

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 THREE RIVERS OPERATING
COMPANY, LLC FOR A NON-STANDARD SPACING
AND PRORATION UNIT AND COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO

CASE NO. 14827

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of Three Rivers Operating Company, LLC, 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.

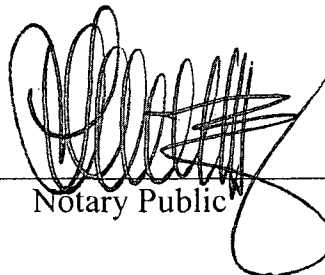


Adam G. Rankin

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. 7
Submitted by:
THREE RIVERS OPERATING COMPANY LLC
Hearing Date: April 26, 2012

EXHIBIT A
THREE RIVERS OPERATING COMPANY, LLC
AIRSTRIp 6 STATE WELL NO. 2H

ABC Rental Tool Co. Inc.
Drawer #1618
Post Office Box 5935
Troy, MI 48007-5935

Aguila Oil & Cattle Company
P.O. Drawer 70
Hobbs, New Mexico 88241

AYCO Energy LLC
16360 Park Ten Place
Suite 115
Houston, Texas 77804

Big 6 Drilling Company
c/o Chester Bengé Jr.
7500 San Felipe, Suite 250
Houston, Texas 77063

Bright Hawk/Bukard Venture
Post Office Box 79790
Houston, Texas 77279

Chester B. Bengé, Jr.
7500 San Felipe, Suite 250
Houston, Texas 77063

Dasco Energy
Post Office Box 2545
Hobbs, New Mexico 88241

Edgar A. Smith Estate
c/o Tommy Smith
1001 McKinney, Suite 1240
Houston, Texas 77002

Felix Fishman Henry Schneider
Under the Trust Ident by Lucy
Moses
Post Office Box 86
Ardmore, OK 73402

FJK Partnership
5333 Baggett
Hobbs, New Mexico 88242

James I. Riddle Estate
c/o James I. Riddle III
4246 Goodfellow
Dallas, Texas 75229

Lowell B. Deckert
John Deckert
3405 Woody Creek
Evergreen, CO 30439-7996

Lynx Petroleum Consultants
Post Office Box 1708
Hobbs, New Mexico 88241

Estate of W.A. Stockard
2008 Kirby Drive, Suite 510
Houston, Texas 77019

W.H. Smith Estate
c/o Rowena Reynolds
1311 N. Rusk
Wharton, Texas 77488

Watson Truck & Supply
Post Office Box 10
Hobbs, New Mexico 88240

Durango Production Corp.
4301 Maplewood, Suite 500
Wichita Falls, Texas 76308

Boyd Bingham Heighten Trust
Post Office Box 26
Graham, Texas 76450

Higgins Andrews 1982, Ltd.
595 Madison Ave., Suite 1818
New York, New York 10022

Reed L. Funsten
3625 Jackson Street
San Francisco, CA 94118

N.C. Dragisic
1706 Ward
Midland, Texas 79701

Robert N. Johnson
5101 North A
Midland, Texas 79701

Don M. Kidwell
2305 Metz Place
Midland, Texas 79701

Henry Byrne O'Neill, Sr.
1301 Lawson
Midland, Texas 79701

EXHIBIT A
THREE RIVERS OPERATING COMPANY, LLC
AIRSTRIp 6 STATE WELL NO. 2H

Joseph I. O'Neill, Sr.
Post Office Box 2840
Midland, Texas 79702

O'Neill Properties, Ltd.
410 West Ohio
Midland, Texas 79701

Marathon Oil
Attn.: Joe Rusnak
200 North Loraine, Suite 1222
Midland, Texas 79701

Harvard Petroleum Company
Post Office Box 936
Roswell, New Mexico 88202

Chevron Midcontinent
Attn: Thomas D. Morris
1400 Smith Street
Houston, Texas 77002

Buckhorn Energy, LLC
407 N. Big Spring Street
Suite 240
Midland, Texas 79701

Sharktooth Resources, Ltd.
4000 N. Big Spring Street
Suite 240
Midland, Texas 79701

Sharktooth Resources, Ltd.
300 North Marienfeld Street
Suite 700
Midland, Texas 79701

Merit Management Partners IV
13727 Noel Road, #500
Dallas, Texas 75240

Estate of Harry A. Miller
c/o Harry August Miller, III
1402 Foxwood Cove
Austin, Texas 78704

Estate of Willie H. Smith
c/o Katheryn D. Murphy
12410 Fallen Tower
Austin, Texas 78753



April 5, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS

Re: Case No. 14827: Application of Three Rivers Operating Company, LLC for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.

