

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


**IN THE MATTER OF THE APPLICATION
OF OXY USA WTP LIMITED PARTNERSHIP FOR A
NON-STANDARD SPACING AND PRORATION
UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

CASE NO. 14963

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of OXY USA WTP LIMITED PARTNERSHIP, LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

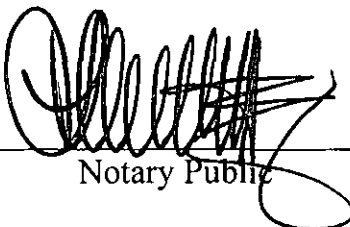


Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 26th day of June 2013 by Adam G. Rankin.



**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 01/14/15



Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: OXY
Hearing Date: June 26, 2013



June 7, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

Re: Application of OXY USA WTP Limited Partnership for non-standard spacing and proration unit and compulsory pooling; Eddy County, New Mexico – Swearingen A Fee Com 3H Well

This letter is to advise you that OXY USA WTP Limited Partnership has filed the enclosed application with the New Mexico Oil Conservation Division. As an owner in the mineral estate 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 June 27, 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 Wesley Robertson at OXY USA WTP Limited Partnership (713) 366-5022.

Sincerely,

Michael H. Feldewert



June 7, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET OWNERS

Re: Application of OXY USA WTP Limited Partnership for non-standard spacing and proration unit and compulsory pooling; Eddy County, New Mexico – Swearingen A Fee Com 3H Well

This letter is to advise you that OXY USA WTP Limited Partnership has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating a non-standard spacing unit comprised of the S/2 S/2 of Section 5, Township 23 South, Range 28 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 June 27, 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 Wesley Robertson at OXY USA WTP Limited Partnership (713) 366-5022.

Sincerely,

Michael H. Feldewert

EXHIBIT A

OFFSETS:

Chevron USA Inc.
P.O. Box 2100
Houston, Texas 77252

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

Pennzenergy Exploration &
Production LLC
P.O. Box 2967
Houston, Texas 77252

POOLED PARTIES:

