

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:

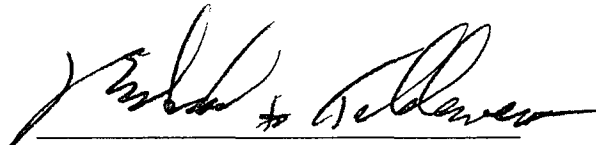
APPLICATION OF COG OPERATING LLC  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT AND COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 14972

AFFIDAVIT

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

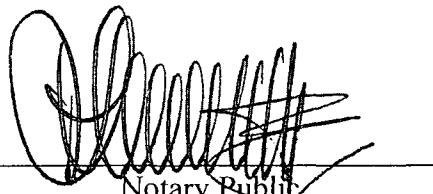
Michael H. Feldewert, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

  
\_\_\_\_\_  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 3rd day of April 2013 by Michael H. Feldewert.



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 04/14/15

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

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 5  
Submitted by:  
COG OPERATING LLC  
Hearing Date: April 4, 2013



March 1, 2013

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

**TO: OFFSET OWNERS**

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Eddy County, New Mexico  
Bradley 8 Fee #1H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the W/2 W/2 of Section 8, Township 19 South, Range 26 East, NMPM, Eddy County, New Mexico. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on March 21, 2013. 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 with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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.

Questions concerning this application should be directed to Katie Mohebkhosravi, at Concho Resources, Inc. (432) 221-0333.

Sincerely,

Michael H. Feldewert



March 1, 2013

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

**TO: AFFECTED INTEREST OWNERS**

**Re: Application of COG Operating LLC for non-standard spacing and proration unit and compulsory pooling; Eddy County, New Mexico  
Bradley 8 Fee #1H Well**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 21, 2013. 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.

Questions concerning this application should be directed to Katie Mohebkhosravi, at Concho Resources, Inc. (432) 221-0333.

Sincerely,

Michael H. Feldewert

**NOTICE LIST  
COG OPERATING LLC  
BRADLEY 8 FEE #1H WELL**

**OFFSETS**

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

Nadel and Gussman Permian, LLC  
601 N. Marienfield, Suite 508  
Midland, Texas 79701

William Anderson  
P.O. Box 1616  
Roswell, NM 88201

DHA, LLC  
500 W. Wall St, Suite 300  
Midland, TX 79701

Chi Energy  
212 N. Main Street #212  
Midland, TX 79701

Principle Properties  
4425 South MOPAC  
Austin, TX 78735

Michael Acquisition, Inc.  
P.O. Box 863266  
Plano, TX 75074

Mewbourne Oil Company  
500 W. Texas Ave.  
Midland, TX 79701

Cimarex Energy Company  
600 North Marienfield Street  
Midland, Texas 79701

**POOLED PARTIES**

Bernard Darvin Heer  
1909 North Louisa  
Shawnee, OK 74801

*Ret*

Brian Scott Manning Trustee  
Post Office Box 52012  
Irvine, CA 92619

✓

Fred Bohannon  
5242 S. Columbia Place  
Tulsa, OK 74101

Heather J. Fry Sanford  
1103 North Guadalupe Street  
Carlsbad, New Mexico 88220

✓

Jeannie Giraudo Basta  
Post Office Box 2718  
Reno, Nevada 89505

*Ret*

Joe Marion Bohannon  
5949 East 55th Street  
Tulsa, OK 74135

John Edmond Heer  
1909 North Louisa  
Shawnee, OK 74801

*Ret*

Jonell J. Howell  
11602 Rustic Rock Drive  
Apartment A  
Austin, Texas 78750

✓

Leslie M. Butts  
605 South 14th Street  
Artesia, New Mexico 88210

✓

Lynette W. Layton  
2305 Estaview Circle  
Corvallis, Oregon 97330

✓

Marianne Bohannon Williams  
Route 2  
Cookson, OK 74427

*Ret*

Marion Halene Hidom  
8 Haig Drive  
Sunrise Country Club  
Rancho Mirage, CA 92270