This letter is to advise you that Three Rivers Operating Company, LLC 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 Tim Kane at e Rivers Operating Company, LLC at (512) 600-3183.

Sincerely,

Michael H. Feldewert

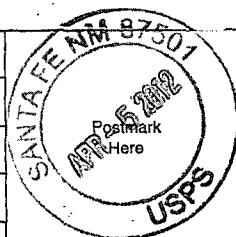
7006 0100 0005 0625 8242

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International)

For delivery information visit **MHF/THREE RIVERS****OFFIC**

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



ABC Rental Tool Co. Inc.
Drawer #1618
Post Office Box 5935
Troy, MI 48007-5935

PS Form 3811, February 2004

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:

ABC Rental Tool Co. Inc.
Drawer #1618
Post Office Box 5935
Troy, MI 48007-5935

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 8242

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Daniel Edwards* ☒ Agent
☐ Addressee

B. Received by (Printed Name)

D. Daniel Edwards

C. Date of Delivery

4/10/12

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:

Aguila Oil & Cattle Company
P.O. Drawer 70
Hobbs, New Mexico 88241

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 8235

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *C. Lopez* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Lopez

C. Date of Delivery

4-9-12

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

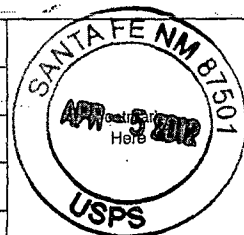
7006 0100 0005 0625 8235

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International)

For delivery information visit **MHF/THREE RIVERS****OFFIC**

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



Aguila Oil & Cattle Company
P.O. Drawer 70
Hobbs, New Mexico 88241

PS Form 3811, February 2004

See Reverse for Instructions

7006 0100 0005 0625 8228

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit: MHF/THREE RIVERS OFFIC	
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
APR - 5 2004
USPS

Sent _____
Street or P.O. _____
City _____
PS Form 3811, February 2004 Instructions

AYCO Energy LLC
16360 Park Ten Place
Suite 115
Houston, Texas 77804

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:

AYCO Energy LLC
16360 Park Ten Place
Suite 115
Houston, Texas 77804

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 8228

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Marcantel*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

J. MARCANTEL

C. Date of Delivery

4-9-12

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

7006 0100 0005 0625 8211

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit: MHF/THREE RIVERS OFFIC	
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
APR - 5 2004
Here
USPS

Sent _____
Street or P.O. _____
City _____
PS Form 3811, February 2004 See Reverse for Instructions

Big 6 Drilling Company
c/o Chester Bengé Jr.
7500 San Felipe, Suite 250
Houston, Texas 77063

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:

Big 6 Drilling Company
c/o Chester Bengé Jr.
7500 San Felipe, Suite 250
Houston, Texas 77063

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 8211

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *Cindy King*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Cindy King

C. Date of Delivery

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

7006 0100 0005 0625 8181

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit OFFIC MHF/THREE RIVERS	
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 Here
APR - 5 2012
USPS

Sent To
Bright Hawk/Bukard Venture
Post Office Box 79790
Houston, Texas 77279

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0625 8198

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit OFFIC MHF/THREE RIVERS	
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 Here
APR - 5 2012
USPS

Sent To
Chester B. Benge, Jr.
7500 San Felipe, Suite 250
Houston, Texas 77063

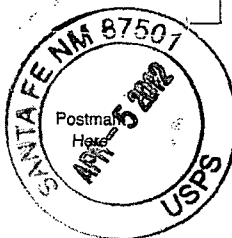
PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Chester B. Benge, Jr. 7500 San Felipe, Suite 250 Houston, Texas 77063</p>		<p>A. Signature X <i>Cindy King</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cindy King</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number: (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>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. </p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

7006 0100 0005 0625 8198

7006 0100 0005 0625 8204

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit OFFIC MHF/THREE RIVERS	
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 #	Dasco Energy Post Office Box 2545
City, State	Hobbs, New Mexico 88241
PS Form 3800, June 2002 See Reverse for Instructions	



