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

APPLICATION OF MEWBOURNE OIL COMPANY FOR A NON-STANDARD OIL SPACING AND PRORATION UNIT AND COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 15,095**

AFFIDAVIT OF NOTICE

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

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

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Mewbourne Oil Company.

3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipt are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

James Bruce

SUBSCRIBED AND SWORN TO before me this 2nd day of April, 2014 by James Bruce.

My Commission Expires:

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-14

Notary Public

Oil Conservation Division
Case No. 15
Exhibit No. 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

February 4, 2014

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W½E½ of Section 8, Township 22 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 6, 2014, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, February 27, 2014. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

Attorney for Mewbourne Oil Company

Attachment A

EXHIBIT A

Betty Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

Dave Elkins
P.O. Box 100
Gamerco, New Mexico 87317

D.J. Elkins
146 Road 3050
Aztec, NM 87410

Fred Elkins
P.O. Box 62
Grants, New Mexico 87020

Jack Elkins
1243 Sunflower Ct.
Belen, NM 87002

Jim Elkins
P.O. Box 444
Macon, MS 39341

Hattie Elkins
P.O. Box 62
Grants, New Mexico 87020

Henry Clark and Bernetta Clark
P.O. Box 231
Monte Vista, Colorado 81144

Henry Elkins
1328 North First Street
Grants, New Mexico 87020

Lee Davis and Carian Davis
Rural Route 2, Box 1227
Checotah, OK 74426

Kin Elkins
P.O. Box 817
Gamerco, New Mexico 87317

Keith Elkins
P.O. Box 1304
Flora Vista, NM 87415

Karlos Bill Kothman
P.O. Box 1017
Mason, Texas 76856

Joe Tietjen
1455 Caballo Lane
Bosque Farms, New Mexico 87068

Wayne Harris
P O. Box 780
Thoreau, New Mexico 87323

Mark Elkins, Jr.
P.O. Box 1854
Grants, New Mexico 87020

Lynn Elkins
P.O. Box 50
Prewitt, New Mexico 87045

Louis Eugene Marable
P.O. Box 1232
Grants, New Mexico 87020

Tommy L. Elkins
P.O. Box 930
Gamerco, New Mexico 87317

Tom Tietjen
53125 E. End Road
Homer Alaska 99603

Sheryl Tietjen Clawson
Box 163
Ramah, New Mexico 87321

Shackelford Oil Properties, Inc.
1096 Mechem Drive
Ruidoso, New Mexico 88345

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, New Mexico 87505

Mildred Elkins Allen
Madero 3332
Grants, New Mexico 87020

C.H. Patterson
Address Unknown

Lucille Hayes
Address Unknown

Clifford Patterson
Address Unknown

USPS Tracking™

Tracking Number: **70083230000024374553**

Expected Delivery Day: **Wednesday, February 12, 2014**

Product & Tracking Information

Postal Product: First-Class Mail®

Features: Certified Mail™ Return Receipt

Available Actions

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
February 12, 2014 , 9:28 am	**Available for Pickup**	**GAMERCO, NM 87317**
February 12, 2014 , 9:27 am	Arrival at Unit	GALLUP, NM 87301
February 11, 2014 , 11:18 pm	Processed at USPS Origin Sort Facility	ALBUQUERQUE, NM 87101
February 11, 2014	Depart USPS Sort Facility	ALBUQUERQUE, NM 87101
February 11, 2014 , 4:21 pm	Dispatched to Sort Facility	SANTA FE, NM 87501
February 11, 2014 , 10:25 am	Acceptance	SANTA FE, NM 87501

Track Another Package

What's your tracking (or receipt) number?

