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

APPLICATION OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING GAS WELL LOCATION, EDDY COUNTY, NEW MEXICO. **Case No. 15,082**

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 22nd day of January, 2014 by James Bruce.

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

My Commission Expires

Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 12

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

December 31, 2013

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 W½ of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 23, 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, January 16, 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

The Bishop Whipple Schools
P.O. Box 218
Faribault, MN 55021
Attn: Mr. Greg Engel

Pavlos P. Panagopoulos,
Panagopoulos Enterprises and
Andreas P. Panagopoulos
511 W. Reinken
Belen, NM 87002

Magdalene P. Panagopoulos
and Panagiota P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, NV 89117

Wells Fargo Bank, N.A.
2318 W. Pierce St.
Carlsbad, NM 88220

Nolan Greak
8008 Slide Road, Suite 33
Lubbock, TX 79424

Nevill Manning
2112 Indiana Ave.
Lubbock, TX 79410

Mr. Bill C. Ruiz
P.O. Box 161
Sultana, CA 93666

Estate of Stan Gregory
608 Lakeside Dr.
Carlsbad, NM 88220
Attn: Kathy Gregory

William I. Gregory
11910 Central Ave., Suite B
Albuquerque, NM 87123

LBD, Limited Partnership
928 Mesa Verde
Hobbs, NM 88240

Laura Meade
611 N. Mesa Ave.
Carlsbad, NM 88203

Kevin J. Hanratty
P.O. Box 1330
Artesia, NM 88211

John Edward Hall, III
P.O. Box 1525
Carlsbad, NM 88220

James W. Klipstine, Jr.
Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

Irma J. Gregory
14 Cork St.
Alva, FL 33920

Thomas W. Gregory
1705 Black Gold St., SE
Albuquerque, NM 87123

First Federal Saving and Loan
Association of Littlefield, Texas
P.O. Box 1390
Littlefield, TX 79339

Clarence W. Ervin and Mary I. Ervin
4016 Jones St.
Carlsbad, NM 88220

Boys Club of America
1275 Peachtree St., NE
Atlanta, GA 30309
Attn: Anand Mehta

Willis A. Paschal Trust #1
P.O. Box 98
Luray, KS 67649

Mr. Juan G. Ruiz
c/o Mika A. Padilla
1225 N. Thorne Ave.
Fresno, CA 93728

Shannon Leonard Children's Trust
1018 Sunset Canyon Dr. North
Dripping Springs , Tx 78620

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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7008 1140 0003 5880 2450

Sent To: William I. Gregory
Street, Apt. No.; or PO Box No.: 11910 Central Ave., Suite B
City, State, ZIP+4: Albuquerque, NM 87123

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:

Kevin J. Hanratty
P.O. Box 1330
Artesia, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 1-7-14

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)* 7012 3050 0000 6871 6554

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:

William I. Gregory
11910 Central Ave., Suite B
Albuquerque, NM 87123

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 1/6

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 1140 0003 5880 2450

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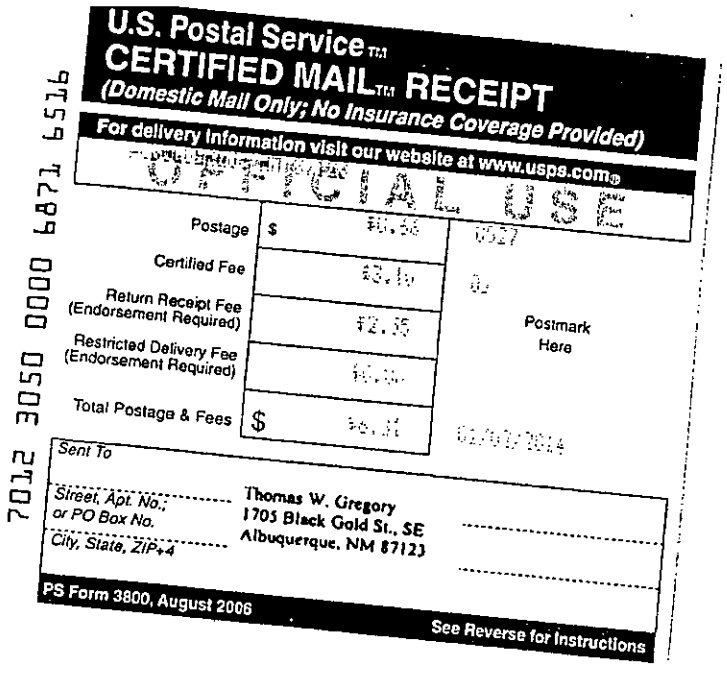
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7012 3050 0000 6871 6554

