

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR APPROVAL OF A SALT WATER
DISPOSAL WELL, LEA COUNTY, NEW MEXICO.**

Case No. 14,943

AFFIDAVIT OF NOTICE

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

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

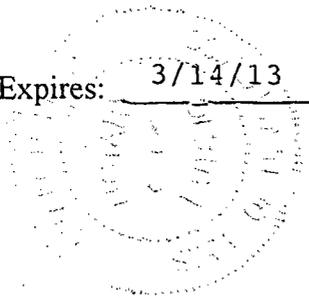
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known 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.

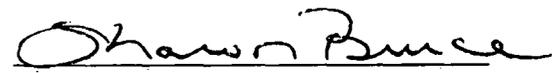


James Bruce

SUBSCRIBED AND SWORN TO before me this 22nd day of January, 2013 by James Bruce.

My Commission Expires: 3/14/13





Notary Public

Oil Conservation Division
Case No. 4
Exhibit No. _____

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

January 3, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

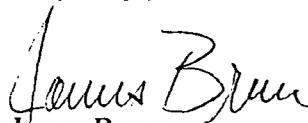
Ladies and gentlemen:

Enclosed is a copy of an application for approval of a salt water disposal well, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the in the SE¼NW¼ of Section 33, Township 22 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 24, 2013, at the Division's offices at 1220 South St. 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 contesting the 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, January 17, 2013. 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 Devon Energy Production Company, L.P.

EXHIBIT

A

EXHIBIT A

Conoco Phillips
P.O. Box 7500
Bartlesville, OK 74005-7500

Scott W. Tanberg
2502 Keswick
Midland, Texas 79705-0000

Mark L. Shidler Inc.
1313 Campbell Rd. Bldg D
Houston, Texas 77055-0000

Moore & Shelton Co LTD
A Texas LTD Partnership
P.O. Box 3070
Galveston, Texas 77552-0000

Kruse Properties
P.O. Box 327
Key West, Florida 33040-0000

Hayes Properties
P.O. Box 51510
Midland, Texas 79710-1510

Robert E. Landreth
110 W. Louisiana STE 404
Midland, Texas 79701-0000

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121-1468

Hess Corporation
P.O. Box 2040
Houston, Texas 77252-2040

Edward R. Hudson Trusts 1-3
616 Texas Street
Fort Worth, Texas 76102-0000

Edward R. Hudson Trust 4
Mary T. Hudson Ard Trustee
222 W. 4th Street PH 5
Fort Worth, Texas 76102-0000

Bureau of Land Management*
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

Oil Conservation Division
1625 North French
Hobbs, New Mexico 88240

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Hayes Properties
 P.O. Box 51510
 Midland, Texas 79710-1510

2. Article Number: 7008 0500 0001 4689 9168
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *1/1/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

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

TULSA OK 74121
OFFICIAL USE

Postage	\$ 11.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 17.00

0500
 Postmark Here
 JAN - 3 2013
 01/03/2013

Sent To: Kaiser-Francis Oil Company
 P.O. Box 21468
 Street, Apt. No., or PO Box No. Tulsa, OK 74121-1468
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4689 9168

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

MIDLAND TX 79710
OFFICIAL USE

Postage	\$ 11.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 17.00

0500
 Postmark Here
 JAN - 3 2013
 01/03/2013

Sent To: Hayes Properties
 P.O. Box 51510
 Street, Apt. No., or PO Box No. Midland, Texas 79710-1510
 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:

Kaiser-Francis Oil Company
 P.O. Box 21468
 Tulsa, OK 74121-1468

2. Article Number: 7008 0500 0001 4689 9168
 (Transfer from service label)

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

COMPLETE THIS SECTION 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 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:

