

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

**APPLICATION OF CIMAREX ENERGY CO. FOR
APPROVAL OF A NON-STANDARD OIL SPACING
AND PRORATION UNIT AND COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO.**

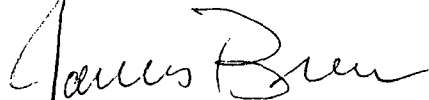
Case No. 14,802

AFFIDAVIT OF NOTICE

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

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

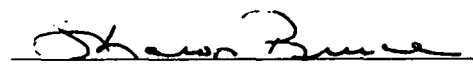
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the operators or working interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules.



James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of March, 2012 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 6
Exhibit No. 6

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruce@aol.com

February 3, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

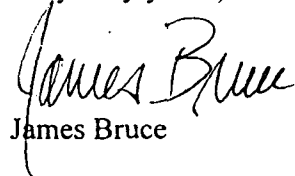
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding Section 26, Township 20 South, Range 32 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 1, 2012, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator or working interest owner, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, February 23, 2012 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Fasken Oil and Ranch, Ltd.
Fasken Land and Minerals, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

Three Rivers Operating Company, LLC
Suite 325
1122 South Capitol of Texas Highway
Austin, Texas 78746

Breck Operating Corp.
P.O. Box 911
Breckenridge, Texas 76424

Torch Oil & Gas Company
Suite 1600
1221 Lamar
Houston, Texas 77010

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

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

BOPCO, L.P.
Suite 2900
201 Main Street
Fort Worth, Texas 76102

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:

Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

2. Article Number:

(Transfer from service label)

7010 0780 0002 3937 1686

PS Form 3811, February 2004

Domestic Return Receipt

CR - SN

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

VHINOJOS

C. Date of Delivery

2/6/12

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79702

OFFICIAL USE

Postage

\$0.65

Certified Fee

\$2.95

Return Receipt Fee (Endorsement Required)

\$2.35

Restricted Delivery Fee (Endorsement Required)

\$0.00

Total Postage & Fees

\$5.95

Sent To

EOG Resources, Inc.

P.O. Box 2267

Midland, Texas 79702

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

2. Article Number:

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

CR - Snoddy

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

E. Bell

C. Date of Delivery

2/15/12

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number:

7010 0780 0002 3937 9408

PS Form 3811, February 2004

Domestic Return Receipt

CR - Snoddy

102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79705

OFFICIAL USE

Postage

\$0.65

Certified Fee

\$2.95

Return Receipt Fee (Endorsement Required)

\$2.35

Restricted Delivery Fee (Endorsement Required)

\$0.00

Total Postage & Fees

\$5.95

Sent To

Chevron U.S.A. Inc.

15 Smith Road

Midland, Texas 79705

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BOPCO, L.P.
Suite 2900
201 Main Street
Fort Worth, Texas 76102

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 1693

PS Form 3811, February 2004

Domestic Return Receipt

CK - SN

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Josh Roberts

C. Date of Delivery

FEB 6 - 2012

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OKLAHOMA CITY OK 73154

Postage \$ \$0.65

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ \$5.95

0500
19
Postmark
Here
FEB - 3 2012

Sent To

Chesapeake Operating, Inc.

P.O. Box 18496

Oklahoma City, Oklahoma 73154

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To BOPCO, L.P.
Suite 2900
201 Main Street
Fort Worth, Texas 76102
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 1655

PS Form 3811, February 2004

Domestic Return Receipt

CK - SN

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fasken Oil and Ranch, Ltd.
Fasken Land and Minerals, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 1679

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carol Hallett*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Carol Hallett

C. Date of Delivery

2-6-12

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

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage &

Three Rivers Operating Company, LLC
Suite 325

Sent To

1122 South Capitol of Texas Highway
Austin, Texas 78746

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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

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

MIDLAND, TX 79701

OFFICIAL USE

Postage \$

\$0.65

0500

Certified Fee

\$2.95

Return Receipt Fee
(Endorsement Required)

\$2.35

Restricted Delivery Fee
(Endorsement Required)

\$0.00

Total Postage

\$5.95

Fasken Oil and Ranch, Ltd.
Fasken Land and Minerals, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

02/03/2012

Sent To

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Three Rivers Operating Company, LLC
Suite 325
1122 South Capitol of Texas Highway
Austin, Texas 78746

2. Article Number

(Transfer from service label)

7008 1140 0003 5864 4609

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melissa C.*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Melissa C.