7008 3230 0000 2437 4553

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

GAMERCO NM 87317 OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE NM 0508 05 FEB 11 2014 Postmark Here

02/11/2014

Sent To: Dave Elkins
Street, Apt. No.; or PO Box No.: P.O. Box 100
City, State, ZIP+4: Gamerco, New Mexico 87317

PS Form 3800, August 2006 See Reverse for Instructions

USPS Tracking™

Tracking Number: **70083230000024374515**

Expected Delivery Day: **Friday, February 14, 2014**

Product & Tracking Information

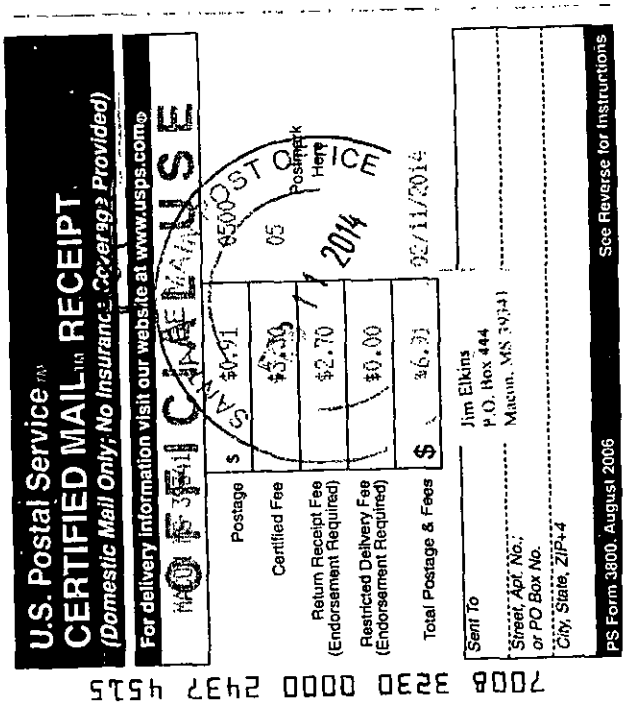
Postal Product: First-Class Mail®

Features: Certified Mail™ Return Receipt

DATE & TIME	STATUS OF ITEM	LOCATION
February 24, 2014 , 2:15 am	**Processed at USPS Origin Sort Facility**	**ALBUQUERQUE, NM 87101**
February 23, 2014 , 8:54 pm	Processed at USPS Origin Sort Facility	ALBUQUERQUE, NM 87101
February 21, 2014 , 6:14 pm	Processed through USPS Sort Facility	JACKSON, MS 39201
February 19, 2014 , 8:36 pm	Processed through USPS Sort Facility	JACKSON, MS 39201
February 18, 2014 , 9:23 am	Moved, Left no Address	MACON, MS 39341
February 18, 2014 , 9:23 am	Undeliverable as Addressed	MACON, MS 39341
February 18, 2014 , 9:05 am	Available for Pickup	MACON, MS 39341
February 18, 2014 , 9:05 am	Sorting Complete	MACON, MS 39341
February 18, 2014 , 7:57 am	Arrival at Unit	MACON, MS 39341
February 15, 2014	Depart USPS Sort Facility	JACKSON, MS 39201
February 15, 2014 , 7:00 am	Processed through USPS Sort Facility	JACKSON, MS 39201
February 11, 2014 , 7:27 pm	Processed at USPS Origin Sort Facility	ALBUQUERQUE, NM 87101
February 11, 2014	Depart USPS Sort Facility	ALBUQUERQUE, NM 87101
February 11, 2014 , 4:21 pm	Dispatched to Sort Facility	SANTA FE, NM 87501
February 11, 2014 , 10:23 am	Acceptance	SANTA FE, NM 87501

Available Actions

Email Updates



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:

Joe Tietjen
1455 Caballo Lane
Bosque Farms, New Mexico 87068

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Joe Tietjen ☐ Agent ☐ Addressee

B. Received by (Printed Name): Joe Tietjen C. Date of Delivery:

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4430

PS Form 3811, February 2004 Domestic Return Receipt M-16 102595-02-M-1540

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RUIDOSO NM 88345

OFFICIAL USE

Postage	$ $0.70
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.70

0500 05 Postmark Here FEB 11 2014 02/11/2014

Sent To: Shackelford Oil Properties, Inc.
Street, Apt. No.; or PO Box No.: 1096 Mechem Drive
City, State, ZIP+4: Ruidoso, New Mexico 88345

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2437 4355

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BOSQUE FARMS NM 87068

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

0500 05 Postmark Here FEB 11 2014 02/11/2014

Sent To: Joe Tietjen
Street, Apt. No.; or PO Box No.: 1455 Caballo Lane
City, State, ZIP+4: Bosque Farms, New Mexico 87068

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2437 4430

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:

Shackelford Oil Properties, Inc.
1096 Mechem Drive
Ruidoso, New Mexico 88345

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] C. Date of Delivery: 2-18-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service lab) 7008 3230 0000 2437 4355

PS Form 3811, February 2004 Domestic Return Receipt M-TO 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:

Karlos Bill Kothman
P.O. Box 1017
Mason, Texas 76856

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sheba Kothman ☐ Agent ☑ Addressee

B. Received by (Printed Name) Sheba Kothman C. Date of Delivery 2-18-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4447

PS Form 3811, February 2004 Domestic Return Receipt M-76 102595-02-M-1540

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HOMER AK 99603

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

0500 POST OFFICE 05 Postmark Here
FEB 11 2014
02/11/2014

Sent To
Tom Tietjen
Street, Apt. No.; or PO Box No. 53125 E. End Road
City, State, ZIP+4 Homer Alaska 99603

7008 3230 0000 2437 4379

PS Form 3800, August 2006 See Reverse for Instructions

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MASON TX 76856

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE M0500 POST OFFICE 05 Postmark Here
FEB 11 2014
02/11/2014

Sent To
Karlos Bill Kothman
Street, Apt. No.; or PO Box No. P.O. Box 1017
City, State, ZIP+4 Mason, Texas 76856

7008 3230 0000 2437 4447

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:

Tom Tietjen
53125 E. End Road
Homer Alaska 99603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom Tietjen ☐ Agent ☑ Addressee

B. Received by (Printed Name) Tom Tietjen C. Date of Delivery 2/18/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4379

PS Form 3811, February 2004 Domestic Return Receipt M-76 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:

Lynn Elkins
P.O. Box 50
Prewitt, New Mexico 87045

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4409

PS Form 3811, February 2004 Domestic Return Receipt M-16 102595-02-M-1540

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GRANTS NM 87020

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 0500 05 Postmark Here JAN 11 2014 02/11/2014

Sent To: Louis Eugene Marable
Street, Apt. No.; or PO Box No.: P.O. Box 1232
City, State, ZIP+4: Grants, New Mexico 87020

7008 3230 0000 2437 4393

PS Form 3800, August 2006 See Reverse for Instructions

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

PREWITT NM 87045

OFFICIAL USE

Postage	$
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 0500 05 Postmark Here FEB 1 2014 02/11/2014

Sent To: Lynn Elkins
Street, Apt. No.; or PO Box No.: P.O. Box 50
City, State, ZIP+4: Prewitt, New Mexico 87045

7008 3230 0000 2437 4409

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:

Louis Eugene Marable
P.O. Box 1232
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] | C. Date of Delivery 2-15-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4393

PS Form 3811, February 2004 Domestic Return Receipt M-16 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:

Henry Clark and Bernetta Clark
P.O. Box 231
Monte Vista, Colorado 81144

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 2/13/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4492

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

M - T.G.

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CHECOTAH OK 74426

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 87501 05 Postmark Here FEB 11 2014 02/11/2014

Sent To: Lee Davis and Carian Davis
Street, Apt. No.; or PO Box No.: Rural Route 2, Box 1227
City, State, ZIP+4: Checotah, OK 74426

PS Form 3800, August 2006 — See Reverse for Instructions

7008 3230 0000 2437 4478

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MONTE VISTA CO 81144

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 87501 05 Postmark Here FEB 11 2014 02/11/2014

Sent To: Henry Clark and Bernetta Clark
Street, Apt. No.; or PO Box No.: P.O. Box 231
City, State, ZIP+4: Monte Vista, Colorado 81144

PS Form 3800, August 2006 — See Reverse for Instructions

7008 3230 0000 2437 4492

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:

Lee Davis and Carian Davis
Rural Route 2, Box 1227
Checotah, OK 74426

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

CHECOTAH OK FEB 14 2014 74426

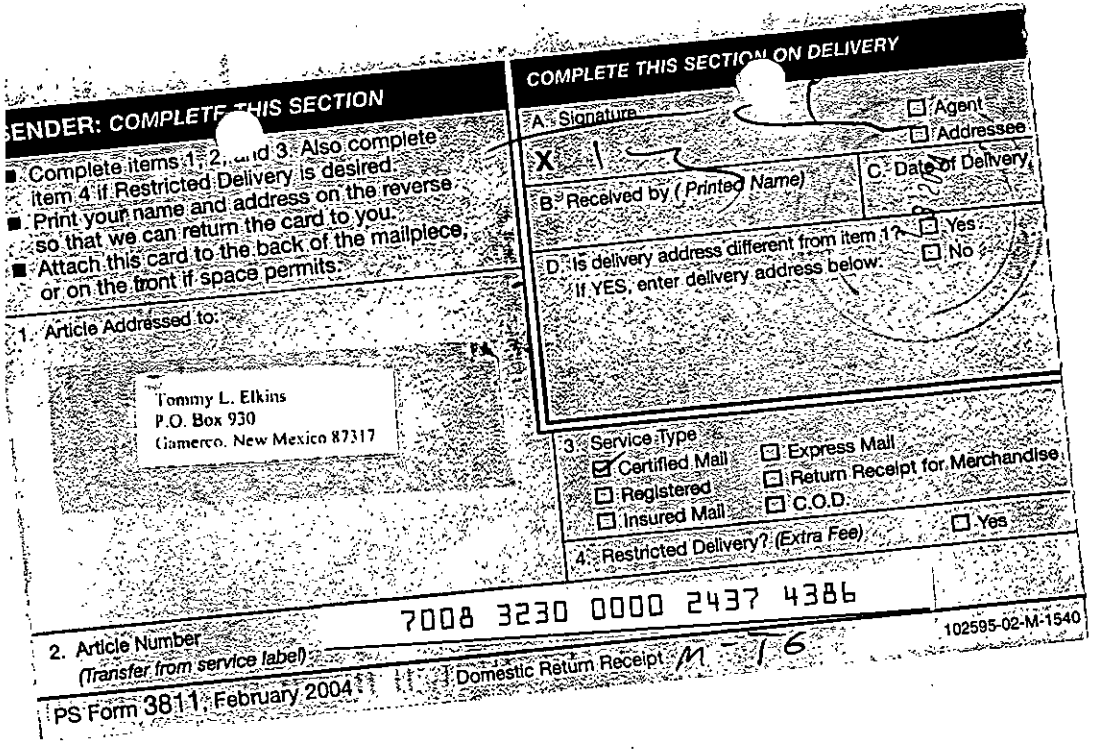
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4478

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

M - T.G.



SENDER: COMPLETE THIS SECTION

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- 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:

Tommy L. Elkins
P.O. Box 930
Gamerco, New Mexico 87317

COMPLETE THIS SECTION ON DELIVERY

A. Signature — Agent / Addressee

X

B. Received by (Printed Name) — C. Date of Delivery

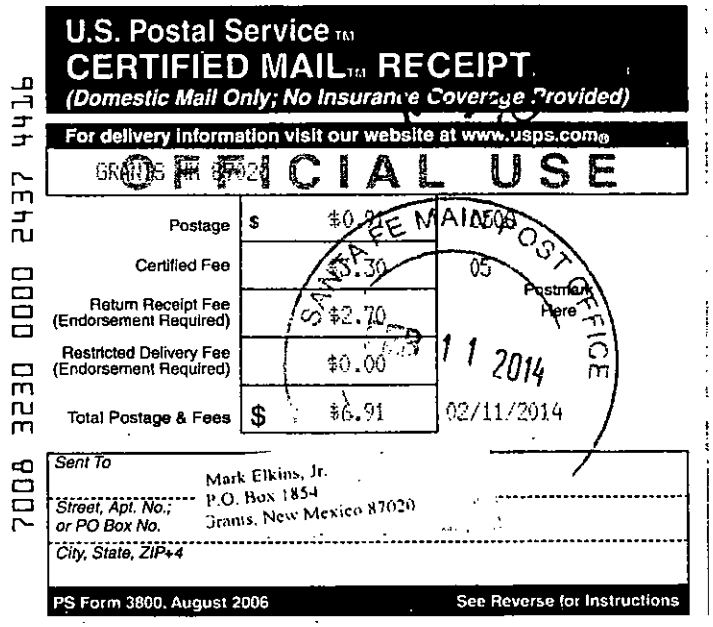
D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4386