Robert E. Landreth
110 W. Louisiana STE 404
Midland, Texas 79701-0000

2. Article Number
(Transfer from service label)

7008 0500 0001 4689 9175

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

R Burkholder

- Agent
 Addressee

B. Received by (Printed Name)

R BURKHOLDER

Date of Delivery

1-7-13

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™

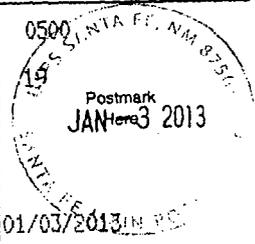
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON TX 77252 OFFICIAL USE

Postage	\$	\$1.70
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$7.00



Sent To Hess Corporation
P.O. Box 2040
Houston, Texas 77252-2040
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4689 9199

U.S. Postal Service™

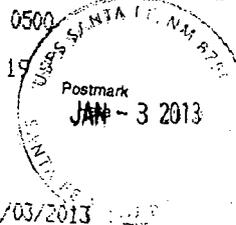
CERTIFIED MAIL™ RECEIPT

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

MIDLAND TX 79701 OFFICIAL USE

Postage	\$	\$1.70
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$7.00



Sent To Robert E. Landreth
110 W. Louisiana STE 404
Midland, Texas 79701-0000
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:

Hess Corporation
P.O. Box 2040
Houston, Texas 77252-2040

2. Article Number
(Transfer from service label)

7008 0500 0001 4689 9199

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

James Felde

- Agent
 Addressee

B. Received by (Printed Name)

JAMES FELDE

Date of Delivery

JAN 03 2013

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

0 - SWD

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mark L. Shidler Inc.
1313 Campbell Rd. Bldg D
Houston, Texas 77055-0000

Article Number:
(Transfer from service label) **7008 0500 0001 4689 9137**

S Form 3811, February 2004 Domestic Return Receipt *D SWP*

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] 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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Postage	\$ 1.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 7.00

Postmark
JAN -19-2013
01/03/2013

Sent To Moore & Shelton Co LTD
A Texas LTD Partnership
P.O. Box 3070
Galveston, Texas 77552-0000
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4689 9137

**U.S. Postal Service™
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OFFICIAL USE

Postage	\$ 1.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 7.00

Postmark
JAN -18-2013
01/03/2013

Sent To Mark L. Shidler Inc.
1313 Campbell Rd. Bldg D
Houston, Texas 77055-0000
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:

Moore & Shelton Co LTD
A Texas LTD Partnership
P.O. Box 3070
Galveston, Texas 77552-0000

2. Article Number
(Transfer from service label) **7008 0500 0001 4689 9144**

PS Form 3811, February 2004 Domestic Return Receipt *D SWP*

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
Michael B Moore - 8-12

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

7008 0500 0001 4689 9137

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:

Edward R. Hudson Trust 4
Mary T. Hudson Ard Trustee
222 W. 4th Street PH 5
Fort Worth, Texas 76102-0000

2. Article Number

(Transfer from service #) 7008 0500 0001 4689 9212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *1-15-13*

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	\$ 1.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 7.00



Sent To Edward R. Hudson Trusts 1-3
616 Texas Street
Fort Worth, Texas 76102-0000
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

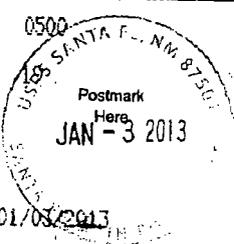
7008 0500 0001 4689 9205

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OFFICIAL USE

Postage	\$ 1.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 7.00



Sent To Edward R. Hudson Trust 4
Mary T. Hudson Ard Trustee
222 W. 4th Street PH 5
Fort Worth, Texas 76102-0000
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:

Edward R. Hudson Trusts 1-3
616 Texas Street
Fort Worth, Texas 76102-0000

2. Article Number

(Transfer from service #) 7008 0500 0001 4689 9205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

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

7008 0500 0001 4689 9212

[Handwritten initials]

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:

Conoco Phillips
P.O. Box 7500
Bartlesville, OK 74005-7500

2. Article Number
(Transfer from service label)

7008 0500 0001 4689 9106

PS Form 3811, February 2004

Domestic Return Receipt *A SWD*

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

CONOCO
JAN 7

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

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
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OFFICIAL USE