7006 0100 0005 0625 8440

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit OFFIC MHF/THREE RIVERS	
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 #	Edgar A. Smith Estate c/o Tommy Smith
City, State	1001 McKinney, Suite 1240 Houston, Texas 77002
PS Form 3800, June 2002 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION		ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>Edgar A. Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Edgar A. Smith</i> C. Date of Delivery <i>4-9-12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Edgar A. Smith Estate c/o Tommy Smith 1001 McKinney, Suite 1240 Houston, Texas 77002		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 <input checked="" type="checkbox"/> No	
7006 0100 0005 0625 8440			
PS Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-1540			

7006 0100 0005 0625 8438

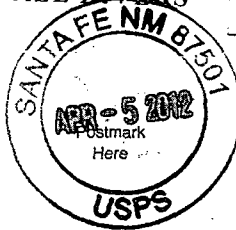
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFICE

MHF/THREE RIVERS

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: Felix Fishman Henry Schneider
 Under the Trust Ident by Lucy
 Street, Apt. or PO Box: Moses
 City: Post Office Box 86
 Ardmore, OK 73402

PS Form 3800, June 2002

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:

Felix Fishman Henry Schneider
 Under the Trust Ident by Lucy
 Moses
 Post Office Box 86
 Ardmore, OK 73402

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

ON DELIVERY

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

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 8433

102595-02-M-1540

7006 0100 0005 0625 8426

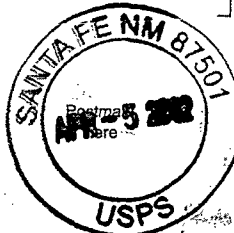
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

OFFICE

MHF/THREE RIVERS

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: FJK Partnership
 Street, Apt. or PO Box: 5333 Baggett
 City, State: Hobbs, New Mexico 88242

PS Form 3800, June 2002

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:

FJK Partnership
 5333 Baggett
 Hobbs, New Mexico 88242

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

ON DELIVERY

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

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 8426

102595-02-M-1540

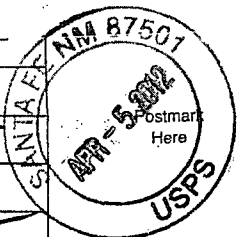
7006 0100 0005 0625 8419

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

For delivery information visit

OFFICE MHF/THREE RIVERS

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 James I. Riddle Estate
 Street, or PO B c/o James I. Riddle III
 City, St 4246 Goodfellow
 Dallas, Texas 75229

PS Form 3800, June 2004

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James I. Riddle Estate
 c/o James I. Riddle III
 4246 Goodfellow
 Dallas, Texas 75229

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 8419

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

N'DELIVERY

A. Signature

X *James I. Riddle*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

NANCY G. RIDDLE

C. Date of Delivery

4/4/12

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

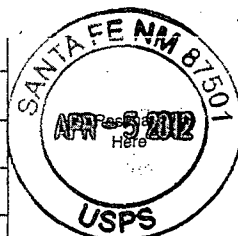
7006 0100 0005 0625 8105

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

For delivery information visit

OFFICE MHF/THREE RIVERS

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 Lowell B. Deckert
 Street, or PO B John Deckert
 City, St 3405 Woody Creek
 Evergreen, CO 30439-7996

PS Form

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:

Lowell B. Deckert
 John Deckert
 3405 Woody Creek
 Evergreen, CO 30439-7996

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 8105

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lowell B. Deckert*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lowell B. Deckert

C. Date of Delivery

4/7

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

7006 0100 0005 0625 8112

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

For delivery information visit **OFFIC** MHF/THREE RIVERS

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: Lynx Petroleum Consultants
 Street, or PO: Post Office Box 1708
 City, St: Hobbs, New Mexico 88241

PS Form 3800, June 2002

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:

Lynx Petroleum Consultants
 Post Office Box 1708
 Hobbs, New Mexico 88241

 2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 8112

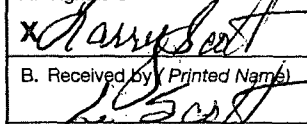
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 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 8129

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

For delivery information visit **OFFIC** MHF/THREE RIVERS

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: Estate of W.A. Stockard
 Street, or PO: 2008 Kirby Drive, Suite 510
 City, St: Houston, Texas 77019