Sent To: Kevin J. Hanratty
Street, Apt. No.; or PO Box No.: P.O. Box 1330
City, State, ZIP+4: Artesia, NM 88211

PS Form 3800, August 2006 — See Reverse for Instructions



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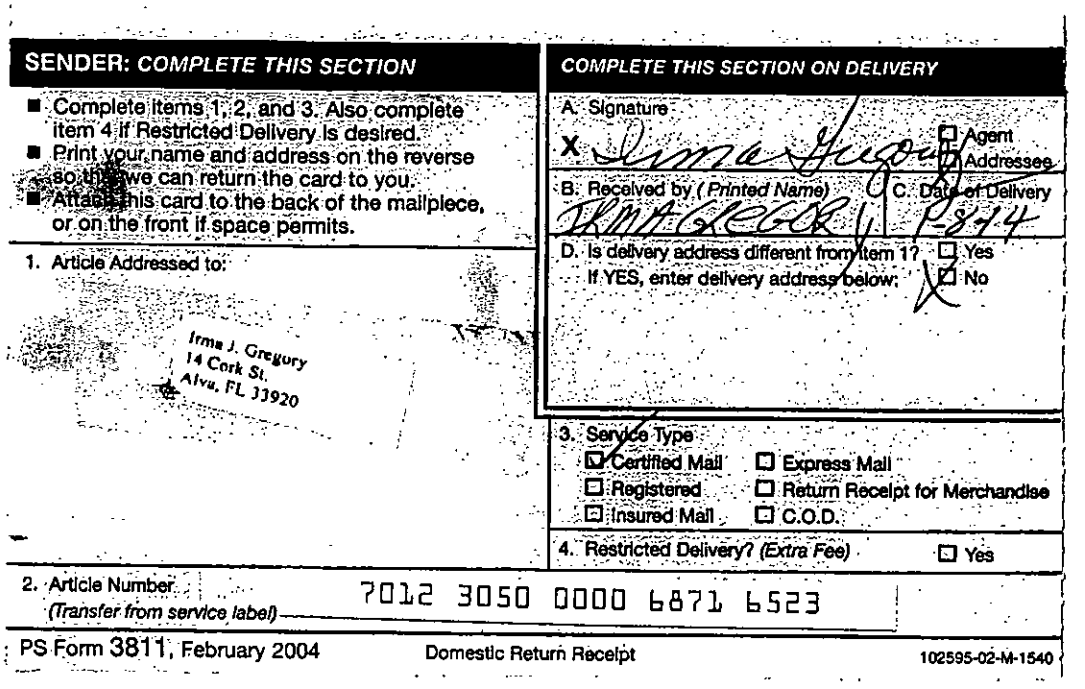
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Thomas W. Gregory
Street, Apt. No.; or PO Box No. 1705 Black Gold St., SE
City, State, ZIP+4 Albuquerque, NM 87123

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0000 6871 6516



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:

Irma J. Gregory
14 Cork St.
Alva, FL 33920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
IRMA GREGORY 1-8-14