Postage	\$ 1.70
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.00

0500
1955 SANTA FE, NM 87501
Postmark
JAN 3 2013
01/03/2013

Sent To Bureau of Land Management
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4689 9229

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

OFFICIAL USE

Postage	\$ 1.70
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 7.00

0500
1955 SANTA FE, NM 87501
Postmark
JAN 3 2013
01/03/2013

Sent To Conoco Phillips
P.O. Box 7500
Bartlesville, OK 74005-7500
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:

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

2. Article Number
(Transfer from service label)

7008 0500 0001 4689 9229

PS Form 3811, February 2004

Domestic Return Receipt

D SWD

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Heather Shatec 1/24/13

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

7008 0500 0001 4689 9106

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

OFFICIAL USE

Postage	\$ 1.70
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 7.00

0500
 19
 JAN - 3 2013
 Here
 01/03/2013

Sent To: **New Mexico State Land Office**
 310 Old Santa Fe Trail
 Santa Fe, New Mexico 87501
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4689 9236

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 Conservation Division
 1625 North French
 Hobbs, New Mexico 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 C. Date of Delivery
 1-4-13
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7008 0500 0001 4689 9243**
 (Transfer from service label)

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

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

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

OFFICIAL USE

Postage	\$ 1.70
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 7.00

0500
 49
 Postmark
 Here
 JAN - 3 2013
 01/03/2013

Sent To: **Oil Conservation Division**
 1625 North French
 Hobbs, New Mexico 88240
 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:

New Mexico State Land Office
 310 Old Santa Fe Trail
 Santa Fe, New Mexico 87501

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

2. Article Number **7008 0500 0001 4689 9236**
 (Transfer from service label)

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

7008 0500 0001 4689 9243

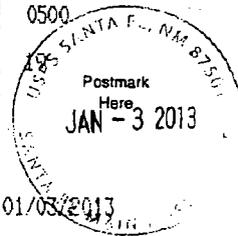
7008 0500 0001 4689 9151

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

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

KEY DES FL 33040-0000 **OFFICIAL USE**

Postage	\$ 1.70
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 7.00



Sent To **Kruse Properties**
P.O. Box 327

Street, Apt. No.,
or PO Box No. **Key West, Florida 33040-0000**

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:

Kruse Properties
P.O. Box 327
Key West, Florida 33040-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Robert Killen

B. Received by: (Printed Name) *Robert Killen* C. Date of Delivery *1-9-13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 0500 0001 4689 9151**

English

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YOUR LABEL NUMBER

70080500000146899120

SERVICE

First-Class Mail®

STATUS OF YOUR ITEM

Notice Left

DATE & TIME

January 05, 2013, 4:09 pm

LOCATION

MIDLAND, TX 79705

FEATURES

Expected Delivery By:
January 7, 2013
Certified Mail™
Return Receipt

Depart USPS Sort Facility

January 05, 2013

MIDLAND, TX 79711

Processed at USPS Origin Sort Facility

January 05, 2013, 12:29 am

MIDLAND, TX 79711

Dispatched to Sort Facility

January 03, 2013, 4:20 pm

SANTA FE, NM 87501

Acceptance

January 03, 2013, 10:45 am

SANTA FE, NM 87501

Check on Another Item

What's your label (or receipt) number?

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7008 0500 0001 4689 9120

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>			
For delivery information visit our website at www.usps.com			
MIDLAND TX 79705		OFFICIAL USE	
Postage	\$ 1.70		
Certified Fee	\$ 2.95		
Return Receipt Fee (Endorsement Required)	\$ 2.35		
Restricted Delivery Fee (Endorsement Required)	\$ 0.00		
Total Postage & Fees	\$ 7.00		
Sent To	Scott W. Tanberg 2502 Koswick		
Street, Apt. No., or PO Box No.	Midland, Texas 79705-0000		
City, State, ZIP+4			
PS Form 3800, August 2006		See Reverse for Instructions	