**NOTICE LIST  
COG OPERATING LLC  
BRADLEY 8 FEE #1H WELL**

Marion M. Sessions  
1618 Sunnycrest Drive  
Fullerton, CA 92835

*ret*

Marvin J. Bohannon  
4857 Del Aire Drive  
Del City, OK 73115

*ret*

Mary Louise Hubbartt  
Rt 2 Box 2517B  
Hartwell, CA 30643

*ret*

Monica H. Dempsey  
15226 Rockland Road  
Libertyville, IL 60048

Nancy C. Baglione  
3324 Vaillar Court  
Tallahassee, Florida 32312

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Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark  
Here

Sent  
Street or PO  
City

Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 0744

**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  
105 South 4th Street  
Artesia, NM 88210

2. Article Number: 7006 2760 0001 6376 0744  
(Transfer from serv)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X J. Delgado ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
J. Delgado 3-4-13
- 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

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Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark  
Here

Sent  
Street or PO  
City

Nadel and Gussman Permian, LLC  
601 N. Marienfield, Suite 508  
Midland, Texas 79701

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 0737

**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:

Nadel and Gussman Permian, LLC  
601 N. Marienfield, Suite 508  
Midland, Texas 79701

2. Article Number: 7006 2760 0001 6376 0737  
(Transfer from s)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X Sherry Peck ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
Sherry Peck 3-4-13
- 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

7006 2760 0001 6376 0720

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Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark  
Here

Sent To

Street,  
or PO Box  
City, State

William Anderson  
 P.O. Box 1616  
 Roswell, NM 88201

PS Form 3811, August 2000

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:

William Anderson  
 P.O. Box 1616  
 Roswell, NM 88201

2. Article Number  
 (Transfer from service)

7006 2760 0001 6376 0720

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Joanne Suttle*

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

Joanne Suttle

C. Date of Delivery

2/2/04

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	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark  
Here

Sent To

Street,  
or PO Box  
City, State

DHA, LLC  
 500 W. Wall St, Suite 300  
 Midland, TX 79701

PS Form 3811, August 2000

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:

DHA, LLC  
 500 W. Wall St, Suite 300  
 Midland, TX 79701

2. Article Number  
 (Transfer from service)

7006 2760 0001 6376 0713

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Lynole Shack*

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

Lynole Shack

C. Date of Delivery

2/2/04

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 2760 0001 6376 0706

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
MAR - 1 2013 Postmark Here	
Sent To	Chi Energy
Street / or PO Box	212 N. Main Street #212
City, State	Midland, TX 79701
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:

Chi Energy  
212 N. Main Street #212  
Midland, TX 79701

2. Article Number  
(Transfer from serial)

7006 2760 0001 6376 0706

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Dianna Bell

C. Date of Delivery

3-4-13

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

## 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:

Principle Properties  
4425 South MOPAC  
Austin, TX 78735

2. Article Number  
(Transfer from serial)

7006 2760 0001 6376 0690

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

D. Luber

C. Date of Delivery

3-8

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 2760 0001 6376 0690

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<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
MAR - 1 2013 Postmark Here	
Sent To	Principle Properties
Street / or PO Box	4425 South MOPAC
City, State	Austin, TX 78735
PS Form 3800, August 2006 See Reverse for Instructions	



7006 2760 0001 6376 0676

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OFFICIAL BUSINESS	
Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here	
Sent To	
Michael Acquisition, Inc.	
Street, Apt. or PO Box	
P.O. Box 863266	
City, State	
Plano, TX 75074	
PS Form 3800, August 2006 See Reverse for Instructions	