C. Date of Delivery

2/6/12

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

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:

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

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 1648

PS Form 3811, February 2004

Domestic Return Receipt *Cr - SN*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C. Collins*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6/12

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

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Torch Oil & Gas Company

Suite 1600

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

1221 Lamar

City, State, ZIP+4

Houston, Texas 77010

PS Form 3800, August 2006

See Reverse for Instructions

7361 7361 2489 3020 0002 0780 7010

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:

Torch Oil & Gas Company
Suite 1600
1221 Lamar
Houston, Texas 77010

2. Article Number

(Transfer from service label)

7007 3020 0001 2489 7361

PS Form 3811, February 2004

Domestic Return Receipt *Cr - SN*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *SCETRULLO*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

SCETRULLO

C. Date of Delivery

2-7-12

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

1331 LAMAR #1450

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

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

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

PS Form 3800, August 2006

See Reverse for Instructions

7361 7361 2489 3020 0001 0780 7010

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number
(Transfer from service) 7007 3020 0001 2489 7378

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
Robert A. Chambers

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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OFFICIAL USE

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

Sent To Breck Operating Corp.
P.O. Box 911
Breckenridge, Texas 76424

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™
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OFFICIAL USE

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

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Breck Operating Corp.
P.O. Box 911
Breckenridge, Texas 76424

2. Article Number
(Transfer from service label) 7008 1140 0003 5864 4616

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

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
C. Date of Delivery
2-6-12

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

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

February 7, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

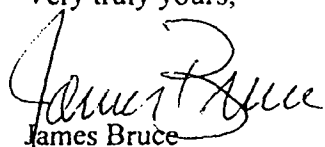
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding Section 26, Township 20 South, Range 32 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 1, 2012, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator or working interest owner, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, February 23, 2012 if you intend to participate in the hearing.

Very truly yours,

A handwritten signature in dark ink, appearing to read "James Bruce", is written over a horizontal line.

James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

Betty Raines
Unit 6026
100 South Eisenhower
Midland, Texas 79703

Dell and Wilbur Herring, Trustees
of the Herring 1990 Trust
1310 Coronet Avenue
Pasadena, California 91107

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:

Dell and Wilbur Herring, Trustees
of the Herring 1990 Trust
1310 Coronet Avenue
Pasadena, California 91107

2. Article Number

(Transfer from service lab)

7008 1140 0003 5864 4296

PS Form 3811, February 2004

Domestic Return Receipt

Ce-SN

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wilbur Herring*☐ Agent☐ Addressee

B. Received by (Printed Name)

WILBUR HERRING

C. Date of Delivery

FEB 13 2012

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

FEB 13 2012

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

MIDLAND TX 79703

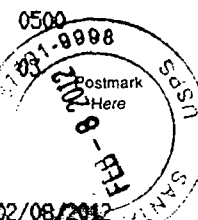
Postage \$ 0.65

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 5.95



Sent To

Betty Raines

Unit 6026

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

100 South Eisenhower

City, State, ZIP+4

Midland, Texas 79703

PS Form 3800, August 2006

See Reverse for Instructions

7007 3020 0001 2489 7497

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

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PASADENA CA 91107

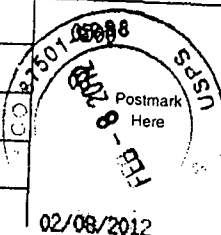
Postage \$ 0.65

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 5.95



Sent To

Dell and Wilbur Herring, Trustees

of the Herring 1990 Trust

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

1310 Coronet Avenue

City, State, ZIP+4

Pasadena, California 91107

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Betty Raines

Unit 6026

100 South Eisenhower

Midland, Texas 79703

2. Article Number

(Transfer from service lab)

7007 3020 0001 2489 7497

PS Form 3811, February 2004

Domestic Return Receipt

Ce-SN

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Betty Raines*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-14-12

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes