OFFICIAL** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Cathie Auvenshine  
 Street, or PO: Aka Cathie Cone Mc-Kown, Post Office Box 658  
 City, State: Dripping Springs, TX 78620

**SENDER: COMPLETE THIS SECTION** **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
 Cathie Auvenshine  
 Aka Cathie Cone Mc-Kown  
 Post Office Box 658  
 Dripping Springs, TX 78620

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1430

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Cathie M. Cowan*  
 Agent  
 Addressee

B. Received by (Printed Name): Cathie Mc-Cowan  
 C. Date of Delivery: 3/8

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

7006 2760 0001 6380 1423

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

For delivery information visit **AGR/BURGUNDY OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: MAR - 2 2012  
 SANTA FE, NM 87501  
 SANTA FE, NM MAIN POST OFFICE

Sent To: Phyllis Beaver  
 Street, Apt or PO Box: 1112 E. Derrick Road  
 City, State: Carlsbad, NM 88220

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Phyllis Beaver  
 1112 E. Derrick Road  
 Carlsbad, NM 88220

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1423

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Donald E. Rollins*  Agent  Addressee  
 B. Received by (Printed Name): Donald E. Rollins  
 C. Date of Delivery: Mar 9, 2012  
 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

7006 2760 0001 6380 1416

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

For delivery information visit **AGR/BURGUNDY OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark: MAR - 2 2012  
 SANTA FE, NM 87501  
 SANTA FE, NM MAIN POST OFFICE

Sent To: Marietta Berkhimer  
 Street, Apt or PO Box: 220th Street  
 City, State: Humboldt, IA 50548

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Marietta Berkhimer  
 220th Street  
 Humboldt, IA 50548

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1416

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *John P. Berkhimer*  Agent  Addressee  
 B. Received by (Printed Name):  
 C. Date of Delivery: 3-5-12  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
 1925 220th St  
 Humboldt, IA 50548

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

7006 2760 0001 6380 1409

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

For delivery information visit **OFFICE** AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To  
 Street, Apt. or PO Box  
 City, State

Wayne A. Bissett  
 Post Office Box 2101  
 Midland, TX 79702

**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:  
  
 Wayne A. Bissett  
 Post Office Box 2101  
 Midland, TX 79702

2. Article Number (Transfer from service label) 7006 2760 0001 6380 1409

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) 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

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

7006 2760 0001 6380 1398

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

For delivery information visit **OFFICE** AGR/BURGUNDY

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To  
 Street, Apt. or PO Box  
 City, State

Arthur Briston  
 713 E. Sahara Ave., Apt. 324  
 Las Vegas, NV 89104

7006 2760 0001 6380 1386

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

For delivery information visit  
**OFFIC** AGR/BURGUNDY

Postage	\$	.65
Certified Fee		2.95
Return Receipt Fee (Endorsement Required)		2.35
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.95



Sent To  
R.W. Brown  
Street, Apt. No., or PO Box No.  
RR4, Box 896  
City, State, ZIP+  
Sand Springs, OK 74063  
PS Form 3800

Returned

7006 2760 0001 6380 1379

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

For delivery information visit  
**OFFIC** AGR/BURGUNDY

Postage	\$	.65
Certified Fee		2.95
Return Receipt Fee (Endorsement Required)		2.35
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.95



Sent To  
Jennie Anderson Buck  
Street, Apt. or PO Box  
1900 SE Fairmont  
City, State  
Salem, OR 97301  
PS Form 3800

Returned

7006 2760 0001 6380 1362

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

For delivery information, visit **OFFIC AGR/BURGUNDY**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Santa Fe, NM  
 MAR 1 2012  
 Postmark Here

Sent To: **W.C. Caldwell**  
 Street, Apt. #, or PO Box: **1306 SE Waywin Cir**  
 City, State, ZIP: **Ankeny, IA 50021**

PS Form 3841

Returned

5521 0822 6380 1355

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

For delivery information, visit **OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Santa Fe, NM  
 MAR -2 2012  
 Postmark Here

Sent To: **Marilyn J. Cone**  
 Street, Apt. #, or PO Box No: **Post Office Box 64244**  
 City, State, ZIP: **Lubbock, TX 79464**

PS Form 3841

Returned

7006 2760 0001 6380 1348

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

For delivery information visit **OFFIC AGR/BURGUNDY**

Postage	\$ .65	Postmark Here MAR - 2 2012
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.95	

Sent To  
 Clifford Cone  
 Post Office Drawer 1629  
 Lovington, NM 88260

PS Form 380

*Returned*

7006 2760 0001 6380 1331

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

For delivery information visit **OFFIC AGR/BURGUNDY**

Postage	\$ .65	Postmark Here MAR - 2 2012
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.95	

Sent To  
 Torn R. Cone  
 Post Office Box 400  
 Southwest City, MO 64863

PS Form 380

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Torn R. Cone  
 Post Office Box 400  
 Southwest City, MO 64863

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Jue Kay*  Agent  
 Addressee

B. Received by (Printed Name) *JUE KAY* C. Date of Delivery *3/6/12*

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 *7006 2760 0001 6380 1331*  
 (Transfer from service label)

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

7006 2760 0001 6380 1324

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

For delivery information, visit us at [usps.com](http://usps.com)

**OFFICE** AGR/BURGUNDY

Postage \$ .65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95

Postmark Here  
 MAR - 2 2012  
 SANTA FE, NM 87501  
 FE MAIN POST OFFICE

Sent To: Kenneth G. Cone  
 Street, Apt. No., or PO Box: Post Office Box 11310  
 City, State: Midland, TX 79702

PS Form 3811, February 2004

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

**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:  
 Kenneth G. Cone  
 Post Office Box 11310  
 Midland, TX 79702

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1324

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
 X *Shapira*

B. Received by (Printed Name): SHAPIRA  
 C. Date of Delivery: 3/6/12

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

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

7006 2760 0001 6380 1317

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

For delivery information, visit us at [usps.com](http://usps.com)

**OFFICE** AGR/BURGUNDY

Postage \$ .65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95

Postmark Here  
 MAR - 2 2012  
 SANTA FE, NM 87501  
 FE MAIN POST OFFICE

Sent To: Glenny's Croxton  
 Street, Apt. No., or PO Box No.: Post Office Box 1722  
 City, State, ZIP+4: Mason City, IA 50402

PS Form 3800, August 2003

*Returned*

7006 2760 0001 6380 1294

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

For delivery information visit [usps.com](http://usps.com)  
**OFFICE** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To: W.A. Drew  
Street, Apt. No., or PO Box No.: 425 Western Skies Drive, SE  
City, State, ZIP: Albuquerque, NM 87123  
PS Form 3800

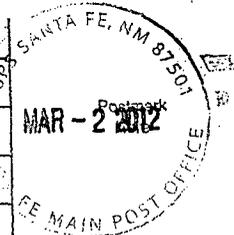
# Returned

7006 2760 0001 6380 1294

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

For delivery information visit [usps.com](http://usps.com)  
**OFFICE** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To: Joy Evans  
Street, Apt. No., or PO Box No.: 4941 Sandage Ave.  
City, State, ZIP: Ft. Worth, TX 76115  
PS Form 3800