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



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OFFICIAL USE

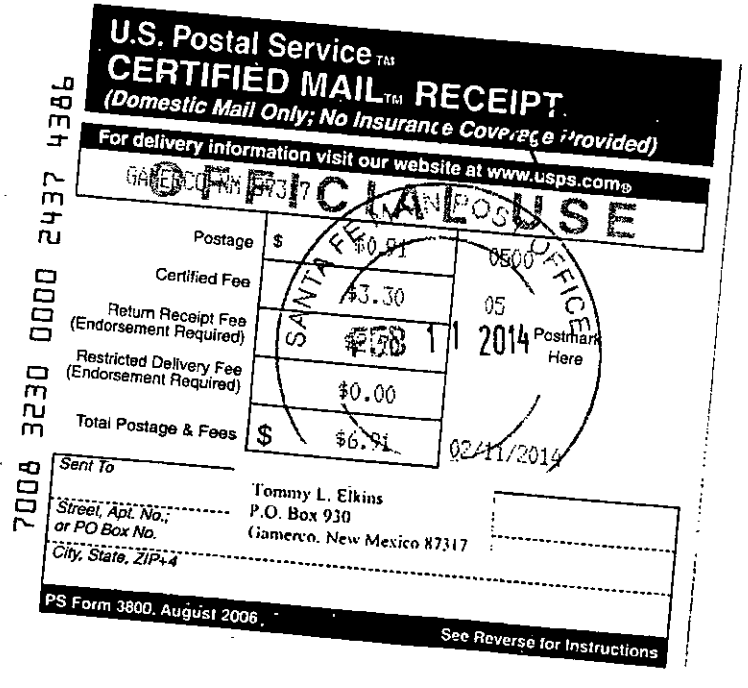
Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 87501 05 FEB 11 2014 Postmark Here 02/11/2014

7008 3230 0000 2437 4386

Sent To: Mark Elkins, Jr.
Street, Apt. No.; or PO Box No.: P.O. Box 1854
City, State, ZIP+4: Grants, New Mexico 87020

PS Form 3800, August 2006 See Reverse for Instructions



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(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

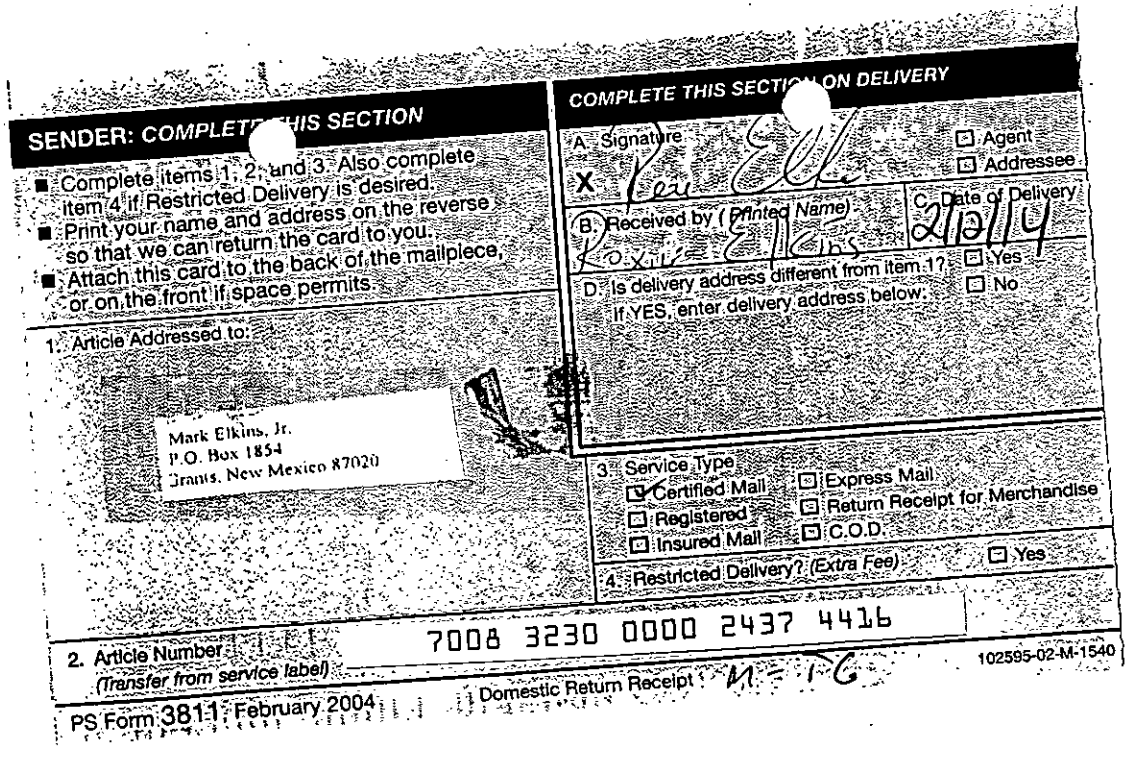
Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 87501 05 FEB 11 2014 Postmark Here 02/11/2014