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) 7012 3050 0000 6871 6523

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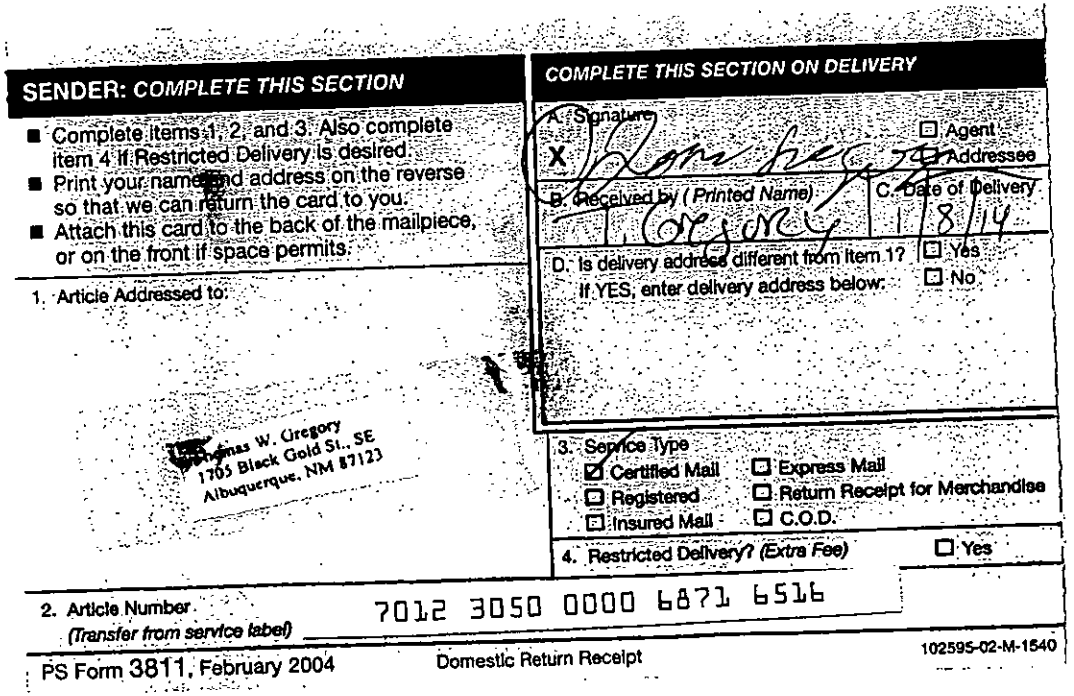

SENDER: COMPLETE THIS SECTION

- 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:

Thomas W. Gregory
1705 Black Gold St., SE
Albuquerque, NM 87123

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
T. Gregory 1/8/14

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) 7012 3050 0000 6871 6516

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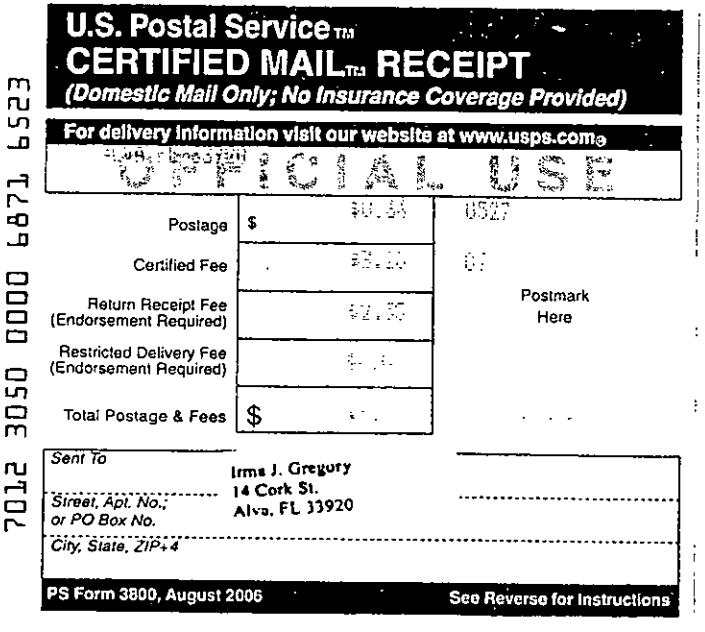

