

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

**APPLICATION OF CIMAREX ENERGY CO. OF
COLORADO FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.**

Case No. 14,846

**APPLICATION OF CIMAREX ENERGY CO. OF
COLORADO FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.**

Case No. 14,847

AFFIDAVIT OF NOTICE

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

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

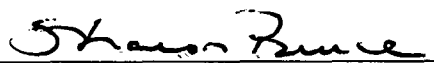
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co. of Colorado.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application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


James Bruce

SUBSCRIBED AND SWORN TO before me this 23rd day of June, 2012 by James Bruce.

My Commission Expires:

3/14/13


Notary Public

Oil Conservation Division
Case No. 2
Exhibit No. 2

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

May 3, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Yates Petroleum Corporation
Abo Petroleum Corporation
Myco Industries, inc.
105 South Fourth Street
Artesia, New Mexico 88210

Ladies and gentlemen:

Enclosed are copies of six applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding four wells in the NE¼ of Section 6, Township 19 South, Range 26 East, N.M.P.M., and two wells in the E½SE¼ of Section 1, Township 19 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

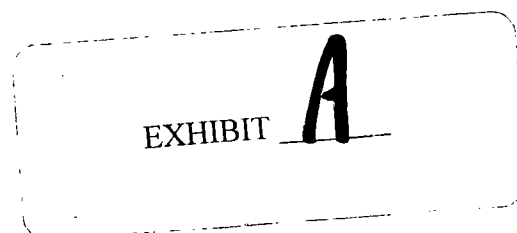
This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 24, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend the hearing, but as an owner of an interest which may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, May 17, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.



7010 0780 0002 3938 6420

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

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

RUSHLLNM 88201

OFFICIAL USE

Postage	\$ 1.30	0500
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.60	05/03/2012



Sent To: Yates Petroleum Corporation
 Abo Petroleum Corporation
 Street, Apt. No., or PO Box No.: Myco Industries, Inc.
 105 South Fourth Street
 City, State, ZIP+4: Artesia, New Mexico 88201

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:

Yates Petroleum Corporation
 Abo Petroleum Corporation
 Myco Industries, Inc.
 105 South Fourth Street
 Artesia, New Mexico 88201

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6420

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. Delgado

☒ Agent☐ Addressee

B. Received by (Printed Name)

J. Delgado

C. Date of Delivery

5-4-12

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

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

May 3, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

OXY Y-1 Company
Suite 110
5 Greenway Plaza
Houston, Texas 77046

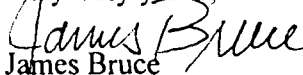
Ladies and gentlemen:

Enclosed are copies of four applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding two wells in the N½NE¼ of Section 6, Township 19 South, Range 26 East, N.M.P.M., and two wells in the E½SE¼ of Section 1, Township 19 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, May 24, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend these hearings, but as an owner of an interest which may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, May 17, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

7010 0780 0002 3938 6437

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com	
HOUSTON TX 77046	
OFFICIAL USE	
Postage	\$ 1.30
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fee	\$6.60
Sent To <u>OXY Y-1 Company</u> <u>Suite 110</u> <u>5 Greenway Plaza</u> <u>Houston, Texas 77046</u>	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2005	
See Reverse for Instructions	

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. 		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>[Name]</u> C. Date of Delivery <u>5-7-12</u> 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: <div style="border: 1px solid black; padding: 5px; margin: 10px;"> OXY Y-1 Company Suite 110 5 Greenway Plaza Houston, Texas 77046 </div>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number: (Transfer from service label)		7010 0780 0002 3938 6437	

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

May 31, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A


Ladies and gentlemen:

Enclosed are copies of two applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding two wells in the E½SE¼ of Section 1, Township 19 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Monday, June 25, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend these hearings, but as an owner of an interest which may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Monday, June 18, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

Tom C. and Vallie Hester
1501 O'Kelly Road
Rockdale, Texas 76567

Betty Louise Cook Webb
Laura Estelle Hester Cook
Route No. 2
Crockett, Texas 75835

Mildred and C.C. Gothard
P.O. Box 1322
Hobbs, New Mexico 88240

Margaret H. and Jim Mulligan
3370 Delaware Street
Beaumont, Texas 77704

William Hugh Nott
5 Corte Bombero
Orinda, California 94563

7010 0780 0002 3938 6543

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 0.85
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.15
Sent To: New State Gas Attn: Rosemary H. Hinkle 1213 West Third Street Roswell, NM 88201	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2005 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:

Edna Goodell
611 Quay
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6512

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Amy Reid

☐ Agent☐ Addressee

B. Received by (Printed Name)

Amy Reid

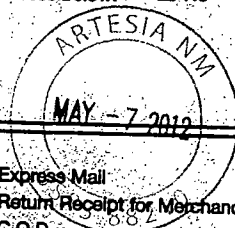
C. Date of Delivery

 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:

New State Gas
Attn: Rosemary H. Hinkle
1213 West Third Street
Roswell, NM 88201

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6543

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Morris P. P. P.