Brown, Barbara
10400 2nd Street, UNIT D
Albuquerque, NM 87114

Barbara J. Swearingen Trust
2535 Stonepost Lane
Salina, KS 67401

Blenden, Dick A.
208 W. Stevens Street
Carlsbad, NM 88220

Brown, David B.
5216 Blue Cypress Lane
League City, TX 77573

Brown, John A.
10001 Peace Way, Unit #1319
Las Vegas, NV 89147

Brown, Kenneth W.
7677 Jayhawk Drive
Riverside, CA 92509

Collier, Gregory
5731 NW 19th #4
Oklahoma City, OK 73127

Collier, James A.
1113 Shady Oaks Cir
Mc Kinney, Texas 75070

Collins, Craig & Sheryl Ann
3209 SW Belle
Topeka, KS 66614

Diamond, Jeffrey B.
P.O. BOX 1866
Carlsbad, NM 88221

Estate of Addie Swearingen
P.O. BOX 298
Roswell, NM 88202

Estate of Jeanette Hughen
902 FOUNTAIN DR.
Carlsbad, NM 88220

Gunther, Tiffany
6717 Hummingbird Court
Owasso, OK 74055

Harris, Mary E.
P.O. BOX 53
Richmond, KS 66080

Hopkins, Flora Jane
24476 Chamalea Drive
Mission Viejo, CA 92691

Hopper, Jesma
2926 Columbine
Wichita, KS 67204

Lafferty, James & Georgia
BOX 129A
Miller, MO 65707

Lawson, Peggie Sue
6156 Jays Way
Milton, FL 32570

EXHIBIT A

Ledford, Donia
9700 S. 4055 RD.
Talala, OK 74080

Levenson, Robert
P.O. BOX 53430
Lubbock, TX 79453

Martin, Julie J.
P O BOX 10911
Southport, NC 28461

Mehl, Margaret L.
702 NE Cambridge DR.
Lees Summit, MO 64086

Murphy, Sharlene
616 N Burgess
Holdenville, OK 74848

Nguyen, Elizabeth
1324 Bernardo CT NE
Albuquerque, NM 87113

Phillips, Kathleen A.
P.O. BOX 11313
Midland, TX 79702

Phillips, Donna
P O BOX 1058
Seminole, OK 74818

Phipps Living Trust
3013 Sycamore Court
Moore, OK 73160

Richardson, Dale M.
5093 East Highway 82
Gainesville, TX 76240

Richardson, George E.
118A Miami RD.
Fitzgerald, GA 31750

Richardson, Linda
13363 E. Aabury Dr. #104
Aurora, CO 80014

Rogers, Melvin P.
3104 E Broadway #10
Mesa, AZ 85204

Stanico Energy Corporation
P O BOX 32467
Oklahoma City, OK 73123

Swearingen, Anna & Ralph
442 Rock Road
Jamestown, KS 66948

Swearomgen, Anna & Ralph
512 Cedar
Concordia, KS 66901

Swearingen, Richard Allen
3444 NE Happy Hollow Road
Topeka, KS 66617

The John Charles Major Trust
18326 Bluewater Cove
Humble, TX 77346

Watt, Edna Mae
400 Holland Drive
West Sacramento, CA 95605

7006 0100 0005 5770 4200

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		MHF/OXY OFFICE SWEARINGEN	
For delivery information visit usps.com			
Postage	\$ 6.66	JUN 7 2013 Postmark Here	
Certified Fee	3.10		
Return Receipt Fee (Endorsement Required)	2.55		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 6.31		
Sent To			
Chevron USA Inc. P.O. Box 2100 Houston, Texas 77252			
PS Form 3800, June 2002 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron USA Inc.
P.O. Box 2100
Houston, Texas 77252

2. Article Number

(Transfer from service)

7006 0100 0005 5770 4200

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Andy Alley*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Andy Alley

C. Date of Delivery

6-11-13

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 0100 0005 5770 4224

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		MHF/OXY OFFICE SWEARINGEN	
For delivery information visit usps.com			
Postage	\$ 6.66	JUN 7 2013 Postmark Here	
Certified Fee	3.10		
Return Receipt Fee (Endorsement Required)	2.55		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 6.31		
Sent To			
Nadel and Gussman Permian, LLC 601 N. Marienfeld, Suite 508 Midland, Texas 79701			
PS Form 3800, June 2002 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number

(Transfer from service)

7006 0100 0005 5770 4224

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Stacey Peck*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Stacey Peck

C. Date of Delivery

6-10-13

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 0100 0005 5770 4217

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
MHF/OXY	
For delivery information visit OFFIC	
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: Pennzenergy Exploration & Production LLC
P.O. Box 2967
Houston, Texas 77252

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>X. Abram</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-11-13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p>Pennzenergy Exploration & Production LLC P.O. Box 2967 Houston, Texas 77252</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from serv)</p> <p>7006 0100 0005 5770 4217</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 0100 0005 5770 4194

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance)	
MHF/OXY	
For delivery information visit OFFIC	
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: Brown, Barbara
10400 2nd Street, UNIT D
Albuquerque, NM 87114

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 4187

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **MHF/OXY**)
 For delivery information **SWEARINGEN**
OFFICIAL

Postage	\$ 6.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Sent To: Barbara J. Swearingen Trust
 Street, or PO Box: 2535 Stonepost Lane
 City, State: Salina, KS 67401

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Barbara J. Swearingen Trust
 2535 Stonepost Lane
 Salina, KS 67401

2. Article Number (Transfer from service label): 7006 0100 0005 5770 4187

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Barbara J. Swearingen* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Barbara J. Swearingen* C. Date of Delivery: *6/14*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 0100 0005 5770 4170