7008 3230 0000 2437 4386

Sent To: Tommy L. Elkins
Street, Apt. No.; or PO Box No.: P.O. Box 930
City, State, ZIP+4: Gamerco, New Mexico 87317

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:

Mark Elkins, Jr.
P.O. Box 1854
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Signature — Agent / Addressee

X

B. Received by (Printed Name) — C. Date of Delivery 2/13/14

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

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4416

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:

Jack Elkins
1243 Sunflower Ct.
Belen, NM 87002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cynthia Robinson ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
2/12/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service la 7008 3230 0000 2437 4522

PS Form 3811, February 2004 Domestic Return Receipt M-76 102595-02-M-1540

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GAMERCO NM 87317

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 0500 05 FEB 1 2014 Postmark Here

02/11/2014

Sent To Kin Elkins
Street, Apt. No.; or PO Box No. P.O. Box 817
City, State, ZIP+4 Gamerco, New Mexico 87317

7008 3230 0000 2437 4461

PS Form 3800, August 2006 See Reverse for Instructions

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BELEN NM 87002

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 0500 05 FEB 11 2014 Postmark Here

02/11/2014

Sent To Jack Elkins
Street, Apt. No.; or PO Box No. 1243 Sunflower Ct.
City, State, ZIP+4 Belen, NM 87002

7008 3230 0000 2437 4522

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:

Kin Elkins
P.O. Box 817
Gamerco, New Mexico 87317

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

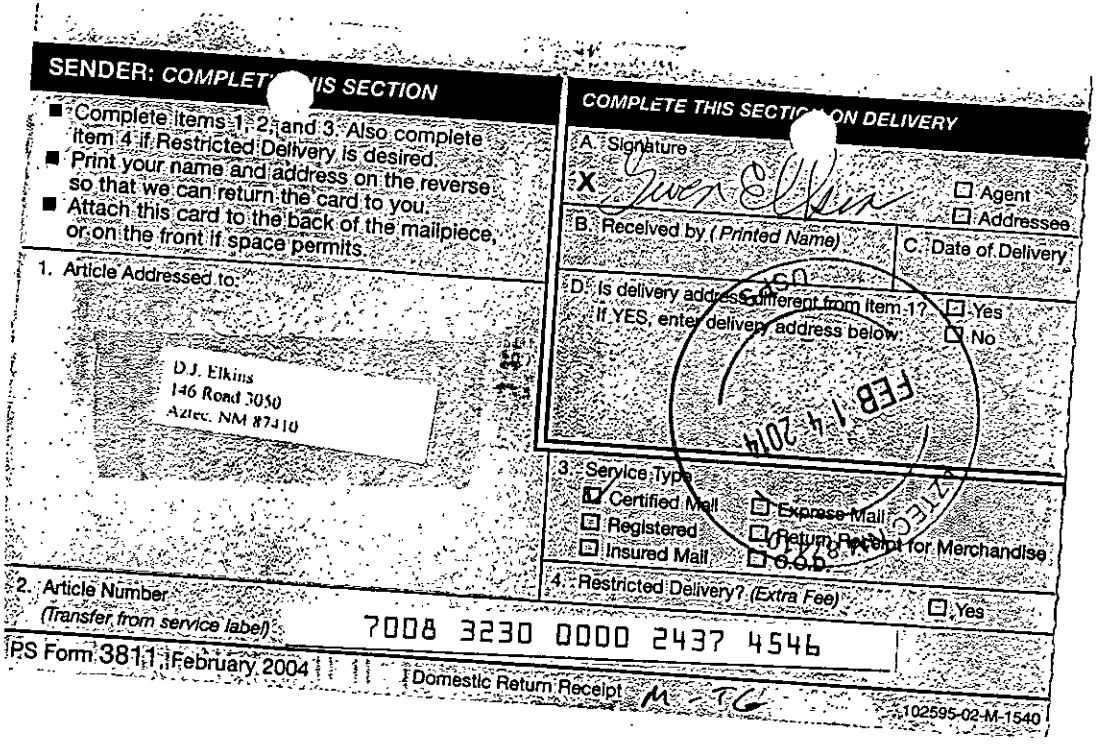
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4461