☐ 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

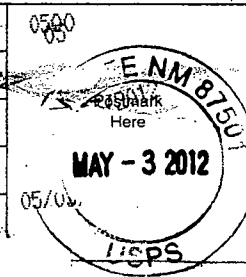
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes
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OFFICIAL USE	
Postage	\$ 0.85
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.15
Sent To: Edna Goodell 611 Quay Artesia, NM 88210	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2005 See Reverse for Instructions	



7010 0780 0002 3938 6512

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Empire Energy, LLC
Attn: Susan M. Hinkle
70 Riverside Drive
Roswell, NM 88201

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6536

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Susan M. Hinkle*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Susan M. Hinkle

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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ROSWELL, NM 88201

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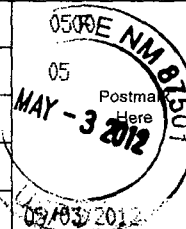
Postage \$ 0.85

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.15



Sent To

Richardson Minerals & Royalty

Attn: Michael S. Richardson

Street, Apt. No., or PO Box No. 105 West Third St., #312

Roswell, NM 88201

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3938 6550

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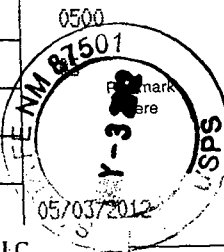
Postage \$ 0.85

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.15



Sent To

Empire Energy, LLC

Attn: Susan M. Hinkle

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

70 Riverside Drive

City, State, ZIP+4

Roswell, NM 88201

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:

Richardson Minerals & Royalty
Attn: Michael S. Richardson
105 West Third St., #312
Roswell, NM 88201

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6550

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael S. Richardson*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-4-12

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

7010 0780 0002 3938 6550

7010 0780 0002 3938 6499

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PORT CHARLOTTE FL 33948

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Postage	\$	\$0.85	0500 MAY 7 2012
Certified Fee		\$2.95	05
Return Receipt Fee (Endorsement Required)		\$2.35	3
Restricted Delivery Fee (Endorsement Required)		\$0.00	2012
Total Postage & Fees	\$	\$6.15	05/03/2012

Sent To **Jewel Hester**
c/o Georgia Hester Haigh
23033 Winchester Blvd, C-123
Port Charlotte, FL 33948
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:

Morris and Holly Schertz
P.O. Box 2588
Roswell, NM 88202

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6529

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Morris E. Schertz ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Morris E. Schertz *4-7-12*
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

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:

Jewel Hester
c/o Georgia Hester Haigh
23033 Winchester Blvd, C-123
Port Charlotte, FL 33948

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Virginia Miller ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6499

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

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Postage	\$	\$0.85	0500 MAY 3 2012
Certified Fee		\$2.95	05
Return Receipt Fee (Endorsement Required)		\$2.35	3
Restricted Delivery Fee (Endorsement Required)		\$0.00	2012
Total Postage & Fees	\$	\$6.15	05/03/2012

Sent To **Morris and Holly Schertz**
P.O. Box 2588
Roswell, NM 88202
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3938 6529

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:

Tracy Clark
 6927 Sunrise Ct
 Midland, Texas 79705

2. Article Number
 (Transfer from service label) 7010 0780 0002 3938 6505

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Tracy P Clark* ☒ Agent ☒ Addressee

B. Received by (Printed Name) *T P Clark* C. Date of Delivery *3/5/12*

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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ALICE TX 79332

OFFICIAL USE

Postage	\$ 0.85	0500 87501 Postmark Here JAN-3 2012 USPS
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Sent To Ruth Dean Brillhart
 1309 Ebony
 Alice, Texas 79332

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

PS Form 3800, August 2006 See Reverse for Instructions

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

7010 0780 0002 3938 6505

OFFICIAL USE

Postage	\$ 0.65	0500 87501 Postmark Here JAN-3 2012 USPS
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 Tracy Clark
 6927 Sunrise Ct
 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:

Ruth Dean Brillhart
 1309 Ebony
 Alice, Texas 79332

2. Article Number
 (Transfer from service label) 7010 0780 0002 3938 6468

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Ruth Dean Brillhart* ☒ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery *5-7-12*

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:

Cade Jackson
320 Mountain Springs Dr.
Boerne, Texas 78006

2. Article Number:

(Transfer from service label)

