

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

APPLICATION OF MEWBOURNE OIL COMPANY  
FOR COMPULSORY POOLING AND AN  
UNORTHODOX GAS WELL LOCATION, EDDY  
COUNTY, NEW MEXICO.

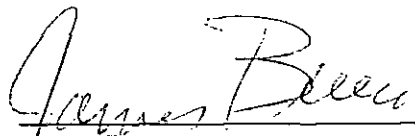
Case No. 15,171

AFFIDAVIT OF NOTICE

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

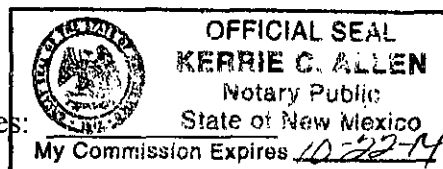
James Bruce, being duly sworn upon his oath, deposes and states:

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 receipts 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 15<sup>th</sup> day of July, 2014 by James Bruce.

My Commission Expires:



  
Notary Public

Oil Conservation Division  
Case No. 1  
Exhibit No. 1

**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)

[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

June 19, 2014

To: Persons on Exhibit A

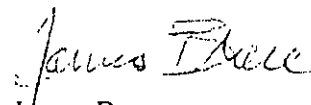
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a well in the E½ 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, July 10, 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, July 3, 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



## EXHIBIT

**A**

Mary Jo Dickerson  
P.O. Box 642  
Glenpool, OK 74033

LBD, a Limited Partnership  
P.O. Box 686  
Hobbs, NM 88240

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

First Federal Savings and Loan Association  
P.O. Box 1390  
Littlefield, TX 79339

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

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

Willis A. Paschal Trust No. 1  
P.O. Box 98  
Luray, KS 67649

Mr. James W. Klipstine and  
Klipstine & Hanratty  
1601 N. Turner, Suite 400  
Hobbs, NM 88240

Clarence Ervin and the  
Estate of Mary I. Ervin  
4016 Jones St.  
Carlsbad, NM 88220

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

Mr. Nolan Greak  
8008 Slide Road, Suite #33  
Lubbock, TX 79424

Mr. Neville Manning  
2112 Indiana  
Lubbock, TX 79410

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

Bonnie R. Gregory and  
Irma J. Gregory  
14 Cork St.  
Alva, FL 33920

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

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

Mr. William E. Gregory  
11910 Central Ave., SE, Suite B  
Albuquerque, NM 87123

Virginia Lee Davis  
address unknown

John Edward Hall, III  
address unknown

Bertha Lorene Osborn  
address unknown

Ralph V. Robinson  
address unknown

Childs & Bishop Law Office, Inc.  
address unknown


Charles L. Reitenger  
address unknown

Jonathan D. Knoerdel  
address unknown

7013 3020 0000 4633 9490

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Sent To: Willis A. Paschal Trust No. 1  
 P.O. Box 98  
 Luray, KS 67649

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:

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

2. Article Number  
 (Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *Kathy Gregory*

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® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0000 4633 9506

Domestic Return Receipt

ny

**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 No. 1  
 P.O. Box 98  
 Luray, KS 67649

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee  
 X *Willis A. Paschal*

B. Received by (Printed Name)

WILLIS PASCHAL

C. Date of Delivery

6/24/14

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7013 3020 0000 4633 9490

PS Form 3811, July 2013

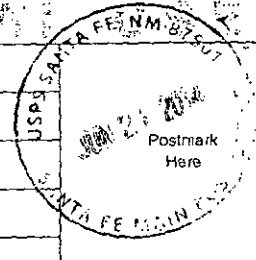
Domestic Return Receipt

ny

7013 3020 0000 4633 9506

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

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

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4633 9513

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**OFFICIAL USE**

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

Sent To: Laura Meade  
611 N. Mesa Ave.  
Carlsbad, NM 88203

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:

Clarence Ervin and the  
Estate of Mary I. Ervin  
4016 Jones St.  
Carlsbad, NM 88220

2. Article Number (Transfer from service label) 7013 3020 0000 4633 9476

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 6-23

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-26-11

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7013 3020 0000 4633 9513

PS Form 3811, July 2013 Domestic Return Receipt

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**OFFICIAL USE**

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

Sent To: Clarence Ervin and the  
Estate of Mary I. Ervin  
4016 Jones St.  
Carlsbad, NM 88220

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

Postmark: SANTA FE NM 87501 JUN 27 2011

7013 3020 0000 4633 9520

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: First Federal Savings and Loan Association 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	