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Estate of W.A. Stockard
 2008 Kirby Drive, Suite 510
 Houston, Texas 77019

 2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 8129

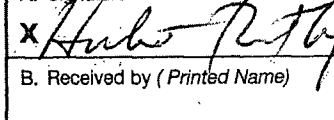
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 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 8136

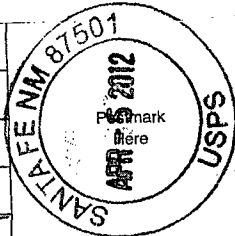
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/THREE RIVERS OFFICE**

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.H. Smith Estate**
 Street or PO: **c/o Rowena Reynolds**
 City: **1311 N. Rusk**
Wharton, Texas 77488

PS Form 3800, June 2002



SENDER: CO

- 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:

W.H. Smith Estate
 c/o Rowena Reynolds
 1311 N. Rusk
 Wharton, Texas 77488

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 8136

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

ON DELIVERY

A. Signature

X *R. Reynolds* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

R. Reynolds **4-10-12**

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

7006 0100 0005 0625 8143

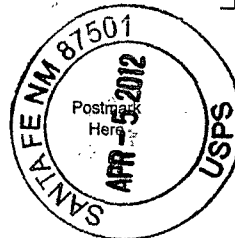
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/THREE RIVERS OFFICE**

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: **Watson Truck & Supply**
 Street or PO: **Post Office Box 10**
 City: **Hobbs, New Mexico 88240**

PS Form 3800, June 2002



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:

Watson Truck & Supply
 Post Office Box 10
 Hobbs, New Mexico 88240

2. Article Number
 (Transfer from service label)

7006 0100 0005 0625 8143

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rhetha Mings* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Rhetha Mings **4-6-12**

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

7006 0100 0005 0625 8150

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

For delivery information visit **MHF/THREE RIVERS 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

SANTA FE NM 87501
 Postmark Here
 APR 5 2012
 USPS

Sent To
 Street, or PO E
 City, St.
 Durango Production Corp.
 4301 Maplewood, Suite 500
 Wichita Falls, Texas 76308

PS Form 3800, June 2002

Returned

7006 0100 0005 0625 8167

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

For delivery information visit **MHF/THREE RIVERS 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

SANTA FE NM 87501
 Postmark Here
 APR 5 2012
 USPS

Sent To
 Street, or PO E
 City, St.
 Boyd Bingham Heighten Trust
 Post Office Box 26
 Graham, Texas 76450

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature X <i>Diane Maher</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Boyd Bingham Heighten Trust Post Office Box 26 Graham, Texas 76450</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 4/9/12</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><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.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

7006 0100 0005 0625 8167

102595-02-M-1540

7006 0100 0005 0625 8174

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

For delivery information visit **OFFIC** MHF/THREE RIVERS

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 2004
 USPS

Ser. Higgins Andrews 1982, Ltd.
 595 Madison Ave., Suite 1818
 New York, New York 10022

PS Form 3800, June 2002 See reverse for instructions

Returned

7006 0100 0005 0625 8457

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

For delivery information visit **OFFIC** MHF/THREE RIVERS

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 2004
 USPS

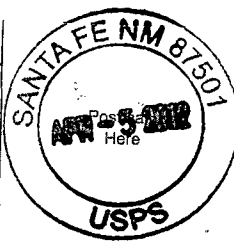
Sent To Reed L. Funsten
 3625 Jackson Street
 San Francisco, CA 94118

PS Form 3811, February 2004 See reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Reed L. Funsten 3625 Jackson Street San Francisco, CA 94118</p> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Varanisee Tawake 4/9/12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 0100 0005 0625 8457</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 0100 0005 0625 8464

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our OFFICE MHF/THREE RIVERS	
Postage	\$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



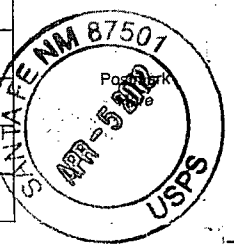
Sent To: N.C. Dragisic
 Street, Apt. or PO Box: 1706 Ward
 City, State: Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0625 8532

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our OFFICE MHF/THREE RIVERS	
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: Robert N. Johnson
 Street, Apt. or PO Box: 5101 North A
 City, State: Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0625 8525