PS Form 3811, February 2004 Domestic Return Receipt M-76 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:

D.J. Elkins
146 Road 3050
Aztec, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

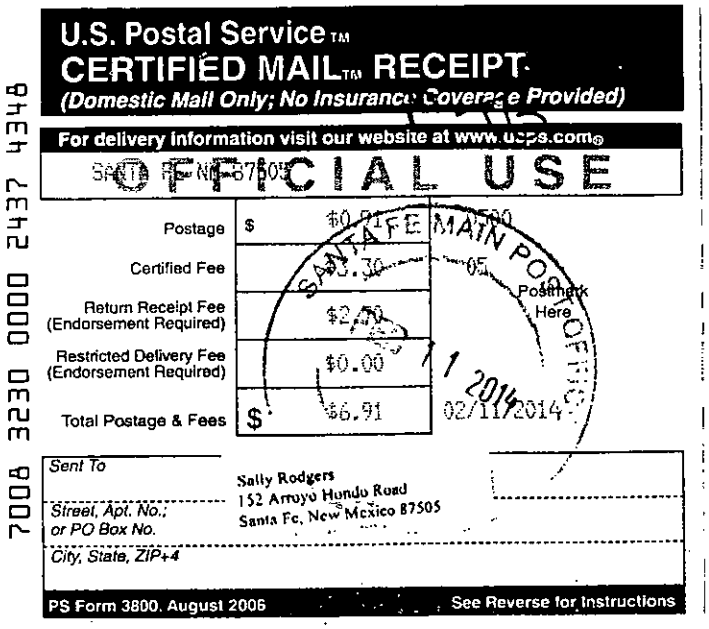
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4546

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



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OFFICIAL USE

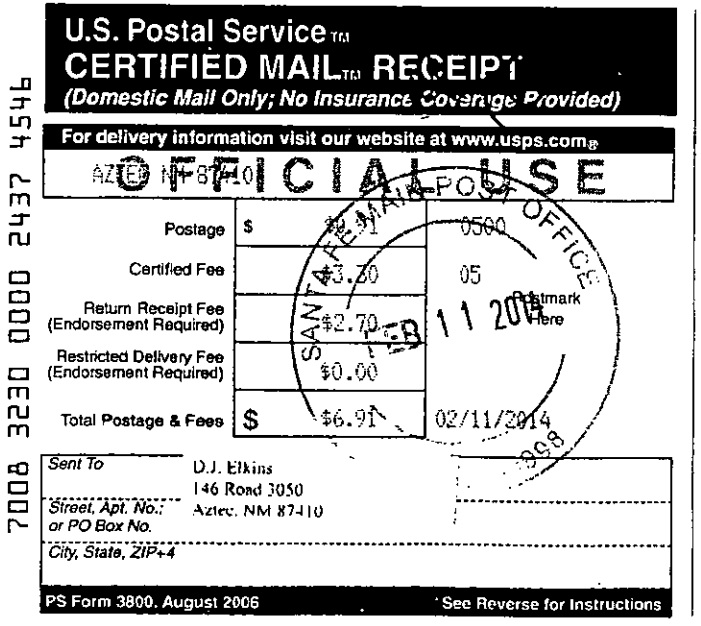
Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 0500 05 FEB 11 2014 Postmark Here 02/11/2014

7008 3230 0000 2437 4348

Sent To: Sally Rodgers
Street, Apt. No.; or PO Box No.: 152 Arroyo Hondo Road
City, State, ZIP+4: Santa Fe, New Mexico 87505