**RECEIVED MAIL**

**SENDER:** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD IN DOTTED LINE

**RETURN ON DELIVERY**

1. Article Addressed to:  
Joy Evans  
4941 Sandage Ave.  
Ft. Worth TX 76115

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1294

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Joy Evans*     Agent     Addressee  
 B. Received by (Printed Name): Joy Evans    C. Date of Delivery: 3/6  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7006 2760 0001 6380 1270

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

For delivery information visit **AGR/BURGUNDY OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark: **MAR - 2 2012**  
 USPS SANTA FE, NM 87501  
 MAIN POST OFFICE

Sent To: **Joyce Anna Francis**  
 Street, Apt. # or PO Box No: **306 North 6th**  
 City, State, Zi: **Wyoming, IL 61491**

PS Form 3811

**Returned**

7006 2760 0001 6380 1270

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

For delivery information visit **AGR/BURGUNDY OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark: **MAR - 2 2012**  
 USPS SANTA FE, NM 87501  
 MAIN POST OFFICE

Sent To: **Freddie E. & Joyce L. Kemper**  
 Street, Apt. # or PO Box No: **13104 North Calle Bonita**  
 City, State, Zi: **Hobbs, NM 88242**

PS Form 3811

**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:

**Freddie E. & Joyce L. Kemper**  
**13104 North Calle Bonita**  
**Hobbs, NM 88242**

2. Article Number: **7006 2760 0001 6380 1270**  
 (Transfer from s)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X Joyce Kemper**  Agent  Addressee

B. Received by (Printed Name): **Joyce Kemper**

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

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

7006 2760 0001 6380 1263

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

For delivery information visit [usps.com](#)  
**OFFICE**

AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To  
Douglas C. Koch  
Post Office Box 540244  
Houston, TX 77254

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**  
Douglas C. Koch  
Post Office Box 540244  
Houston, TX 77254

**2. Article Number**  
(Transfer from service label) 7006 2760 0001 6380 1263

**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

**RECIPIENT: COMPLETE THIS SECTION**

**A. Signature**  
X *Douglas C. Koch*     Agent  
 Addressee

**B. Received by (Printed Name)**  
Douglas C. Koch

**C. Date of Delivery**  
MAR-6 2012

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

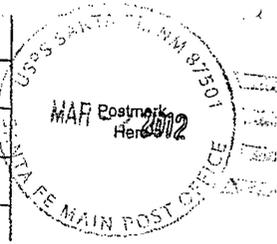
7006 2760 0001 6380 1263

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

For delivery information visit [usps.com](#)  
**OFFICE**

AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To  
Arthur J. Miller  
411 4th Street North  
Humboldt, IA 50548

*Returned*

7006 2760 0001 6380 1249

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

For delivery information visit **AGR/BURGUNDY OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

USPS SANTA FE, NM 87501  
 MAIL Postmark Here 2012  
 SANTA FE MAIN POST OFFICE

Sent To: Leonard Arthur Miller  
 Street, Apt. # or PO Box No.: 411 4th Street North  
 City, State, ZIP: Humboldt, IA 50548

PS Form 3800

Returned

7006 2760 0001 6380 1232

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

For delivery information visit **AGR/BURGUNDY OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

USPS SANTA FE, N.  
 MAIL Postmark Here  
 SANTA FE MAIN POST OFFICE

Sent To: Gary E. Ogden  
 Street, Apt. No. or PO Box No.: 5309 NW 58th Terrace  
 City, State, ZIP: Kansas City, MO 64151

PS Form 3800

Returned

7006 2760 0001 6380 1225

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

For delivery information visit our **OFFICE** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

USPS SANTA FE, NM 87501  
 Postmark Here  
 MAR 2 2012  
 SANTA FE MAIN POST OFFICE

Sent To: Cheryl L. Ohden  
 Street, Apt. or PO Box: 1220 Dancer Ave.  
 City, State: Nora Springs, IA 50458

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

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:  
 Cheryl L. Ohden  
 1220 Dancer Ave.  
 Nora Springs, IA 50458

2. Article Number (Transfer from service) 7006 2760 0001 6380 1225

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

A. Signature  Agent  Addressee  
 X *Cheryl L. Ohden*

B. Received by (Printed Name) *Donald Anderson* C. Date of Delivery *3/5/12*

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

7006 2760 0001 6380 1218

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

For delivery information visit our **OFFICE** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

USPS SANTA FE, NM 87501  
 Postmark Here  
 MAR - 2 2012  
 SANTA FE MAIN POST OFFICE

Sent To: Norma Olson  
 Street, Apt. or PO Box: 1402 Elmhurst Ave.  
 City, State: Humboldt, IA 50548

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

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:  
 Norma Olson  
 1402 Elmhurst Ave.  
 Humboldt, IA 50548

2. Article Number (Transfer from service) 7006 2760 0001 6380 1218

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

A. Signature  Agent  Addressee  
 X *Norma Olson*

B. Received by (Printed Name) *Norma Olson* C. Date of Delivery *3-5-12*

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

7006 2760 0001 6380 1201

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

For delivery information visit **OFFIC** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Santa Fe, NM 87501  
 MAR Postmark Here

Sent To: Kenneth Schmitz  
 Street, or PO: 11096 Oakwood Street  
 City, St: Murray, IA 50174

**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:  
 Kenneth Schmitz  
 1096 Oakwood Street  
 Murray, IA 50174

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1201

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Kenneth Schmitz*  Agent  Addressee

B. Received by (Printed Name): *Kenneth Schmitz* C. Date of Delivery: *3-6-12*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
*1096 Oakwood St  
 Murray IA 50174*

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6380 1195

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

For delivery information visit **OFFIC** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Santa Fe, NM 87501  
 MAR - 2 2012 Postmark Here

Sent To: Forrest Schmitz  
 Street, or PO: 531 13th Street SE  
 City, St: Mason City, IA 50401

**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:  
 Forrest Schmitz  
 531 13th Street SE  
 Mason City, IA 50401

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1195

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Forrest Schmitz*  Agent  Addressee

B. Received by (Printed Name): *Norma Schmitz* C. Date of Delivery: *5-17-12*

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

7006 2760 0001 6380 1188

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

For delivery information visit **OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here

Sent to: R. Kent Standish  
 Street, Apt. or PO Box: 209 Byron  
 City, State: Waterloo, IA 50702

*Returned*

7006 2760 0001 6380 1171

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

For delivery information visit **OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent to: June M. Thieman  
 Street, Apt. or PO Box: RR 2  
 City, State: Newell, IA 50568

*Returned*

7006 2760 0001 6380 1164

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

For delivery information visit **AGR/BURGUNDY OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 MAR - 2 2012  
 SANTA FE, NM 87501