7010 0780 0002 3938 6475

PS Form 3811, February 2004

Domestic Return Receipt

CX

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cade Jackson*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

CAD2 JACKSON

C. Date of Delivery

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

☐ 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 ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$ 0.85

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ \$6.15

0500

187501

Postmark

May - 3 2012

05/03/2012

Sent To

Chad Chapman

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

6625 Victoria Ave

City, State, ZIP+4

North Ranchland Hills, Texas 76180

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

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

BOERNE TX 78006

Postage \$ 0.85

0500

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ \$6.15

OFFICIAL USE
May - 3 2012
05/03/2012

Sent To

Cade Jackson

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

320 Mountain Springs Dr.

City, State, ZIP+4

Boerne, Texas 78006

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:

Chad Chapman
6625 Victoria Ave
North Ranchland Hills, Texas 76180

2. Article Number:

(Transfer from service label)

7010 0780 0002 3938 6451

PS Form 3811, February 2004

Domestic Return Receipt

CX

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chad Chapman*

☐ 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

☐ 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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KERVILLE TX 78028

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 **William Jackson**
1613 Silver Saddle Dr.N
 Street, Apt. No.,
 or PO Box No. **Kerville, TX 78028**
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

CERTIFIED MAIL™

7010 0780 0002 3938 6482



U.S. POSTAGE
 PAID
 SANTA FE, NM
 87501
 MAY 03, 12
 AMOUNT

\$5.95

00028468-05

William Jackson
 1613 Silver Saddle Dr.N
 Kerville, TX 78028

REFUSED
 HC4



UTF

87504@1056



Mr James Bruce
 PO Box 1056
 Santa Fe NM 87504-1056

1ST NOTICE 05-10-12
 2ND NOTICE 5-1-12
 RETURN 5-2-12

7010 3090 0000 2336 0969

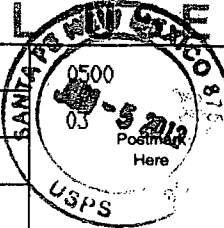
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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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: Tom C. and Vallie Hester
 Street, Apt. No., or PO Box No.: 1501 O'Kelly Road
 City, State, ZIP+4: Rockdale, Texas 76567

PS Form 3800, August 2006 See Reverse for Instructions



Mr James Bruce
 PO Box 1056
 Santa Fe NM 87504-1056

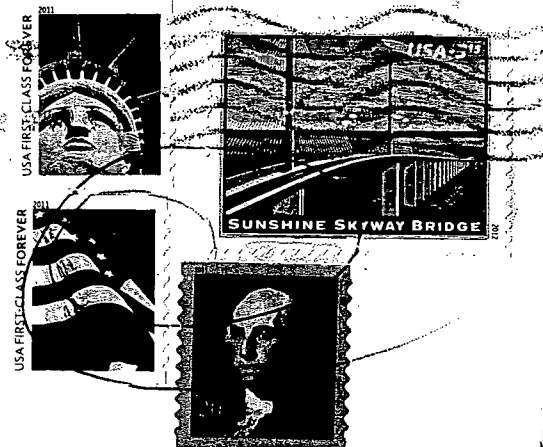


7010 3090 0000 2336 0969

1ST NOTICE 6-11-12
 2ND NOTICE 6-18-12
 RETURN 6-28-12

Tom C. and Vallie Hester
 1501 O'Kelly Road
 Rockdale, Texas 76567

1st NOTICE _____
 2nd NOTICE _____
 RETURNED _____



1000 76567

U.S. POSTAGE
 PAID
 SANTA FE, NM
 87501
 JUN 05, 12
 AMOUNT
\$0.00
 00014520-03

87504@1056
 76567200701

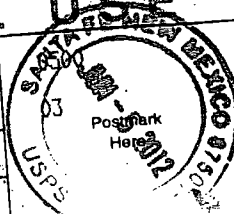


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Postage	\$	\$0.65
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.95



06/05/2012

Sent To: Betty Louise Cook Webb
Laura-Estelle Hester Cook
Route No. 2
Crockett, Texas 75835

PS Form 3800, August 2006

See Reverse for Instructions

CERTIFIED MAIL™



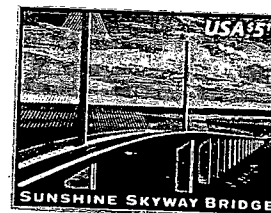
Mr James Bruce
PO Box 1056
Santa Fe NM 87504-1056

1ST NOTICE 06-22-12
2ND NOTICE _____
RETURN _____

7010 3090 0000 2336 0952

NAME _____
1ST NOTICE _____
2ND NOTICE _____
RETURN _____

Betty Louise Cook Webb
Laura Estelle Hester Cook
Route No. 2
Crockett, Texas 75835