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Irma J. Gregory
Street, Apt. No.; or PO Box No. 14 Cork St.
City, State, ZIP+4 Alva, FL 33920

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0000 6871 6523

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

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Sent To: Estate of Stan Gregory
Street, Apt. No.; or PO Box No.: 608 Lakeside Dr.
City, State, ZIP+4: Carlsbad, NM 88220
Attn: Kathy Gregory

7012 3050 0000 6871 6585

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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:

Pavlos P. Panagopoulos,
Panagopoulos Enterprises and
Andreas P. Panagopoulos
511 W. Reinken
Belen, NM 87002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 1/6/14

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 1140 0003 5880 2436

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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:

Estate of Stan Gregory
608 Lakeside Dr.
Carlsbad, NM 88220
Attn: Kathy Gregory

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

JAN 2014 88220

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)* 7012 3050 0000 6871 6585

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

Postmark Here

Sent To: Pavlos P. Panagopoulos, Panagopoulos Enterprises and Andreas P. Panagopoulos
Street, Apt. No.; or PO Box No.: 511 W. Reinken
City, State, ZIP+4: Belen, NM 87002

7008 1140 0003 5880 2436

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

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7012 3050 0000 6871 6493

Sent To: Clarence W. Ervin and Mary I. Ervin

Street, Apt. No.; or PO Box No.: 4016 Jones St.

City, State, ZIP+4: Carlsbad, NM 88220

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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:

Nevill Manning
2112 Indiana Ave.
Lubbock, TX 79410

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): [signature] C. Date of Delivery: 1-6-14

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 1140 0003 5880 2399

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:

Clarence W. Ervin and Mary I. Ervin
4016 Jones St.
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X C W Ervin ☐ Agent ☐ Addressee

B. Received by (Printed Name): C. Date of Delivery: 1-6

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): 7012 3050 0000 6871 6493

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

Postmark Here

7008 1140 0003 5880 2399

Sent To: Nevill Manning
2112 Indiana Ave.
Lubbock, TX 79410

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

City, State, ZIP+4:

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Boys Club of America
Street, Apt. No.; or PO Box No.: 1275 Peachtree St., NE
City, State, ZIP+4: Atlanta, GA 30309
Attn: Anand Mehta

PS Form 3800, August 2005 — See Reverse for Instructions

7012 3050 0000 6873 1311

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:

Shannon Leonard Children's Trust
1019 Sunset Canyon Dr. North
Dripping Springs, Tx 78620

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)* 7012 3050 0000 6873 1281

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:

Boys Club of America
1275 Peachtree St., NE
Atlanta, GA 30309
Attn: Anand Mehta

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): M WALKER | 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)* 7012 3050 0000 6873 1311

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Shannon Leonard Children's Trust
Street, Apt. No.; or PO Box No.: 1019 Sunset Canyon Dr. North
City, State, ZIP+4: Dripping Springs, Tx 78620

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0000 6873 1281

7012 3050 0000 6873 1304

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Willis A. Paschal Trust #1
Street, Apt. No.; or PO Box No.: P.O. Box 98
City, State, ZIP+4: Lusy, KS 67649

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:

Laura Meade
611 N. Mesa Ave.
Carlsbad, NM 88203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laura Meade ☐ 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) 7012 3050 0000 6871 6561

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:

Willis A. Paschal Trust #1
P.O. Box 98
Lusy, KS 67649

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Willis A Paschal ☐ Agent ☐ Addressee

B. Received by (Printed Name) W/LLIS A Paschal | 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

Article Number (Transfer from service label) 7012 3050 0000 6873 1304

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

7012 3050 0000 6871 6561

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Laura Meade
Street, Apt. No.; or PO Box No.: 611 N. Mesa Ave.
City, State, ZIP+4: Carlsbad, NM 88203