Sent To: J.S. Thompson  
 Street, Apt. or PO Box: 25764 Pond Drive  
 City, State: Keene, CA 93531

**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.S. Thompson  
 25764 Pond Drive  
 Keene, CA 93531

2. Article Number: 7006 2760 0001 6380 1164  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *J.S. Thompson*  Agent  Addressee

B. Received by (Printed Name): *J.S. Thompson* C. Date of Delivery: *3/7/12*

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

7006 2760 0001 6380 1157

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

For delivery information visit **AGR/BURGUNDY OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 MAR 2 2012  
 SANTA FE, NM 87501

Sent To: John William Tiss  
 Street, Apt. or PO Box: 328 North Wilson Ave.  
 City, State: Tucson, AZ 85719

**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:  
 John William Tiss  
 328 North Wilson Ave.  
 Tucson, AZ 85719

2. Article Number: 7006 2760 0001 6380 1157  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *John Tiss*  Agent  Addressee

B. Received by (Printed Name): *JOHN TISS* C. Date of Delivery: *3/8/12*

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

7006 2760 0001 6380 1140

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

For delivery information visit **AGR/BURGUNDY OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

PS SAINTE FE, NM 87501  
 MAR 2 2012  
 SAINTE FE MAIN POST OFFICE

Sent To: Mento Tjarks  
 1402 Elmhurst Ave.  
 Humboldt, IA 50548

PS Form 3811, February 2004

7006 2760 0001 6380 1140

**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:  
  
 Mento Tjarks  
 1402 Elmhurst Ave.  
 Humboldt, IA 50548

2. Article Number (Transfer from service label) **7006 2760 0001 6380 1140**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Thomas D. Olson*  Agent  Addressee

B. Received by (Printed Name) **NORMA D. OLSON** C. Date of Delivery **3-5-12**

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

7006 2760 0001 6380 1133

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

For delivery information visit **AGR/BURGUNDY OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

PS SAINTE FE, NM 87501  
 MAR 2 2012  
 SAINTE FE MAIN POST OFFICE

Sent To: Maxine Wendle  
 713 Zafiros  
 Green Valley, AZ 85614

PS Form 3811, February 2004

Returned

7006 2760 0001 6380 1126

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

For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Santa Fe, NM 87501  
 Postmark: MAR - 2 2012  
 Santa Fe Main Post Office

Sent to: Robert W. Woodburn  
 Post Office Box 309  
 Ridge, MD 20680

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

PS Form 3800

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

For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage \$ .65  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.35  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.95

Santa Fe, NM 87501  
 Postmark: MAR - 2 2012  
 Santa Fe Main Post Office

Sent to: Robert W. Woodburn  
 Post Office Box 309  
 Ridge, MD 20680

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Robert W. Woodburn  
 Post Office Box 309  
 Ridge, MD 20680

2. Article Number: 7006 2760 0001 6380 1126  
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee)  Yes

**RECEIVED BY: COMPLETE THIS SECTION**

A. Signature: X Robert Woodburn  Agent  Addressee  
 B. Received by (Printed Name): Robert Woodburn  
 C. Date of Delivery: 3-5-12

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

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

7006 2760 0001 6380 1454

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

For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Santa Fe, NM 87501  
 Postmark: MAR - 2 2012  
 Santa Fe Main Post Office

Sent to: Jean Stone  
 119 Kent Circle, Apt. 311  
 Waterloo, IA 50701

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

PS Form 3800 August 2008 See Reverse for Instructions

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

For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Waterloo, IA 50701  
 Postmark: MAR 6 2012  
 Waterloo IA 50701

Sent to: Jean Stone  
 119 Kent Circle, Apt. 311  
 Waterloo, IA 50701

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

PS Form 3800 August 2008 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Jean Stone  
 119 Kent Circle, Apt. 311  
 Waterloo, IA 50701

2. Article Number: 7006 2760 0001 6380 1454  
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee)  Yes

**RECEIVED BY: COMPLETE THIS SECTION**

A. Signature: X Pam Thomas  Agent  Addressee  
 B. Received by (Printed Name): Pam Thomas  
 C. Date of Delivery: 3-5-12

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
 1119 Kent Cir #311  
 Waterloo, IA 50701

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

**EXHIBIT A**  
**BURGUNDY OIL & GAS, INC.**  
**HOMESTAKE NO. 1 WELL (AP 30-025-0543)**  
**APRIL 5, 2012**

Movest Capital  
Post Office Box 2439  
Albany, Texas 76430

Dorchester Minerals Operating, LP  
3838 Oaklawn Ave., Suite 300  
Dallas, Texas 75219

Pat Alston Ward  
207 Porr Drive  
Ruidoso, New Mexico 88345

Wells Fargo Bank, N.A., Successor  
Trustee u/w/o Beulah H. Simmons  
500 West Texas, Suite 760  
Midland, Texas 79702

Melissa A. Rickman, CMM  
Vice-President U.S. Trust, Bank of America  
Private Wealth Management  
2100 So. Utica Ave., Suite 150,  
OK2-209-02-01  
Tulsa, Oklahoma 74114

Beverly T. Carter and the Successor,  
Co-Trustees of the Powhatan and  
Beverly T. Carter Revocable Trust  
Post Office Box 328  
Fort Sumner, New Mexico 88119

Anderson Carter  
Post Office Box 998  
Las Cruces, New Mexico 88004

Ralph William Vierson  
c/o Patrick V. Brown  
Post Office Box 2444  
Bartlesville, OK 74005

Norma J. Chanley  
Post Office Box 728  
Hobbs, New Mexico 88241

J.H. Van Zant, II  
c/o Van Oil Company  
306 W. 7th, Suite 445  
Fort Worth, Texas 76102

Dorothy Jean Van Zant Sanders  
3917 Clayton Road, East  
Fort Worth, Texas 76116

Anderson Carter, II  
Post Office Box 250  
Las Cruces, New Mexico  
88004

Rodney Carter  
5977 Willowrock Way  
Plano, Texas 75093

Thomas W. Petit & Joyce A.  
Petit Family Trust  
121 Coronada Circle  
Santa Barbara, CA 93108

Elbert D. Shipp  
720 Robertson Street  
Memphis, Texas 79245

Frances J. Freeman  
a/k/a Patsy Shipp Freeman  
720 Robertson Street  
Memphis, Texas 79245

Ronald J. Byers  
400 West 15th Street, Suite  
1600  
Austin, Texas 78701

Burke Healey, As Trustee of the  
Burke Healey Trust, A Revocable  
Trust dated 01/02/85  
9512 Red Mountain Road  
Livermore, CO 80536

Baren Healey, as Trustee of the  
Baren Healey Trust Agreement  
Post Office Box 888  
Davis, OK 73030

Heidi C. Barton  
2008 N. Vega Court  
Hobbs, New Mexico 88240

Brett C. Barton  
5408 NW 118th Circle  
Oklahoma City, OK 73162

Roy G. Barton, III  
13700 Marina Pointe Dr.,  
Unit 1819  
Marina del Rey, CA 90292