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

For delivery information visit **usps.com** MHF/THREE RIVERS
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

Sent To: Don M. Kidwell
 Street, Apt. or PO Box: 2305 Metz Place
 City, State, ZIP+4: Midland, Texas 79701

PS Form 3800, June 2002

Returned

7006 0100 0005 0625 8501

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

For delivery information visit **usps.com** MHF/THREE RIVERS
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

Sent To: Henry Byrne O'Neill, Sr.
 Street, Apt. or PO Box: 1301 Lawson
 City, State, ZIP+4: Midland, Texas 79701

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Henry Byrne O'Neill, Sr. 1301 Lawson Midland, Texas 79701</p>		<p>A. Signature x Mary L. O'Neill <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mary L. O'Neill</p> <p>C. Date of Delivery 4/9/12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>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.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

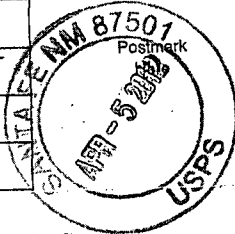
7006 0100 0005 0625 8501

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

7006 0100 0005 0625 8495

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL MHF/THREE RIVERS	
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 Joseph I. O'Neill, Sr. Post Office Box 2840 Midland, Texas 79702	

PS Form 3800, June 2002



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:

Joseph I. O'Neill, Sr.
Post Office Box 2840
Midland, Texas 79702

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **R. Force** 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 8495

PS Form 3811, February 2004

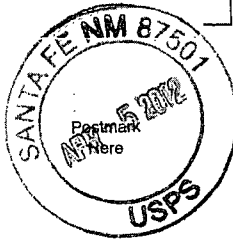
Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0625 8549

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL MHF/THREE RIVERS	
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 O'Neill Properties, Ltd. 410 West Ohio Midland, Texas 79701	

PS Form 3800, June 2002



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:

O'Neill Properties, Ltd.
410 West Ohio
Midland, Texas 79701

2. Article Number
(Transfer from service label)

7006 0100 0005 0625 8549

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **J. EADS** 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

PS Form 3811, February 2004

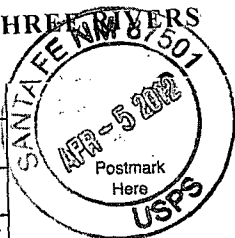
Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0625 8556

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC MHF/THREE RIVERS	
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: Marathon Oil Attn.: Joe Rusnak Street, or PO: 200 North Loraine, Suite 1222 City, St.: Midland, Texas 79701	

PS Form 3800, June 2002



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:

Marathon Oil
 Attn.: Joe Rusnak
 200 North Loraine, Suite 1222
 Midland, Texas 79701

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Lana Atwood

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lana Atwood

C. Date of Delivery

4-9-12

 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 8556

PS Form 3811, February 2004

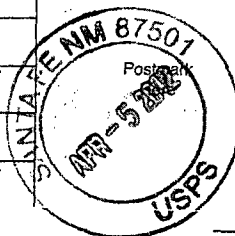
Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0625 8563

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC MHF/THREE RIVERS	
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: Harvard Petroleum Company Post Office Box 936 Street, or PO: Roswell, New Mexico 88202 City, St.: Roswell, New Mexico 88202	

PS Form 3800, June 2002



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:

Harvard Petroleum Company
 Post Office Box 936
 Roswell, New Mexico 88202

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Jay Forecek

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Jay Forecek

C. Date of Delivery

4/9/12

 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 8563

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0625 8518

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

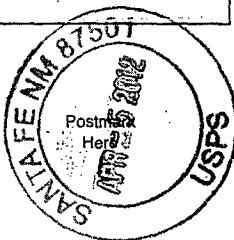
For delivery information visit: **MHF/THREE RIVERS**

OFFIC

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: **Chevron Midcontinent**
 Street, Apt. or PO Box: **Attn: Thomas D. Morris**
 City, State: **1400 Smith Street**
Houston, Texas 77002

PS Form 3811, February 2004



SENDER: CHEVRON MIDCONTINENT

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 Midcontinent
Attn: Thomas D. Morris
1400 Smith Street
Houston, Texas 77002

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8518**

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

SECTION ON DELIVERY

A. Signature: *Anthony Allegre* ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Anthony Allegre** 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 7207