PS Form 3800, August 2006 See Reverse for Instructions



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OFFICIAL USE

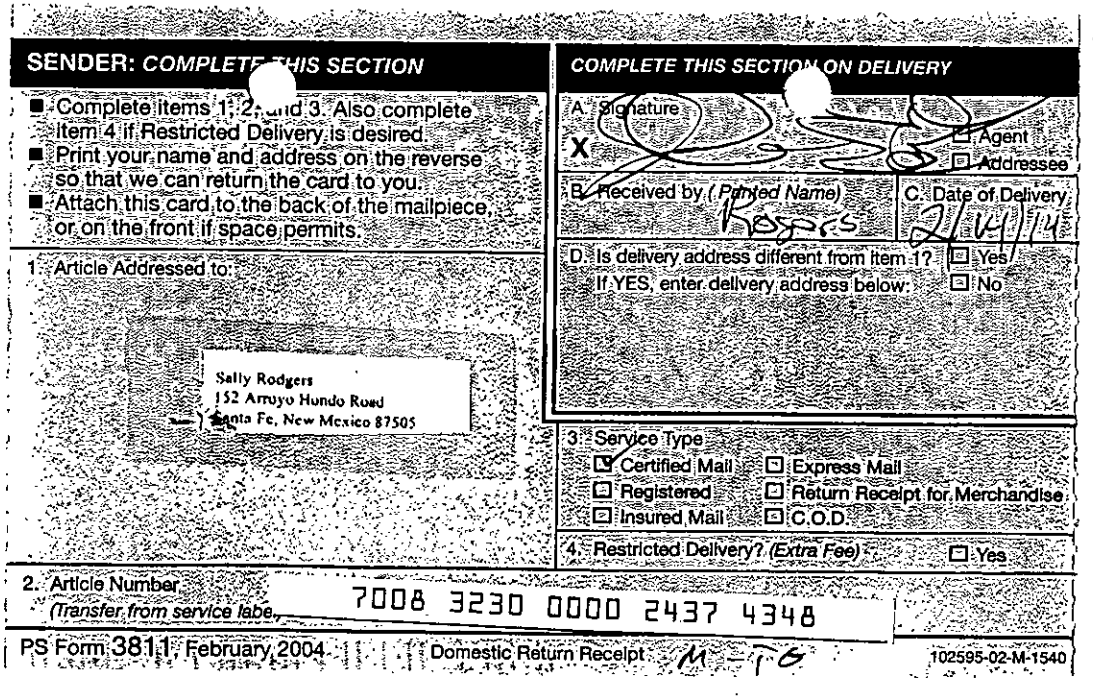
Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

SANTA FE MAIN POST OFFICE 0500 05 FEB 11 2014 Postmark Here 02/11/2014

7008 3230 0000 2437 4546

Sent To: D.J. Elkins
Street, Apt. No.; or PO Box No.: 146 Road 3050
City, State, ZIP+4: Aztec, NM 87410

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:

Sally Rodgers
152 Arroyo Hondo Road
Santa Fe, New Mexico 87505

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 2/11/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4348

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:

Wayne Harris
P O. Box 780
Thoreau, New Mexico 87323

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Harris ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATHY HARRIS C. Date of Delivery 2/13/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4423

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

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FLORA VISTA NM 87415

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

0500 05 Postmark Here FEB 11 2014 02/11/2014

SANTA FE MAIN POST OFFICE

Sent To: Keith Elkins
Street, Apt. No.; or PO Box No.: P.O. Box 1304
City, State, ZIP+4: Flora Vista, NM 87415

7008 3230 0000 2437 4454

PS Form 3800, August 2006 See Reverse for Instructions

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THOREAU NM 87323

OFFICIAL USE

Postage	$ $0.91
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.91

0500 05 Postmark Here 11 2014 02/11/2014

SANTA FE MAIN POST OFFICE

Sent To: Wayne Harris
Street, Apt. No.; or PO Box No.: P O. Box 780
City, State, ZIP+4: Thoreau, New Mexico 87323

7008 3230 0000 2437 4423

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:

Keith Elkins
P.O. Box 1304
Flora Vista, NM 87415

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cynthia Elkins ☐ Agent ☐ Addressee

B. Received by (Printed Name) Cynthia Elkins C. Date of Delivery 2/13/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2437 4454

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