Patrick V. Brown  
Post Office Box 2444  
Bartlesville, OK 74005

Mary Elizabeth Brown  
Post Office Box 2444  
Bartlesville, OK 74005

Dale Sarsgard  
c/o Verla Ennen  
205 E. Iowa Ave.  
Gilmore City, Iowa 50541

Ester Rubie  
c/o Verla Ennen  
205 E. Iowa Ave.  
Gilmore City, Iowa 50541

Marvel Lou Kirchoff  
c/o Verla Ennen  
205 E. Iowa Ave.  
Gilmore City, Iowa 50541

**EXHIBIT A**  
**BURGUNDY OIL & GAS, INC.**  
**HOMESTAKE NO. 1 WELL (AP 30-025-0543)**  
**APRIL 5, 2012**

Verla Ennen  
205 E. Iowa Ave.  
Gilmore City, Iowa 50541

Brian H. Scarborough  
Post Office Box 2474  
Midland, Texas 79702-2474

Harriett McAdoo Platt  
c/o Brice McAdoo Clagett  
333 Friendship Road  
Friendship, MD 20758

Brice McAdoo Clagett  
333 Friendship Road  
Friendship, MD 20758

Doris Cross McAdoo  
c/o Brice McAdoo Clagett  
333 Friendship Road  
Friendship, MD 20758

Maecenas Minerals, LP  
Post Office Box 176  
Abilene, Texas 79604

Harry August Miller, Jr.  
1402 Foxwood Cove  
Austin, Texas 78704

Harry J. Schafer, Jr., As Trustee of  
the Mary E. Grisso Trust  
Post Office Box 14700  
Oklahoma City, OK 73113

Mary Katherine Grisso  
c/o Harry J. Schafer, Jr., As Trustee  
of the Mary E. Grisso Trust  
Post Office Box 14700  
Oklahoma City, OK 73113

Richard F. McAdoo  
c/o Brice McAdoo Clagett  
333 Friendship Road  
Friendship, MD 20758

Marcus D. Maddox  
203 W. Wall Street  
Midland, Texas 79701

Roy G. Barton, Jr., Trustee of the  
Roy G. Barton Sr. and Opal Barton  
Revocable Trust  
1919 N. Turner Street  
Hobbs, New Mexico 88240

The Fasken Foundation  
Post Office Box 2024  
Midland, Texas 79702-2024

Margaret Anne Miler Carrico  
c/o Harry A. Miller, Jr.  
1402 Foxwood Cove  
Austin, Texas 78704

Harry A. Miller, III  
1402 Foxwood Cove  
Austin, Texas 78704

Mary Ralph Lowe as Trustee  
c/o Lowe Partners  
4400 Post Oak, Suite 2550  
Houston, Texas 77027

Carson R. Yost  
c/o Lowe Partners  
4400 Post Oak, Suite 2550  
Houston, Texas 77027

Samantha Adelaide Yost  
400 West 15th Street, Suite  
1600  
Austin, Texas 78701

Lowe Partners  
4400 Post Oak, Suite 2550  
Houston, Texas 77027

HOLLAND & HART <sup>LLP</sup>



**Adam G. Rankin**  
Associate  
Phone 505-988-4421  
Fax 505-983-6043  
agrarkin@hollandhart.com

April 5, 2012

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED INTEREST OWNERS**

**Re: Case No. 14807: Application of Burgundy Oil & Gas of New Mexico, Inc.  
for Compulsory Pooling, Lea County, New Mexico.**

This letter is to advise you that Burgundy Oil & Gas of New Mexico, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on April 26, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions regarding this application, please contact Ralph Lea at (432) 682-1005.

Sincerely,

Adam G. Rankin

Holland & Hart <sup>LLP</sup>

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Denver Aspen Boulder Colorado Springs Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Salt Lake City Santa Fe Washington, D.C. ☼

7006 0100 0005 0625 8075

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

For delivery information visit **agr/burgundy**  
**OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: **SAN ANTONIO APR - 5 2012 USPS**

Sent To: **Movest Capital**  
 Street, Apt. or PO Box: **Post Office Box 2439**  
 City, State: **Albany, Texas 76430**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**THIS SECTION ON DELIVERY**

1. Article Addressed to:  
**Movest Capital**  
**Post Office Box 2439**  
**Albany, Texas 76430**

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8075**

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: **Shelly Baize**  Agent  Addressee  
 B. Received by (Printed Name): **SHELLY BAIZE** C. Date of Delivery: **4-9-12**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

7006 0100 0005 0625 8082

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

For delivery information visit **agr/burgundy**  
**OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here: **SAN ANTONIO APR - 5 2012 USPS**

Sent To: **Dorchester Minerals Operating, LP**  
 Street, Apt. or PO Box: **3838 Oaklawn Ave., Suite 300**  
 City, State: **Dallas, Texas 75219**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**THIS SECTION ON DELIVERY**

1. Article Addressed to:  
**Dorchester Minerals Operating, LP**  
**3838 Oaklawn Ave., Suite 300**  
**Dallas, Texas 75219**

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8082**

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: **Melba Coil**  Agent  Addressee  
 B. Received by (Printed Name): **Melba Coil** C. Date of Delivery: **4-9-12**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

7006 0100 0005 0625 8099

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Ins...)  
 For delivery information visit our **OFFICIAL** **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent To: Pat Alston Ward  
 Street, or P.O.: 207 Porr Drive  
 City, S: Ruidoso, New Mexico 88345

Postmark: Santa Fe NM 87501 APR 2012 USPS

PS Form 3811, February 2004 See reverse for instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Pat Alston Ward  
 207 Porr Drive  
 Ruidoso, New Mexico 88345

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8099

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Pat Alston Ward*  Agent  Addressee

B. Received by (Printed Name): *B. Mckeown* C. Date of Delivery: *4-6-12*

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

7006 0100 0005 0625 8396

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Ins...)  
 For delivery information visit our **OFFICIAL** **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent To: Wells Fargo Bank, N.A., Successor  
 Street, or P.O.: Trustee u/w/o Beulah H. Simmons  
 City, S: 500 West Texas, Suite 760  
 Midland, Texas 79702

Postmark: Santa Fe NM 87501 APR 2012 USPS

PS Form 3811, February 2004 See reverse for instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Wells Fargo Bank, N.A., Successor  
 Trustee u/w/o Beulah H. Simmons  
 500 West Texas, Suite 760  
 Midland, Texas 79702

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8396

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Beulah H. Simmons*  Agent  Addressee

B. Received by (Printed Name): *Beulah H. Simmons* C. Date of Delivery: *4-10-12*

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

7006 0100 0005 0625 8860

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

For delivery information visit **AGR/BURGUNDY**

Postage \$ **.65**

Certified Fee **2.95**

Return Receipt Fee (Endorsement Required) **2.35**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.95**

Sent Melissa A. Rickman, CMM  
 Vice-President U.S. Trust, Bank of America  
 Private Wealth Management  
 2100 So. Utica Ave., Suite 150,  
 City, OK2-209-02-01  
 Tulsa, Oklahoma 74114

Postmark Here

PS Form 3811, February 2004

**SENDER'S COPY** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT DOTTED LINE)

**SECTION ON DELIVERY**

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.