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **MHF/OXY**)
 For delivery information **SWEARINGEN**
OFFICIAL

Postage	\$ 6.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Sent To: Blenden, Dick A.
 Street, or PO Box: 208 W. Stevens Street
 City, State: Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Blenden, Dick A.
 208 W. Stevens Street
 Carlsbad, NM 88220

2. Article Number (Transfer from service label): 7006 0100 0005 5770 4170

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Dick A. Blenden* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Dick A. Blenden* 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

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

7006 0100 0005 5770 4163

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL MAIL™ MHF/OXY SWEARINGEN	
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	Brown, David B.
Street, Apt. or PO Box	5216 Blue Cypress Lane
City, State	League City, TX 77573
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION	
<p>1. Article Addressed to:</p> <p>Brown, David B. 5216 Blue Cypress Lane League City, TX 77573</p>		<p>2. Article Number: 7006 0100 0005 5770 4163</p> <p>(Transfer from serv)</p>	
<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>5. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>6. Print your name and address on the reverse so that we can return the card to you.</p> <p>7. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>8. Signature: X Taylor Brown</p> <p>9. Received by (Printed Name): Taylor Brown</p> <p>10. Date of Delivery: JUN 13 2013</p>	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

7006 0100 0005 5770 4163

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICIAL MAIL™ MHF/OXY SWEARINGEN	
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 JUN 13 2013	
Sent To	Brown, John A.
Street, Apt. or PO Box	10001 Peace Way, Unit #1319
City, State	Las Vegas, NV 89147
PS Form 3800, June 2002 See Reverse for Instructions	

Returned

7006 0100 0005 5770 4149

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

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 JUN 11 2013

Sent To
 Street or PO Box
 City, State, ZIP+4®
 Brown, Kenneth W.
 7677 Jayhawk Drive
 Riverside, CA 92509

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Brown, Kenneth W.
 7677 Jayhawk Drive
 Riverside, CA 92509

2. Article Number (Transfer from serv): 7006 0100 0005 5770 4149

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kenneth W. Brown* ☐ 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

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

7006 0100 0005 5770 4125

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

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 JUN 11 2013

Sent To
 Street, A or PO Box
 City, State, ZIP+4®
 Collier, Gregory
 5731 NW 19th #4
 Oklahoma City, OK 73127

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Collier, Gregory
 5731 NW 19th #4
 Oklahoma City, OK 73127

2. Article Number (Transfer from serv): 7006 0100 0005 5770 4125

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Gregory Collier* ☐ Agent ☒ Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 6-10-13

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

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

7006 0100 0005 5770 4132

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/OXY	
For delivery information visit OFFICIAL WEARINGEN	
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: Collier, James A. Street, or PO: 1113 Shady Oaks Cir City, State: Mc Kinney, Texas 75070	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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>James A. Collier</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: _____	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Collier, James A. 1113 Shady Oaks Cir Mc Kinney, Texas 75070			
2. Article Number (Transfer from serv):		3. Service Type	
7006 0100 0005 5770 4132		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7006 0100 0005 5770 4118

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/OXY	
For delivery information visit OFFICIAL WEARINGEN	
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: Collins, Craig & Sheryl Ann Street, or PO: 3209 SW Belle City, State: Topeka, KS 66614	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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>Craig & Sheryl Ann Collins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: _____	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Collins, Craig & Sheryl Ann 3209 SW Belle Topeka, KS 66614			
2. Article Number (Transfer from serv):		3. Service Type	
7006 0100 0005 5770 4118		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7006 0100 0005 5770 4101

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/OXY	
For delivery information via OFFICE SWEARINGEN	
Postage	\$ 6.31
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here JUN 10 2013	
Sent To Diamond, Jeffrey B. Street, or P.O. BOX P.O. BOX 1866 City, St. Carlsbad, NM 88221	
PS Form 3800, June 2002 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"/> Agent <input type="checkbox"/> Addressee X <i>BN H. H.</i> B. Received by (Printed Name) <i>B. H. ST. J.</i> 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: <i>P.O. BOX 1866</i>	
1. Article Addressed to: Diamond, Jeffrey B. P.O. BOX 1866 Carlsbad, NM 88221		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number <i>7006 0100 0005 5770 4101</i> (Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 4095

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/OXY	
For delivery information via OFFICE SWEARINGEN	
Postage	\$ 6.31
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Postmark Here JUN 10 2013	
Sent Estate of Addie Swearingen Street, or P.O. BOX P.O. BOX 298 City, Roswell, NM 88202	
PS Form 3800, June 2002 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Addie Swearingen</i> B. Received by (Printed Name) <i>Addie Swearingen</i> 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: <i>ROSWELL NM</i>	
1. Article Addressed to: Estate of Addie Swearingen P.O. BOX 298 Roswell, NM 88202		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number <i>7006 0100 0005 5770 4095</i> (Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

9804 0225 5000 0010 9002

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Inland Mail) OFFICE	
For delivery information visit OFFICE	
Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Estate of Jeanette Huguen 902 FOUNTAIN DR. Carlsbad, NM 88220	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: Estate of Jeanette Huguen 902 FOUNTAIN DR. Carlsbad, NM 88220		A. Signature <i>Tiffy Blend</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label) 7006 0100 0005 5770 4088		B. Received by (Printed Name) C. Date of Delivery 6-10	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

1204 0225 5000 0010 9002

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Inland Mail) OFFICE	
For delivery information visit OFFICE	
Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Sent To Gunther, Tiffany 6717 Hummingbird Court Owasso, OK 74055	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: Gunther, Tiffany 6717 Hummingbird Court Owasso, OK 74055		A. Signature <i>Tiffany Gunther</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label) 7006 0100 0005 5770 4071		B. Received by (Printed Name) C. Date of Delivery 6-10	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

4904 0255 5000 0010 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
OFFICE MHF/OXY SWEARINGEN

For delivery information visit usps.com

Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark JUN - 7 2013

Sent To
 Street, Apt. or PO Box
 City, State
 Harris, Mary E.
 P.O. BOX 53
 Richmond, KS 66080

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Harris, Mary E.
 P.O. BOX 53
 Richmond, KS 66080

2. Article Number
 (Transfer from service) 7006 0100 0005 5770 4064

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 R. L. [Signature]

C. Date of Delivery
 6/10/13

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

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

2504 0255 5000 0010 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
OFFICE MHF/OXY SWEARINGEN

For delivery information visit usps.com

Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark JUN - 7 2013

Sent To
 Street, Apt. or PO Box
 City, State
 Hopkins, Flora Jane
 24476 Chamalea Drive
 Mission Viejo, CA 92691

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Hopkins, Flora Jane
 24476 Chamalea Drive
 Mission Viejo, CA 92691

2. Article Number
 (Transfer from service) 7006 0100 0005 5770 4057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 Loma Webber

C. Date of Delivery
 6/11

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 0100 0005 5770 4040

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
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, St Hopper, Jesma 2926 Columbine Wichita, KS 67204	
PS Form 3800, June 2002 See Reverse for Instructions	

Postmark
Here
JUN - 7 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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 X <i>Jesma Hopper</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Jesma Hopper</i> C. Date of Delivery <i>6-11-13</i> 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: Hopper, Jesma 2926 Columbine Wichita, KS 67204	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from serv) 7006 0100 0005 5770 4040	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 5770 4040

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFIC	
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 B City, St Lafferty, James & Georgia BOX 129A Miller, MO 65707	
PS Form 3800, June 2002 See Reverse for Instructions	

Postmark
Here
JUN - 7 2013

Returned

7006 0100 0005 5770 4408

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

For delivery information visit **OFFICIAL WEARINGEN**

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: Lawson, Peggie Sue
 Street, Apt. or PO Box: 6156 Jays Way
 City, State: Milton, FL 32570