## 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

## 2. Article Number

(Transfer from service label)

7013 3020 0000 4633 9537

PS Form 3811, July 2013

Domestic Return Receipt

## 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? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

## 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:

First Federal Savings and Loan Association  
P.O. Box 1390  
Littlefield, TX 79339

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

C. Date of Delivery

6-23-14

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

## 3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7013 3020 0000 4633 9520

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Magdalene P. Panagopoulos and Panagiota P. Panagopoulos 10008 Ranch Hand Ave. Las Vegas, NV 89117	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7013 3020 0000 4633 9537

**U.S. Postal Service™**  
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Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Sent To: Mr. Pavlos P. Panagopoulos,  
 Panagopoulos Enterprises and  
 Andreas P. Panagopoulos  
 511 W. Reinken Ave.  
 Belen, NM 87002

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

2. Article Number (Transfer from service label)  
 7013 3020 0000 4633 9414

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *Tom Gregory*

B. Received by (Printed Name) C. Date of Delivery  
 6/23

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

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:

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

2. Article Number (Transfer from service label)  
 7013 3020 0000 4633 9407

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 X *Tom Gregory*

B. Received by (Printed Name) C. Date of Delivery  
 F. Penn 6-23-14

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Sent To: Mr. Thomas W. Gregory  
 1705 Black Gold St., SE  
 Albuquerque, NM 87123

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4633 9469

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

Postmark  
Here

Sent To  
Mr. William E. Gregory  
11910 Central Ave., SE, Suite B  
Albuquerque, NM 87123  
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. Kevin Hanratty  
P.O. Box 1330  
Artesia, NM 88211

2. Article Number  
(Transfer from service label)

7013 3020 0000 4633 9469

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X Sophy Brice ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Sophy Brice C. Date of Delivery  
6-23-14

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

3. Service Type  
☒ Certified Mail<sup>®</sup> ☐ Priority Mail Express<sup>™</sup>  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

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:

Mr. William E. Gregory  
11910 Central Ave., SE, Suite B  
Albuquerque, NM 87123

2. Article Number  
(Transfer from service label)

7013 3020 0000 4633 9391

PS Form 3811, July 2013

Domestic Return Receipt

## 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<sup>®</sup> ☐ Priority Mail Express<sup>™</sup>  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Postmark  
Here

Sent To  
Mr. Kevin Hanratty  
P.O. Box 1330  
Artesia, NM 88211

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7013 3020 0000 4633 9469



7013 3020 0000 4633 9438

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Mr. Neville Manning Street, Apt. No., or PO Box No.: 2112 Indiana City, State, ZIP+4: Lubbock, TX 79410	
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:

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

2. Article Number  
(Transfer from service label)

7013 3020 0000 4633 9438

PS Form 3811, July 2013

## COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

## 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. Neville Manning  
2112 Indiana  
Lubbock, TX 79410

## COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number  
(Transfer from service label)

7013 3020 0000 4633 9445

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
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	

846 6394 0000 0206 8702

7013 3020 0000 4633 9452

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Postmark  
Here

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

Mr. Nolan Greak  
 8008 Slide Road, Suite #33  
 Lubbock, TX 79424

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

2. Article Number  
(Transfer from service label)

7013 3020 0000 4633 9452

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Nolan Greak ☒ Agent ☐ Addressee

B. Received by (Printed Name) Hollie Wright C. Date of Delivery 6/26/14

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

2013 3020 0000 4633 9483

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

Postmark Here

Sent To: Mr. James W. Klipstine and  
 Klipstine & Hanratty  
 Street, Apt. No., or PO Box No.: 1601 N. Turner, Suite 400  
 City, State, ZIP+4: Hobbs, NM 88240

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Hillary Clayton</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Hillary Clayton</i> <i>6/27/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. James W. Klipstine and          Klipstine &amp; Hanratty          1601 N. Turner, Suite 400          Hobbs, NM 88240</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2013 3020 0000 4633 9483

PS Form 3811, July 2013

Domestic Return Receipt

*my*

7013 3020 0000 4633 9551

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: Mary Jo Dickerson P.O. Box 642 Glenpool, OK 74033	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	

7013 3020 0000 4633 9544

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: LBD, a Limited Partnership P.O. Box 686 Hobbs, NM 88240	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	

7013 3020 0000 4633 9421

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: Bonnie R. Gregory and Irma J. Gregory	
Street, Apt. No., or PO Box No. 14 Cork St. Alva, FL 33920	
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	