A. Signature *Melissa A. Rickman* Agent

B. Received by (Printed Name) *Melissa A. Rickman* Addressee

C. Date of Delivery *4-10-10*

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

1. Article Addressed to:  
 Melissa A. Rickman, CMM  
 Vice-President U.S. Trust, Bank of America  
 Private Wealth Management  
 2100 So. Utica Ave., Suite 150,  
 OK2-209-02-01  
 Tulsa, Oklahoma 74114

2. Article Number **7006 0100 0005 0625 8860**  
 (Transfer from service label)

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

7006 0100 0005 0625 8402

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

For delivery information visit **AGR/BURGUNDY**

Postage \$ **.65**

Certified Fee **2.95**

Return Receipt Fee (Endorsement Required) **2.35**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **5.95**

Sent Beverly T. Carter and the Successor,  
 Co-Trustees of the Powhatan and  
 Beverly T. Carter Revocable Trust  
 Post Office Box 328  
 City, Fort Sumner, New Mexico 88119

Postmark Here

PS Form 3811, June 2002

**SENDER'S COPY** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT DOTTED LINE)

**SECTION ON DELIVERY**

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.

A. Signature *Beverly Carter* Agent

B. Received by (Printed Name) *Beverly Carter* Addressee

C. Date of Delivery *4-16-12*

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

1. Article Addressed to:  
 Beverly T. Carter and the Successor,  
 Co-Trustees of the Powhatan and  
 Beverly T. Carter Revocable Trust  
 Post Office Box 328  
 Fort Sumner, New Mexico 88119

2. Article Number **7006 0100 0005 0625 8402**  
 (Transfer from service label)

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

7006 0100 0005 0625 8389

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

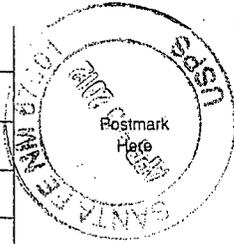
For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent \_\_\_\_\_  
 Street or PO \_\_\_\_\_  
 City \_\_\_\_\_

Anderson Carter  
 Post Office Box 998  
 Las Cruces, New Mexico 88004

PS Form 3811, February 2004



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

**THIS SECTION ON DELIVERY**

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

1. Article Addressed to:  
 Anderson Carter  
 Post Office Box 998  
 Las Cruces, New Mexico 88004

2. Article Number \_\_\_\_\_ (Transfer from service label) 7006 0100 0005 0625 8389

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

A. Signature  Agent  Addressee  
 X *Carte*

B. Received by (Printed Name) *Judy Carter* C. Date of Delivery *4/13/12*

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

7006 0100 0005 0625 8372

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

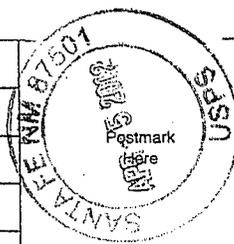
For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent \_\_\_\_\_  
 Street or PO \_\_\_\_\_  
 City \_\_\_\_\_

Ralph William Vierson  
 c/o Patrick V. Brown  
 Post Office Box 2444  
 Bartlesville, OK 74005

PS Form 3811, February 2004



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

**THIS SECTION ON DELIVERY**

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

1. Article Addressed to:  
 Ralph William Vierson  
 c/o Patrick V. Brown  
 Post Office Box 2444  
 Bartlesville, OK 74005

2. Article Number \_\_\_\_\_ (Transfer from service label) 7006 0100 0005 0625 8372

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

A. Signature  Agent  Addressee  
 X *W Brown*

B. Received by (Printed Name) *W Brown* C. Date of Delivery *4/11/12*

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

7006 0100 0005 0625 8365

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

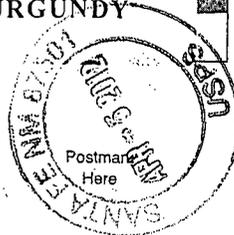
For delivery information visit **AGR/BURGUNDY**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent: \_\_\_\_\_  
 Street or P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_

Norma J. Chanley  
 Post Office Box 728  
 Hobbs, New Mexico 88241

PS Form 3811, February 2004



**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:

Norma J. Chanley  
 Post Office Box 728  
 Hobbs, New Mexico 88241

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8365

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

**THIS SECTION ON DELIVERY**

A. Signature: *Norma Chanley*  Agent  Addressee

B. Received by (Printed Name): Norma Chanley C. Date of Delivery: 2/18/12

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

7006 0100 0005 0625 8358

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

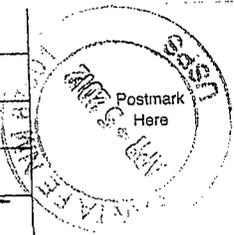
For delivery information visit **AGR/BURGUNDY**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent: \_\_\_\_\_  
 Street or P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_

J.H. Van Zant, II  
 c/o Van Oil Company  
 306 W. 7th, Suite 445  
 Fort Worth, Texas 76102

PS Form 3811, February 2004



**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.H. Van Zant, II  
 c/o Van Oil Company  
 306 W. 7th, Suite 445  
 Fort Worth, Texas 76102

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8358

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *J. Van Zant*  Agent  Addressee

B. Received by (Printed Name): JAMES GOON C. Date of Delivery: 2/18/12

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.

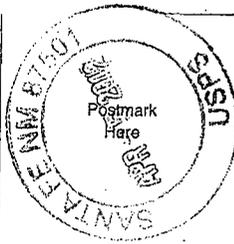
4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0625 8341

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

For delivery information visit [usps.com](#) **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



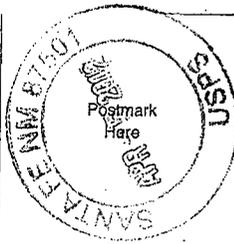
Sen \_\_\_\_\_  
 Dorothy Jean Van Zant Sanders  
 Str or F \_\_\_\_\_  
 3917 Clayton Road, East  
 City \_\_\_\_\_  
 Fort Worth, Texas 76116

PS Form 3800, June 2002 Instructions

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

For delivery information visit [usps.com](#) **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sen \_\_\_\_\_  
 Dorothy Jean Van Zant Sanders  
 Str or F \_\_\_\_\_  
 3917 Clayton Road, East  
 City \_\_\_\_\_  
 Fort Worth, Texas 76116

PS Form 3800, June 2002 Instructions

---

**SENDER: COMPLETE** (PLACE STICKER AT TOP OF ENVELOPE)  
**THIS SECTION ON DELIVERY**

1. Article Addressed to:  
 Dorothy Jean Van Zant Sanders  
 3917 Clayton Road, East  
 Fort Worth, Texas 76116

2. Article Number: **7006 0100 0005 0625 8341**  
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee)     Yes

A. Signature: *Dorothy Sanders*     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

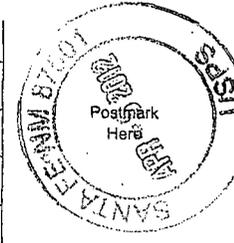
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0625 8327