Postmark Here: JUN -7 2013

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Lawson, Peggie Sue
 6156 Jays Way
 Milton, FL 32570

2. Article Number (Transfer from front of envelope to the right)
 7006 0100 0005 5770 4408

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]
☐ Agent
☒ Addressee

B. Received by (Printed Name): [Signature]
 C. Date of Delivery: JUN 13 2013

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 0100 0005 5770 4408

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

For delivery information visit **OFFICIAL WEARINGEN**

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: Ledford, Donia
 Street, Apt. or PO Box: 9700 S. 4055 RD.
 City, State: Talala, OK 74080

Postmark Here:

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 4385

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/OXY	
For delivery information visit OFFIC SWEARINGEN	
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, Apt. N, or PO Box	Levenson, Robert
City, State, Zip	P.O. BOX 53430 Lubbock, TX 79453
PS Form 3800, June 2002 See Reverse for Instructions	

Returned

7006 0100 0005 5770 4026

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
MHF/OXY	
For delivery information visit OFFIC SWEARINGEN	
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, Apt. N, or PO Box	Martin, Julie J.
City, State, Zip	P O BOX 10911 Southport, NC 28461
PS Form 3800, June 2002 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. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Martin, Julie J. P O BOX 10911 Southport, NC 28461</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service)</p> <p>7006 0100 0005 5770 4026</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

7006 0100 0005 5720 4019

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit	MHF/OXY
OFFICE SWEARINGEN	
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	Mehl, Margaret L.
Street or P.O. Box	702 NE Cambridge DR.
City	Lees Summit, MO 64086
PS Form 3800, June 2002 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 x Jack E. Mehl <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Jack E. Mehl	
Mehl, Margaret L. 702 NE Cambridge DR. Lees Summit, MO 64086		C. Date of Delivery 6-11-03	
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Transfer from service label) 7006 0100 0005 5720 4019		If YES, enter delivery address below:	
3. Service Type		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 5720 4002

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit	MHF/OXY
OFFICE SWEARINGEN	
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	Murphy, Sharlene
Street or P.O. Box	616 N Burgess
City	Holdenville, OK 74848
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 5770 3999

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICE	
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>

Postmark Here

Sent To: Nguyen, Elizabeth
 Street or PO: 1324 Bernardo CT NE
 City: Albuquerque, NM 87113

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 3982

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit OFFICE	
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>

Postmark Here

Sent To: Phillips, Kathleen A.
 Street or PO: P.O. BOX 11313
 City, St: Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 3975

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
MHF/OXY SWEARINGEN	
For delivery information OFFI	
Postage	\$ 6.66
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 Phillips, Donna P O BOX 1058 Seminole, OK 74818	
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 5770 3968

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
MHF/OXY SWEARINGEN	
For delivery information OFFI	
Postage	\$ 6.66
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 Phipps Living Trust 3013 Sycamore Court Moore, OK 73160	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Phillips, Donna
P O BOX 1058
Seminole, OK 74818

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 3975

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donna Phillips*☐ Agent☐ Addressee

B. Received by (Printed Name)

Donna Phillips

C. Date of Delivery

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

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:

Phipps Living Trust
3013 Sycamore Court
Moore, OK 73160

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 3968

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donna Phipps*☐ Agent☐ Addressee

B. Received by (Printed Name)

Donna Phipps

C. Date of Delivery

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

JUN 11 2013

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 **OFFIC**
 MHF/OXY
 SWEARINGEN

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
 JUN 7 2013

Sent To
 Richardson, Dale M.
 5093 East Highway 82
 Gainesville, TX 76240

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Richardson, Dale M.
 5093 East Highway 82
 Gainesville, TX 76240

2. Article Number
 (Transfer from service label) 7006 0100 0005 5770 3944

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Natasha Pardue ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Natasha Pardue C. Date of Delivery
6-13-13