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

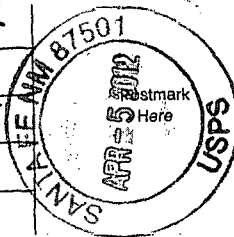
For delivery information visit: **MHF/THREE RIVERS**

OFFIC

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: **Buckhorn Energy, LLC**
 Street, Apt. or PO Box: **407 N. Big Spring Street**
 City, State: **Suite 240**
Midland, Texas 79701

PS Form 3811, February 2004



SENDER: BUCKHORN ENERGY, LLC

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:

Buckhorn Energy, LLC
407 N. Big Spring Street
Suite 240
Midland, Texas 79701

2. Article Number (Transfer from service label): **7006 0100 0005 0625 7207**

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

SECTION ON DELIVERY

A. Signature: *Michael...* ☐ Agent ☐ Addressee

B. Received by (Printed Name): **Michael...** 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 8471

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

For delivery information visit our **MHF/THREE RIVERS**

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

Sent: Sharktooth Resources, Ltd.
 Street or PO: 4000 N. Big Spring Street
 City: Suite 240
 Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0625 8488

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

For delivery information visit our **MHF/THREE RIVERS**

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

Sent: Sharktooth Resources, Ltd.
 Street or PO: 300 North Marienfeld Street
 City, St: Suite 700
 Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE

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:

Sharktooth Resources, Ltd.
 300 North Marienfeld Street
 Suite 700
 Midland, Texas 79701

2. Article Number: 7006 0100 0005 0625 8488
 (Transfer from service label)

RECEIVER: COMPLETE SECTION ON DELIVERY

A. Signature: *Frank Hallak* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Frank Hallak*

C. Date of Delivery: *4-9-12*

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

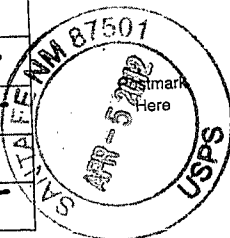
7006 0100 0005 0625 8570

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **MHF/THREE RIVERS 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

Sent To: **Merit Management Partners IV**
 Street, A. or PO Box: **13727 Noel Road, #500**
 City, State: **Dallas, Texas 75240**

PS Form 3811, February 2004



SEND **SECTION ON DELIVERY**

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

1. Article Addressed to:

Merit Management Partners IV
13727 Noel Road, #500
Dallas, Texas 75240

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8570**

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: **X Bennett** ☐ Agent ☐ Addressee
 B. Received by (Printed Name): **E Bennett**
 C. Date of Delivery: **4-9-04**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

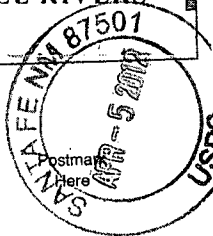
7006 0100 0005 0625 8259

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **MHF/THREE RIVERS OFFICE**

Postage	\$ 1.65
Certified Fee	2.15
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Sent To: **Estate of Harry A. Miller**
 Street, A. or PO Box: **c/o Harry August Miller, III**
 City, State: **1402 Foxwood Cove Austin, Texas 78704**

PS Form 3811, February 2004



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:

Estate of Harry A. Miller
c/o Harry August Miller, III
1402 Foxwood Cove
Austin, Texas 78704

2. Article Number (Transfer from service label): **7006 0100 0005 0625 8259**

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

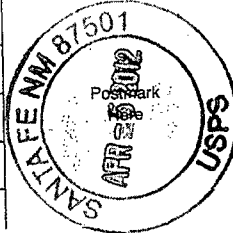
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: **[Signature]** ☐ Agent ☐ Addressee
 B. Received by (Printed Name): **Harry A Miller**
 C. Date of Delivery: **4-10-04**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

7006 0100 0005 0625 8266

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; N)	
For delivery information vi	MHF/THREE RIVERS
OFFICE	
Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>5.95</u>
Estate of Willie h. Smith c/o Katheryn D. Murphy 12410 Fallen Tower Austin, Texas 78753	
or instructions	



SENDER		SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Estate of Willie h. Smith c/o Katheryn D. Murphy 12410 Fallen Tower Austin, Texas 78753</p>		<p>A. Signature <u>Katheryn Murphy</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>KATHERYN MURPHY</u> C. Date of Delivery <u>4/21/02</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>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. </p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540