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

For delivery information visit [usps.com](#) **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sen \_\_\_\_\_  
 Anderson Carter, II  
 Str or F \_\_\_\_\_  
 Post Office Box 250  
 City \_\_\_\_\_  
 Las Cruces, New Mexico  
 88004

PS Form 3800, June 2002 Instructions

7006 0100 0005 0625 8334

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

For delivery information visit **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Encorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 SANTA BARBARA CA 93101  
 APR 5 2012

Sent To: Rodney Carter  
 Street or PO: 5977 Willowrock Way  
 City, S: Plano, Texas 75093

PS Form 3811, June 2004 Instructions

7006 0100 0005 0625 8310

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

For delivery information visit **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Encorsement Required)	2.35
Restricted Delivery Fee (Encorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 SANTA BARBARA CA 93101  
 APR 5 2012

Sent To: Thomas W. Petit & Joyce A.  
 Street or PO: Petit Family Trust  
 City, S: 121 Coranada Circle Santa Barbara, CA 93108

PS Form 3811, June 2004 Instructions

**CERTIFIED MAIL™ RECEIPT**  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**NOTE THIS SECTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

- 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:  
 Thomas W. Petit & Joyce A.  
 Petit Family Trust  
 121 Coranada Circle  
 Santa Barbara, CA 93108

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8310

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 4/9/12  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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



7006 0100 0005 0625 8273

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

For delivery information visit [ps.com](#)

**OFFICE AGR/BURGUNDY**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

SANTAFÉ NM 87501  
 Postmark Here

Sent: Ronald J. Byers  
 Street or PO: 400 West 15th Street, Suite  
 City: 1600  
 Austin, Texas 78701

PS Form 3811, February 2004 Instructions

Returned

7006 0100 0005 0625 8273

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

For delivery information visit [ps.com](#)

**OFFICE AGR/BURGUNDY**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

SANTAFÉ NM 87501  
 Postmark Here

Sent: Burke Healey, As Trustee of the  
 Street or PO: Burke Healey Trust, A Revocable  
 City: Trust dated 01/02/85  
 9512 Red Mountain Road  
 Livermore, CO 80536

PS Form 3811, February 2004 Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Burke Healey, As Trustee of the  
 Burke Healey Trust, A Revocable  
 Trust dated 01/02/85  
 9512 Red Mountain Road  
 Livermore, CO 80536

2. Article Number: 7006 0100 0005 0625 8273  
 (Transfer from service label)

**DELIVERY**

A. Signature: *[Signature]*  
 Agent  
 Addressee

B. Received by (Printed Name): *Burke Healey*  
 C. Date of Delivery: *Apr 12*

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

APR 16 2012  
 CO 80536  
 LIVERMORE

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

7006 0100 0005 0625 8853

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

For delivery information visit [usps.com](http://usps.com)

OFFICE AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>



Sent To: Baren Healey, as Trustee of the Baren Healey Trust Agreement  
 Street, or P.O.: Post Office Box 888  
 City, St.: Davis, OK 73030

PS Form 3811

uctions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): <i>[Signature]</i> C. Date of Delivery: <i>4/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  Baren Healey, as Trustee of the Baren Healey Trust Agreement Post Office Box 888 Davis, OK 73030	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 0100 0005 0625 8853	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

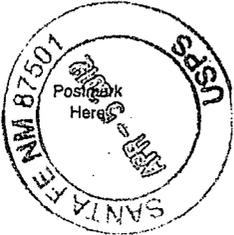
7006 0100 0005 0625 8846

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

For delivery information visit [usps.com](http://usps.com)

OFFICE AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>



Sent To: Heidi C. Barton  
 Street, or P.O.: 2008 N. Vega Court  
 City, St.: Hobbs, New Mexico 88240

PS Form 3811

uctions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): <i>[Signature]</i> C. Date of Delivery: <i>4-6-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  Heidi C. Barton 2008 N. Vega Court Hobbs, New Mexico 88240	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 0100 0005 0625 8846	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0625 8839

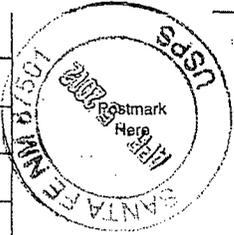
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OFFICE AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent To: **Brett C. Barton**  
 Street, Apt. or PO Box: **5408 NW 118th Circle**  
 City, State: **Oklahoma City, OK 73162**

PS Form 3811, February 2004 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION** (PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS FOLD AND DOTTED LINE)

**ACTION ON DELIVERY**

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

1. Article Addressed to:  
**Brett C. Barton**  
**5408 NW 118th Circle**  
**Oklahoma City, OK 73162**

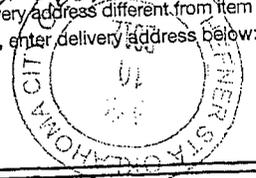
2. Article Number (Transfer from service label): **7006 0100 0005 0625 8839**

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

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Date]*  
 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



7006 0100 0005 0625 8822

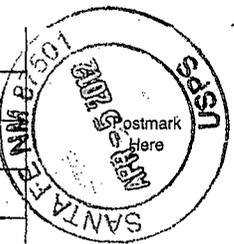
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OFFICE AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Sent To: **Roy G. Barton, III**  
 Street, Apt. or PC: **13700 Marina Pointe Dr.,**  
 City: **Marina del Rey, CA 90292**

PS Form 3811, February 2004 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION** (PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT SIDE OF THE RETURN ADDRESS FOLD AND DOTTED LINE)

**ACTION ON DELIVERY**

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

1. Article Addressed to:  
**Roy G. Barton, III**  
**13700 Marina Pointe Dr.,**  
**Unit 1819**  
**Marina del Rey, CA 90292**

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8822**

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

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Date]*  
 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



7006 0100 0005 0625 8815

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

For delivery information visit  
**OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

SANTA FE NM 87501  
 APR 5 2012  
 Postmark Here  
 USPS

Sent To  
 Patrick V. Brown  
 Post Office Box 2444  
 Bartlesville, OK 74005

PS Form 3811, February 2004

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:  
 Patrick V. Brown  
 Post Office Box 2444  
 Bartlesville, OK 74005

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8815

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

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

ACTION ON DELIVERY

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) T W BROWN  
 C. Date of Delivery 4/11/12

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

7006 0100 0005 0625 8808

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

For delivery information visit  
**OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

SANTA FE NM 87501  
 APR 5 2012  
 Postmark Here  
 USPS

Sent To  
 Mary Elizabeth Brown  
 Post Office Box 2444  
 Bartlesville, OK 74005

PS Form 3811, February 2004

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 Elizabeth Brown  
 Post Office Box 2444  
 Bartlesville, OK 74005

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8808

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

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

ACTION ON DELIVERY

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) T W BROWN  
 C. Date of Delivery 4/11/12

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

7006 0100 0005 0625 8792

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

For delivery information visit **AGR/BURGUNDY OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

SANTA FE NM 87504  
 APR 5 2012  
 Postmark Here  
 USPS

Ser. Dale Sarsgard  
 Str. c/o Verla Ennen  
 or 205 E. Iowa Ave.  
 Cit. Gilmore City, Iowa 50541

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0625 8785

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

For delivery information visit **AGR/BURGUNDY OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

SANTA FE NM 87504  
 APR - 5 2012  
 Postmark Here  
 USPS

Ser. Ester Rubie  
 Str. c/o Verla Ennen  
 or 205 E. Iowa Ave.  
 Cit. Gilmore City, Iowa 50541

PS Form 3800, June 2002 See Reverse for Instructions

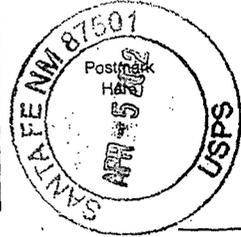
Returned

7006 0100 0005 0625 8778

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

For delivery information visit  
**OFFICE** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Marvel Lou Kirchhoff  
 Street, or P.O.: c/o Verla Ennen  
 City, State: 205 E. Iowa Ave.  
 City, State, ZIP: Gilmore City, Iowa 50541

PS Form 3800, June 2002 See reverse for instructions

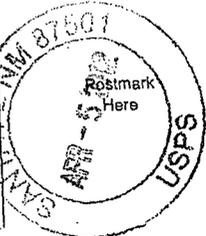
Returned

7006 0100 0005 0625 8761

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

For delivery information visit  
**OFFICE** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Verla Ennen  
 Street, or P.O.: 205 E. Iowa Ave.  
 City, State: Gilmore City, Iowa 50541

PS Form 3800, June 2002 See reverse for instructions

Returned

7006 0100 0005 0625 8754

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

For delivery information visit  
**OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To  
Street, A or PO Box  
City, State  
Brian H. Scarborough  
Post Office Box 2474  
Midland, Texas 79702-2474

PS Form 3800, June 2002

**SENDER: COMPLETE** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE. **NO DELIVERY**

- 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.

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 Brian H. Scarborough APR 12  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
  
Brian H. Scarborough  
Post Office Box 2474  
Midland, Texas 79702-2474

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 7006 0100 0005 0625 8754  
(Transfer from service label)

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

7006 0100 0005 0625 8747

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

For delivery information visit  
**OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To  
Street, A or PO Box  
City, State  
Harriett McAdoo Platt  
c/o Brice McAdoo Clagett  
333 Friendship Road  
Friendship, MD 20758

PS Form 3800, June 2002

**SENDER: COMPLETE** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE. **NO DELIVERY**

- 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.

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:

1. Article Addressed to:  
  
Harriett McAdoo Platt  
c/o Brice McAdoo Clagett  
333 Friendship Road  
Friendship, MD 20758

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 7006 0100 0005 0625 8747  
(Transfer from service label)

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

7006 0100 0005 0625 8730

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

For delivery information, visit: **OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Santa Fe, NM 87501  
 Postmark: APR 5 2004  
 USPS

Sent To: Brice McAdoo Clagett  
 333 Friendship Road  
 Friendship, MD 20758

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**      **ACTION ON DELIVERY**

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

- 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:  
 Brice McAdoo Clagett  
 333 Friendship Road  
 Friendship, MD 20758

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8730**

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*     Agent     Addressee  
 B. Received by (Printed Name)    C. Date of Delivery

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

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

7006 0100 0005 0625 8723

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

For delivery information, visit: **OFFIC AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Santa Fe, NM 87501  
 Postmark: APR 5 2004  
 USPS

Sent To: Doris Cross McAdoo  
 c/o Brice McAdoo Clagett  
 333 Friendship Road  
 Friendship, MD 20758

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**      **ACTION ON DELIVERY**

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

- 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:  
 Doris Cross McAdoo  
 c/o Brice McAdoo Clagett  
 333 Friendship Road  
 Friendship, MD 20758

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8723**

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*     Agent     Addressee  
 B. Received by (Printed Name)    C. Date of Delivery

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

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

7006 0100 0005 0625 8716

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

For delivery information visit **agr/burgundy**

**OFFICE**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here: SANTA FE NM 87501 APR 5 2012 USPS

Sent To: Maecenas Minerals, LP  
 Street, or P.O.B.: Post Office Box 176  
 City, State: Abilene, Texas 79604

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION** **IN DELIVERY**

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

1. Article Addressed to:  
 Maecenas Minerals, LP  
 Post Office Box 176  
 Abilene, Texas 79604

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8716

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

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Linda Kinard*  Agent  Addressee  
 B. Received by (Printed Name): LINDA KINARD  
 C. Date of Delivery: 4-10-12  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7006 0100 0005 0625 8709

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

For delivery information visit **agr/burgundy**

**OFFICE**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here: SANTA FE NM 87501 APR 5 2012 USPS

Sent To: Harry August Miller, Jr.  
 Street, or P.O.B.: 1402 Foxwood Cove  
 City, State: Austin, Texas 78704

PS Form 3800, June 2002 See reverse for instructions

**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

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

1. Article Addressed to:  
 Harry August Miller, Jr.  
 1402 Foxwood Cove  
 Austin, Texas 78704

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8709

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

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

4. Restricted Delivery? (Extra Fee)  Yes

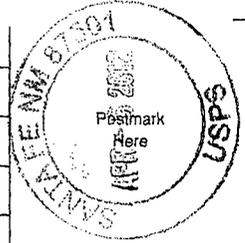
A. Signature: *Harry August Miller, Jr.*  Agent  Addressee  
 B. Received by (Printed Name): Harry August Miller, Jr.  
 C. Date of Delivery: 4-10-12  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7006 0100 0005 0625 8699

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

For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Harry J. Schafer, Jr., As Trustee of  
the Mary E. Grisso Trust  
Street or PO Box: Post Office Box 14700  
City, State: Oklahoma City, OK 73113

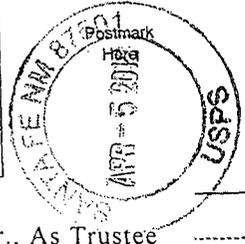
PS Form 3800, June 2007 See Reverse for Instructions

7006 0100 0005 0625 8686

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

For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sent To: Mary Katherine Grisso  
c/o Harry J. Schafer, Jr., As Trustee  
of the Mary E. Grisso Trust  
Street, A or PO Box: Post Office Box 14700  
City, State: Oklahoma City, OK 73113

PS Form 3800, June 2007 See Reverse for Instructions

7006 0100 0005 0625 8679

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

For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here  
 AGR BURGUNDY MD 20758  
 USPS

Sent to:  
 Richard F. McAdoo  
 c/o Brice McAdoo Clagett  
 333 Friendship Road  
 Friendship, MD 20758