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 **OFFIC**
 MHF/OXY
 SWEARINGEN

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
 JUN 7 2013

Sent To
 Richardson, George E.
 118A Miami RD.
 Fitzgerald, GA 31750

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Richardson, George E.
 118A Miami RD.
 Fitzgerald, GA 31750

2. Article Number
 (Transfer from service label) 7006 0100 0005 5770 3937

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Karen Bohannon ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Karen Bohannon C. Date of Delivery
6-17-13

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 0100 0005 5770 3562

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

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
JUN 7 2013

Sent To
 Richardson, Linda
 Street or PO Box 13363 E. Aabury Dr. #104
 City, State, ZIP+4® Aurora, CO 80014

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Richardson, Linda
 13363 E. Aabury Dr. #104
 Aurora, CO 80014

2. Article Number (Transfer from sender's label)
 7006 0100 0005 5770 3562

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 R. S. O. V. R. C. H. G. H. A. S. N. I. O. 2013

C. Date of Delivery
 JUN 10 2013

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

5555 0245 5000 0005 5770 3555

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

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
JUN 7 2013

Sent To
 Rogers, Melvin P.
 Street or PO Box 3104 E Broadway #10
 City, State, ZIP+4® Mesa, AZ 85204

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 3548

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

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
JUN 7 2013

Sent To
 Street, Apt. or PO Box
 City, State
 Stanico Energy Corporation
 P O BOX 32467
 Oklahoma City, OK 73123

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 3531

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

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
JUN 7 2013

Sent To
 Street, Apt. or PO Box
 City, State
 Swearingen, Anna & Ralph
 442 Rock Road
 Jamestown, KS 66948

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Stanico Energy Corporation
 P O BOX 32467
 Oklahoma City, OK 73123

2. Article Number
 (Transfer from service) 7006 0100 0005 5770 3548

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

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:

Swearingen, Anna & Ralph
 442 Rock Road
 Jamestown, KS 66948

2. Article Number
 (Transfer from service) 7006 0100 0005 5770 3531

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


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

7006 0100 0005 5770 3524

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)		MHF/OXY	
For delivery information visit		SWEARINGEN	
OFFIC			
Postage	\$ 66	Postmark Here	
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			
Swearomgen, Anna & Ralph 512 Cedar Concordia, KS 66901			
PS Form 3800, June 2002 See Reverse for Instructions			

7006 0100 0005 5770 3517

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)		MHF/OXY	
For delivery information visit		SWEARINGEN	
OFFIC			
Postage	\$ 66	Postmark Here	
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 Box			
City, State			
Swearingen, Richard Allen 3444 NE Happy Hollow Road Topeka, KS 66617			
PS Form 3800, June 2002 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Swearingen, Richard Allen 3444 NE Happy Hollow Road Topeka, KS 66617		B. Received by (Printed Name) Richard Swearingen C. Date of Delivery 6-10-13	
2. Article Number (Transfer from ser) 7006 0100 0005 5770 3517		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> NO Same as #1	
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	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 0100 0005 5770 3500

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL WEARINGEN**

Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here
 JUN 13 2013

Send to:
 The John Charles Major Trust
 18326 Bluewater Cove
 Humble, TX 77346

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 3494

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL WEARINGEN**

Postage	\$ 6.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here
 JUN 13 2013

Send to:
 Watt, Edna Mae
 400 Holland Drive
 West Sacramento, CA 95605

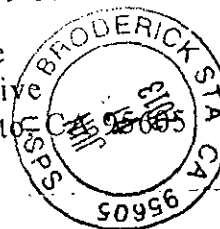
PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Watt, Edna Mae
 400 Holland Drive
 West Sacramento, CA 95605



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Edna m. Watt ☐ Agent ☒ Addressee

B. Received by (Printed Name)

EDNA M. WATT

C. Date of Delivery

06-14-13

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

2. 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)

7006 0100 0005 5770 3494

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540