PS Form 3800, August 2006 — See Reverse for Instructions

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7012 3050 0000 6871 6578

Sent To: LDD, Limited Partnership
Street, Apt. No., or PO Box No.: 928 Mesa Verde
City, State, ZIP+4: Hobbs, NM 88240

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:

Magdalene P. Panagopoulos
and Panagiota P. Panagopoulos
10008 Ranch Hand Ave.
Las Vegas, NV 89117

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Signed 3849 ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 1/8/14

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 1140 0003 5880 2429

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:

LDD, Limited Partnership
928 Mesa Verde
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: JAN - 7 2014

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): 7012 3050 0000 6871 6578

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

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7008 1140 0003 5880 2429

Sent To: Magdalene P. Panagopoulos and Panagiota P. Panagopoulos
Street, Apt. No., or PO Box No.: 10008 Ranch Hand Ave.
City, State, ZIP+4: Las Vegas, NV 89117

PS Form 3800, August 2006 — See Reverse for Instructions

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: The Bishop Whipple Schools
Street, Apt. No.; or PO Box No.: P.O. Box 218
City, State, ZIP+4: Faribault, MN 55021
Attn: Mr. Oreg Engel

7008 1140 0003 5880 2443

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:

Nolan Oreak
8008 Slide Road, Suite 33
Lubbock, TX 79424

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x [signature] — ☑ Agent ☐ Addressee

B. Received by (Printed Name): Hellie Walsh — C. Date of Delivery: 1/6/14

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

JAN 6 2014 U.S. POSTAL SERVICE FARIBAULT, MN 55021

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 1140 0003 5880 2405

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:

The Bishop Whipple Schools
P.O. Box 218
Faribault, MN 55021
Attn: Mr. Oreg Engel

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x [signature] — ☒ Agent ☐ Addressee

B. Received by (Printed Name): Henry Boyle — C. Date of Delivery: 1-4-14

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

JAN 4 2014 U.S. POSTAL SERVICE FARIBAULT, MN 55021

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 1140 0003 5880 2443

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

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Nolan Oreak
Street, Apt. No.; or PO Box No.: 8008 Slide Road, Suite 33
City, State, ZIP+4: Lubbock, TX 79424

7008 1140 0003 5880 2405

PS Form 3800, August 2006 — See Reverse for Instructions

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: James W. Klipstine, Jr.
Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

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

City, State, ZIP+4

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0000 6871 6530

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:

First Federal Saving and Loan
Association of Littlefield, Texas
P.O. Box 1390
Littlefield, TX 79339

COMPLETE THIS SECTION ON DELIVERY

A. Signature — ☑ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery: 1-6-13

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7012 3050 0000 6871 6509

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:

James W. Klipstine, Jr.
Klipstine & Hanratty
1601 N. Turner, Suite 400
Hobbs, New Mexico 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X Hillary Gaytan — ☐ Agent ☐ Addressee

B. Received by (Printed Name) Hillary Gaytan — C. Date of Delivery 1-7-14

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)* 7012 3050 0000 6871 6530

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

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: First Federal Saving and Loan
Association of Littlefield, Texas
P.O. Box 1390
Littlefield, TX 79339

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

City, State, ZIP+4

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0000 6871 6509

7012 3050 0000 6873 1298

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee	

Postmark Here

Sent To: Mr. Juan G. Ruiz
c/o Mike A. Padilla
1225 N. Thorne Ave.
Fresno, CA 93728

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

City, State, ZIP+4

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Mr. Juan G. Ruiz
c/o Mike A. Padilla
1225 N. Thorne Ave.
Fresno, CA 93728