PS Form 3800, June 2002 See Reverse for Instructions

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

**IN ON DELIVERY**

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:  
 Richard F. McAdoo  
 c/o Brice McAdoo Clagett  
 333 Friendship Road  
 Friendship, MD 20758

2. Article Number  
 (Transfer from service label) 7006 0100 0005 0625 8679

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 X

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, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0625 8662

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

For delivery information visit **AGR/BURGUNDY**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here  
 AGR BURGUNDY MD 20758  
 USPS

Sent to:  
 Marcus D. Maddox  
 203 W. Wall Street  
 Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

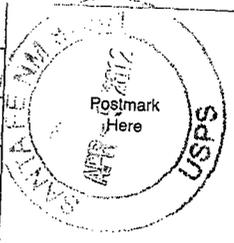
Returned

7006 0100 0005 0625 8655

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

For delivery information visit our **OFFICE** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



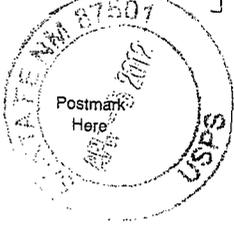
Sent To: Roy G. Barton, Jr., Trustee of the  
Street or PO: Roy G. Barton Sr. and Opal Barton  
City, St.: Revocable Trust  
1919 N. Turner Street  
Hobbs, New Mexico 88240

7006 0100 0005 0625 8648

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

For delivery information visit our **OFFICE** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Sent To: The Fasken Foundation  
Street or PO: Post Office Box 2024  
City, St.: Midland, Texas 79702-2024

**CERTIFIED MAIL™ RECEIPT**  
SENDER: COMP ON DELIVERY

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:  
  
Roy G. Barton, Jr., Trustee of the  
Roy G. Barton Sr. and Opal Barton  
Revocable Trust  
1919 N. Turner Street  
Hobbs, New Mexico 88240

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8655

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X Bronda Stewart  
 B. Received by (Printed Name) Bronda Stewart C. Date of Delivery 4-9-12

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

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

**CERTIFIED MAIL™ RECEIPT**  
SENDER: G TION ON DELIVERY

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:  
  
The Fasken Foundation  
Post Office Box 2024  
Midland, Texas 79702-2024

2. Article Number (Transfer from service label) 7006 0100 0005 0625 8648

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X Bonnie Rogers  
 B. Received by (Printed Name) Bonnie Rogers C. Date of Delivery 4-11-12

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

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

7006 0100 0005 0625 8631

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

For delivery information visit us at **OFFICIAL** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here

Sent To: Margaret Anne Miler Carrico  
 c/o Harry A. Miller, Jr.  
 1402 Foxwood Cove  
 Austin, Texas 78704

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Margaret Anne Miler Carrico  
 c/o Harry A. Miller, Jr.  
 1402 Foxwood Cove  
 Austin, Texas 78704

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8631

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

**RECIPIENT: COMPLETE THIS SECTION**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Bessie A. Crissma*

C. Date of Delivery: 4-16-12

D. Is delivery address different from item 1?  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

7006 0100 0005 0625 8624

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

For delivery information visit us at **OFFICIAL** AGR/BURGUNDY

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here

Sent To: Harry A. Miller, III  
 1402 Foxwood Cove  
 Austin, Texas 78704

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Harry A. Miller, III  
 1402 Foxwood Cove  
 Austin, Texas 78704

2. Article Number (Transfer from service label): 7006 0100 0005 0625 8624

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

**RECIPIENT: COMPLETE THIS SECTION**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Bessie A. Crissma*

C. Date of Delivery: 4-16-12

D. Is delivery address different from item 1?  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

7006 0100 0005 0625 8617

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

For delivery information visit **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 APR 10 2012  
 SAN ANTONIO, TX 78201

Sent To: Mary Ralph Lowe as Trustee  
 c/o Lowe Partners  
 4400 Post Oak, Suite 2550  
 Houston, Texas 77027

PS Form 3800, June 2002

**SENDER: CO/** **ON DELIVERY**

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

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 Ralph Lowe as Trustee  
 c/o Lowe Partners  
 4400 Post Oak, Suite 2550  
 Houston, Texas 77027

2. Article Number (Transfer from service label) **7006 0100 0005 0625 8617**

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

A. Signature: *Pat Diebel*  Agent  Addressee  
 B. Received by (Printed Name): *Pat Diebel* C. Date of Delivery: *4-10-12*  
 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

7006 0100 0005 0625 8600

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

For delivery information visit **AGR/BURGUNDY**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 APR 10 2012  
 SAN ANTONIO, TX 78201

Sent To: Carson R. Yost  
 c/o Lowe Partners  
 4400 Post Oak, Suite 2550  
 Houston, Texas 77027

PS Form 3800, June 2002

**SENDER: CO/** **ON DELIVERY**

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

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:  
 Carson R. Yost  
 c/o Lowe Partners  
 4400 Post Oak, Suite 2550  
 Houston, Texas 77027

2. Article Number (Transfer from service label) **7006 0100 0005 0625 8600**

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

A. Signature: *Pat Diebel*  Agent  Addressee  
 B. Received by (Printed Name): *Pat Diebel* C. Date of Delivery: *4-10-12*  
 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

7006 0100 0005 0625 8594

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

For delivery information visit us at **AGR/BURGUNDY**

DEFICI

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

SANTA FE NM 81301  
 APR 20 2012  
 Postmark Here  
 USPS

Sent To: Samantha Adelaide Yost  
 Street or P.O.: 400 West 15th Street, Suite 1600  
 City: Austin, Texas 78701

PS Form 3811, February 2004 SEE REVERSE FOR INSTRUCTIONS

**SENDER: COMPLETE THIS SECTION** **ON DELIVERY**

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

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.

A. Signature: *Kim Cain*  Agent  Addressee  
 B. Received by (Printed Name): *Kim Cain* C. Date of Delivery: *4/10/12*

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

1. Article Addressed to:  
 Samantha Adelaide Yost  
 400 West 15th Street, Suite 1600  
 Austin, Texas 78701

2. Article Number: **7006 0100 0005 0625 8594**  
(Transfer from service label)

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

7006 0100 0005 0625 8587

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

For delivery information visit us at **AGR/BURGUNDY**

DEFICI

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

SANTA FE NM 87001  
 APR 20 2012  
 Postmark Here  
 USPS

Sent To: Lowe Partners  
 Street or P.O.: 4400 Post Oak, Suite 2550  
 City: Houston, Texas 77027

PS Form 3811, June 2002 SEE REVERSE FOR INSTRUCTIONS

**SENDER: COMPLETE THIS SECTION** **ON DELIVERY**

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

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.

A. Signature: **X**  Agent  Addressee  
 B. Received by (Printed Name): C. Date of Delivery: *4-10-12*

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

1. Article Addressed to:  
 Lowe Partners  
 4400 Post Oak, Suite 2550  
 Houston, Texas 77027

2. Article Number: **7006 0100 0005 0625 8587**  
(Transfer from service label)

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