1000

75835

U.S. POSTAGE
PAID
SANTA FE, NM
87501
JUN 05, 12
AMOUNT

\$0.00

00014520-03

87504@1056

7010 3090 0000 2336 0945

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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

Postmark Here

Sent To: Mildred and C.C. Gothard
 Street, Apt. No., or PO Box No.: P.O. Box 1322
 City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800, August 2006 See Reverse for Instructions



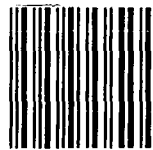
Mr James Bruce
 PO Box 1056
 Santa Fe NM 87504-1056

1ST NOTICE 06-22-12
 2ND NOTICE
 RETURN

7010 3090 0000 2336 0945

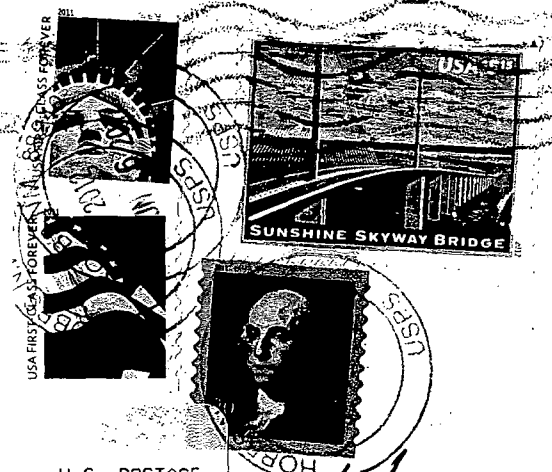
NTS

Mildred and C.C. Gothard
 P.O. Box 1322
 Hobbs, New Mexico 88240



1000

88240

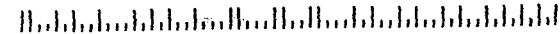


U.S. POSTAGE
 PAID
 SANTA FE, NM
 87501
 JUN 05, 12
 AMOUNT

\$0.00

1st Notice 6-11
 2nd Notice 6-21
 Return

602241 932222 6



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YOUR LABEL NUMBER

70103090000023360921

SERVICE

First-Class Mail®

STATUS OF YOUR ITEM

Undeliverable as Addressed

DATE & TIME

July 11, 2012, 1:48 pm

LOCATION

SANTA FE, NM 87501

FEATURES

Expected Delivery By:
June 8, 2012
Certified Mail™
Return Receipt

Notice Left

July 06, 2012, 11:00 am

SANTA FE, NM 87504

Depart USPS Sort Facility

July 05, 2012

ALBUQUERQUE, NM 87101

Processed at USPS Origin Sort Facility

July 05, 2012, 3:11 am

ALBUQUERQUE, NM 87101

Undeliverable as Addressed

June 30, 2012, 10:55 am

ORINDA, CA 94563

Notice Left

June 08, 2012, 4:25 pm

ORINDA, CA 94563

Acceptance

June 05, 2012, 4:21 pm

SANTA FE, NM 87501

Check on Another Item

What's your label (or receipt) number?

Find

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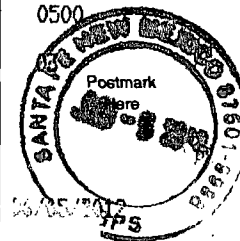
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Postage	\$ 0.65
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 3.95
Sent To William Hugh Nott 5 Corte Bombero Orinda, California 94563 Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006	



English

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YOUR LABEL NUMBER

70103090000023360938

SERVICE

First-Class Mail®

STATUS OF YOUR ITEM

Processed through
USPS Sort Facility

DATE & TIME

July 12, 2012, 3:38 am

LOCATION

ALBUQUERQUE, NM 87101

FEATURES

Expected Delivery By:

June 8, 2012

Certified Mail™

Return Receipt

Unclaimed

July 07, 2012, 1:17 pm

BEAUMONT, TX

Notice Left

June 08, 2012, 3:17 pm

BEAUMONT, TX 77703

Arrival at Unit

June 08, 2012, 6:49 am

BEAUMONT, TX 77706

Processed at USPS
Origin Sort Facility

June 08, 2012, 3:14 am

BEAUMONT, TX 77707

Acceptance

June 05, 2012, 4:22 pm

SANTA FE, NM 87501

Check on Another Item

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Find

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BEAUMONT, TX 77704 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 & Fees	\$	\$5.95	
Sent To	Margaret H. and Jim Mulligan		
Street, Apt. No., or PO Box No.	3370 Delaware Street		
City, State, ZIP+4	Beaumont, Texas 77704		
PS Form 3800, August 2006 See Reverse for Instructions			