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)* 7012 3050 0000 6873 1298

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

USPS Tracking™

Tracking Number: **70081140000358802412**

Expected Delivery Date:**January 6, 2014**

Product & Tracking Information

Postal Product: First-Class Mail®

Features: Certified Mail™ Return Receipt

January 6, 2014 , 12:41 pm	**Delivered**	**CARLSBAD, NM 88220**
January 6, 2014 , 10:00 am	Out for Delivery	CARLSBAD, NM 88220
January 6, 2014 , 9:50 am	Sorting Complete	CARLSBAD, NM 88220
January 6, 2014 , 7:03 am	Arrival at Unit	CARLSBAD, NM 88220
January 5, 2014 , 10:16 pm	Processed through USPS Sort Facility	LUBBOCK, TX 79402
January 4, 2014	Depart USPS Sort Facility	LUBBOCK, TX 79402
January 4, 2014 , 7:31 pm	Processed through USPS Sort Facility	LUBBOCK, TX 79402
January 2, 2014 , 10:25 pm	Processed at USPS Origin Sort Facility	KANSAS CITY, MO 64121
January 2, 2014 , 7:05 pm	Dispatched to Sort Facility	KANSAS CITY, KS 66112
January 2, 2014 , 1:51 pm	Acceptance	KANSAS CITY, KS 66112

Available Options

Email Updates

7008 1140 0003 5880 2412

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Wells Fargo Bank, N.A.
Street, Apt. No.; or PO Box No.: 2318 W. Pierce St.
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, August 2006 See Reverse for Instructions

USPS Tracking™

Tracking Number: **70123050000068716592**

Expected Delivery Date:**January 6, 2014**

Product & Tracking Information

Postal Product: First-Class Mail®

Features: Certified Mail™ Return Receipt

DATE & TIME	STATUS OF ITEM	LOCATION
January 17, 2014 , 11:18 am	**Available for Pickup**	**SULTANA, CA 93666**
January 8, 2014 , 9:38 am	Available for Pickup	SULTANA, CA 93666
January 8, 2014 , 9:35 am	Arrival at Unit	SULTANA, CA 93666
January 7, 2014	Depart USPS Sort Facility	FRESNO, CA 93706
January 7, 2014 , 6:45 pm	Processed through USPS Sort Facility	FRESNO, CA 93706
January 4, 2014 , 3:47 pm	Processed through USPS Sort Facility	SAN JOSE, CA 95101
January 4, 2014	Depart USPS Sort Facility	SAN JOSE, CA 95101
January 3, 2014 , 2:36 am	Processed at USPS Origin Sort Facility	KANSAS CITY, MO 64121
January 2, 2014 , 7:05 pm	Dispatched to Sort Facility	KANSAS CITY, KS 66112
January 2, 2014 , 1:49 pm	Acceptance	KANSAS CITY, KS 66112

Available Options

Email Updates

Track Another Package

What's your tracking (or receipt) number?

Trac

7012 3050 0000 6871 6592

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mr. Bill C. Ruiz
Street, Apt. No.; or PO Box No.: P.O. Box 161
City, State, ZIP+4: Sultana, CA 93666

PS Form 3800, August 2006 See Reverse for Instructions

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

OFFICIAL USE

Postage	$ [illegible]	6527
Certified Fee	$3.10	[illegible]
Return Receipt Fee (Endorsement Required)	$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ [illegible]	014

Sent To: John Edward Hall, III
P.O. Box 1525
Carlsbad, NM 88220

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

City, State, ZIP+4

PS Form 3800, August 2006 — See Reverse for Instructions

7012 3050 0000 6871 6547

CERTIFIED MAIL™

7012 3050 0000 6871 6547

UNITED STATES

1000

88220

U.S. POSTAGE
PAID
KANSAS CITY, KS
66112
JAN 02, 14
AMOUNT

$6.31
00100099-02

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

01/15/2014

John Edward Hall, III
P.O. Box 1525
Carlsbad, NM 88220

1-7-14

NIXIE 750 DE 1009 0001/13/14
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0434-06205-13-19