**Returned**

7006 2760 0001 6376 0676

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CERTIFIED MAIL™ RECEIPT	
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OFFICIAL BUSINESS	
Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here	
Sent To	
Mewbourne Oil Company	
Street, Apt. or PO Box	
500 W. Texas Ave.	
City, State	
Midland, TX 79701	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Mewbourne Oil Company 500 W. Texas Ave. Midland, TX 79701</p>		<p>A. Signature <i>Sheila J.otts</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number 7006 2760 0001 6376 0676</p> <p>(Transfer from se)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input 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>	
PS Form 3811 February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 0669

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICE</b> <i>Bradley S. H.</i>	
Postage	\$ <u>66</u>
Certified Fee	<u>3.10</u>
Return Receipt Fee (Endorsement Required)	<u>2.55</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>6.31</u>
Sent To Cimarex Energy Company 600 North Marienfield Street Midland, Texas 79701	
PS Form 3800, August 2006 See Reverse for Instructions	

Postmark  
Here  
1 2013

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Bonnie Russell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Cimarex Energy Company 600 North Marienfield Street Midland, Texas 79701		B. Received by (Printed Name) <i>BONNIE RUSSELL</i> C. Date of Delivery <i>3-4-13</i>	
2. Article Number (Transfer) 7006 2760 0001 6376 0669		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input 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	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

2590 9426 0001 6376 0652

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<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To	
Bernard Darvin Heer	
1909 North Louisa	
Shawnee, OK 74801	
PS Form 3800, August 2000 See Reverse for Instructions	


Postmark Here MAR - 1 201

# Returned

7006 2760 0001 6376 0645

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<b>CERTIFIED MAIL™ RECEIPT</b>	
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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To	
Brian Scott Manning Trustee	
Post Office Box 52012	
Irvine, CA 92619	
PS Form 3800, August 2000 See Reverse for Instructions	

Postmark Here MAR - 1 2013

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Brian Scott Manning	
		C. Date of Delivery 3/7/13	
		D. Is delivery address different from item 1? If YES, enter delivery address below:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from Service Label)		3. Service Type	
7006 2760 0001 6376 0645		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

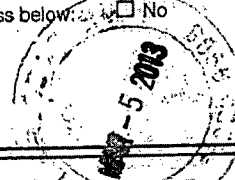
7006 2760 0001 6376 0638

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here MAR - 1 2013	
Sent To	Fred Bohannon
Street, Apt. N or PO Box N	5242 S. Columbia Place
City, State, Z	Tulsa, OK 74101
PS Form 3800, August 2006 See Reverse for Instructions	

# Returned

7006 2760 0001 6376 0621

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here MAR - 1 2013	
Sent	Heather J. Fry Sanford
Street or P	1103 North Guadalupe Street
City	Carlsbad, New Mexico 88220
PS Form 3800, August 2006 See Reverse for Instructions	

<b>U.S. POSTAL SERVICE™</b>	
<b>CERTIFIED MAIL™</b>	
PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE	
<b>SENDER: COMPLETE THIS SECTION</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	
1. Article Addressed to:	
Heather J. Fry Sanford 1103 North Guadalupe Street Carlsbad, New Mexico 88220	
2. Article Number (Transfer from)	
7006 2760 0001 6376 0621	
PS Form 3811, February 2004 Domestic Return Receipt	
<b>ACTION ON DELIVERY</b>	
A. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee XT-F. Sanford	
B. Received by (Printed Name)	
J. F. Sanford	
C. Date of Delivery	
3-5-13	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input 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	
	

102595-02-M-1540

4190 9429 1000

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Jeannie Giraudo Basta Post Office Box 2718 Reno, Nevada 89505	
PS Form 3800, August 2006 See Reverse for Instructions	

Returned

7006 2760 0001 6376 0607

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Joe Marion Bohannon 5949 East 55th Street Tulsa, OK 74135	
PS Form 3800, August 2006 See Reverse for Instructions	

Returned

7006 2760 0001 6376 0584

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To	
John Edmond Heer	
1909 North Louisa	
Shawnee, OK 74801	
PS Form 3811, February 2004	

*Returned*

7006 2760 0001 6376 0584

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To	
Jonell J. Howell	
11602 Rustic Rock Drive	
Apartment A	
Austin, Texas 78750	
PS Form 3811, February 2004	

<b>CERTIFIED MAIL</b>	
SENDER: COMPLETE	
ACTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	
Jonell J. Howell 11602 Rustic Rock Drive Apartment A Austin, Texas 78750	
2. Article (Transit)	
7006 2760 0001 6376 0584	
A. Signature <input checked="" type="checkbox"/> Agent B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input 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	

7006 2760 0001 6376 0577

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICE OF THE ATTORNEY GENERAL	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Street, Apt. or PO Box City, State Leslie M. Butts 605 South 14th Street Artesia, New Mexico 88210	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICE OF THE ATTORNEY GENERAL	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Street, Apt. or PO Box City, State Leslie M. Butts 605 South 14th Street Artesia, New Mexico 88210	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b> 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.		<b>SECTION ON DELIVERY</b> A. Signature X <i>Leslie M. Butts</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Leslie M. Butts 605 South 14th Street Artesia, New Mexico 88210		3. Service Type <input 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.	
2. Article Number (Transfer) 7006 2760 0001 6376 0577		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

7006 2760 0001 6376 0560

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICE OF THE ATTORNEY GENERAL	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Street, Apt. or PO Box City, State Lynette W. Layton 2305 Estaview Circle Corvallis, Oregon 97330	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICE OF THE ATTORNEY GENERAL	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Street, Apt. or PO Box City, State Lynette W. Layton 2305 Estaview Circle Corvallis, Oregon 97330	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b> 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.		<b>SECTION ON DELIVERY</b> A. Signature X <i>Lynette W. Layton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Lynette W. Layton 2305 Estaview Circle Corvallis, Oregon 97330		3. Service Type <input 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.	
2. Article Number (Transfer) 7006 2760 0001 6376 0560		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

7006 2760 0001 6376 0550

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICE/BLADY/STH</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here 1 2013	
Sent To	Marianne Bohannon Williams
Street or PO	Route 2
City, St	Cookson, OK 74427
PS Form 3800, August 2006 See Reverse for Instructions	

*Returned*

7006 2760 0001 6376 0546

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICE/BLADY/STH</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here 1 2013	
Sent To	Marion Halene Hidom
Street or PO	8 Haig Drive
City, St	Sunrise Country Club Rancho Mirage, CA 92270
PS Form 3800, August 2006 See Reverse for Instructions	

*Returned*



7006 2760 0001 6376 0539

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To: Marion M. Sessions Street, Apt. or PO Box: 1618 Sunnycrest Drive City, State: Fullerton, CA 92835	
PS Form 3800, August 2006 See Reverse for Instructions	

Postmark Here  
MAR - 1 2013

*Returned*

7006 2760 0001 6376 0522

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To: Marvin J. Bohannon Street, Apt. or PO Box: 4857 Del Aire Drive City, State: Del City, OK 73115	
PS Form 3800, August 2006 See Reverse for Instructions	

Postmark Here  
MAR - 1 2013

*Returned*

7006 2760 0001 6376 0515

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Street or PO City, State, ZIP+4® Mary Louise Hubbartt Rt 2 Box 2517B Hartwell, CA 30643	
PS Form 3800, August 2006 See Reverse for Instructions	

*Returned*

7006 2760 0001 6376 0515

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL BUSINESS</b>	
Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Street, or PO E City, State, ZIP+4® Monica H. Dempsey 15226 Rockland Road Libertyville, IL 60048	
PS Form 3800, August 2006 See Reverse for Instructions	

*Returned*

7006 2760 0001 6376 0492

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICE OF BRADLEY S. B.	
Postage	\$ 66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here - 1 201	
Sent To	
Nancy C. Baglione	
3324 Vaillar Court	
Tallahassee, Florida 32312	
PS Form 3800, August 2006 See Reverse for Instructions	